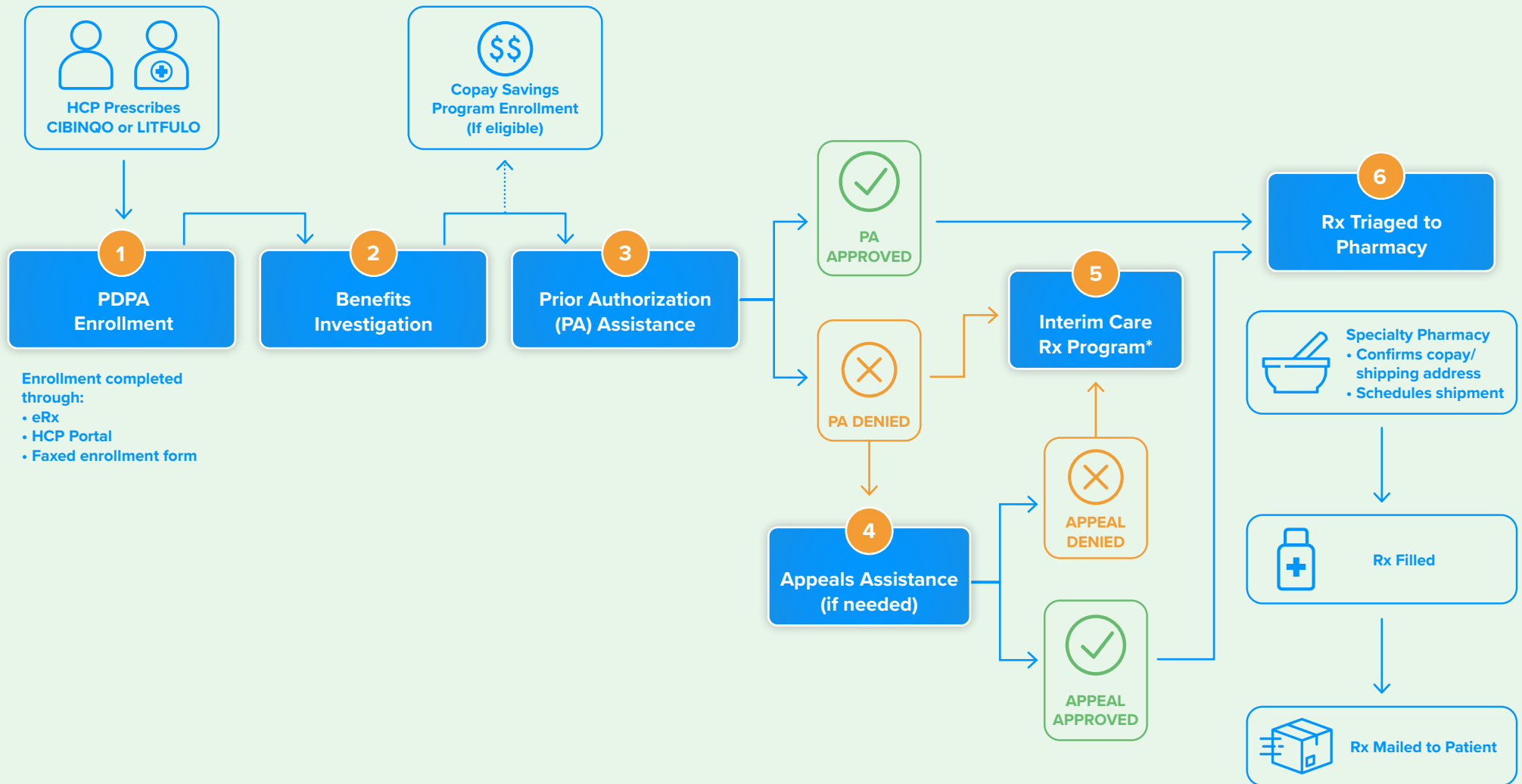


# Navigating the Prescription Journey

Learn how you can support patients prescribed CIBINQO® (abrocitinib) or LITFULO™ (ritlecitinib) with commercial insurance on their prescription fulfillment journey with Pfizer Dermatology Patient Access (PDPA). Use this piece as a guide for key reminders, and learn more information about steps 1-6 on the next page.



\*For eligible patients. [Terms and conditions](#) apply and are subject to change at any time.

Please see full [Prescribing Information](#), including **BOXED WARNING**, and [Medication Guide](#) for CIBINQO, and full [Prescribing Information](#), including **BOXED WARNING**, and [Medication Guide](#) for LITFULO.

# Access Journey Reminders

Use this piece as a guide for key reminders and to learn more information about steps 1-6.

1 Enrollment	2 Benefits Investigation	3 Prior Authorization (PA) Assistance	4 Appeals Assistance	5 Interim Care Rx Program	6 Rx Triaged to Pharmacy
<ul style="list-style-type: none"> <li>• <b>Forms:</b> Note all required fields on enrollment form; obtain all patient and Healthcare Provider signatures and dates</li> <li>• <b>Patient contact:</b> Confirm patient's preferred contact number and inform patient they will be contacted for information by PDPA (HUB) and/or a Patient Access Coordinator (if they've completed the opt-in form at <a href="https://PACpdpa.com">PACpdpa.com</a> or on the enrollment form)</li> <li>• <b>Office contact:</b> PDPA will need a direct point of contact for patient case communication. Please include on enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Timing:</b> PDPA will inform you of Payor requirements by fax, typically within 24 hours</li> <li>• <b>Contact:</b> PDPA and/or a Patient Access Coordinator will be contacting the patient directly to explain the post prescription journey</li> <li>• <b>Note:</b> If PDPA cannot verify the patient's insurance, they will reach out to you or the patient for additional information</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Prior to submitting:</b> Check for insurance criteria or necessary information the Payor is requesting</li> <li>• <b>Inform:</b> When a determination has been made, inform PDPA by fax or phone</li> <li>• <b>Approved:</b> If approved, the prescription will be triaged to the pharmacy for fulfillment</li> <li>• <b>Denied:</b> If denied, work with PDPA to discuss next steps for this patient</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Update:</b> Inform PDPA that you will appeal a denied PA by phone or fax</li> <li>• <b>Address:</b> Address the PA denial reason in your appeal</li> <li>• <b>Inform:</b> When a determination has been made, inform PDPA by fax or phone</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Eligible:</b> If a delay or coverage denial occurs during the prior authorization or appeals process, eligible, commercially insured patients enrolled in PDPA may receive CIBINQO® (abrocitinib) or LITFULO™ (ritlecitinib) for up to 2 years at no cost, shipped to them through the Interim Care Rx program*</li> <li>• <b>Communication:</b> PDPA will determine if the patient is eligible and contact you to enroll the patient in the Interim Care Rx program if not initially requested on the enrollment form</li> </ul> <p>*For eligible, commercially insured patients only. Not available to residents in the states of MA, MI, MN, or RI. Additional restrictions apply. See <a href="#">terms and conditions</a>. Subject to change at any time.</p>	<ul style="list-style-type: none"> <li>• <b>Specialty pharmacy:</b> Ensure the patient knows the Specialty Pharmacy name and phone number</li> <li>• <b>Copay:</b> Check to see if the patient is eligible for the Copay Savings Card Program† at <a href="https://PDPAcopaycard.com">PDPAcopaycard.com</a></li> <li>• <b>Remind:</b> Remind the patient that their Specialty Pharmacy will be contacting them and it is important that patients promptly return any outreach</li> </ul> <p>†Eligibility required. No membership fees. <b>This is not health insurance.</b> Only for use with commercial insurance. If patients are enrolled in a state or federally funded prescription insurance program, they may not use the copay card. See terms and conditions at <a href="https://PDPAcopaycard.com">PDPAcopaycard.com</a>.</p>



Visit [PfizerDermatologyPatientAccess.com](https://PfizerDermatologyPatientAccess.com) for additional resources, forms, copay cards, and to connect with your local FRM.



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