

FAQs About Pfizer Dermatology Patient Access Savings and Support Program

What is Pfizer Dermatology Patient Access and how might it help me?

Pfizer Dermatology Patient Access is designed to help support you with a range of services, including a EUCRISA savings offer for eligible patients and prescription insurance coverage support for EUCRISA.

How can I receive Pfizer Dermatology Patient Access services?

- Call 1-833-956-DERM (1-833-956-3376) if you have a EUCRISA prescription and need help understanding your insurance coverage for EUCRISA
- Sign-up at [EUCRISA.com](https://www.eucrisa.com) or call 1-833-956-DERM (1-833-956-3376) to get more information on savings and support
- Ask your healthcare provider about Pfizer Dermatology Patient Access after you get your prescription

Will my prescription insurance cover EUCRISA?

EUCRISA is covered by most commercial prescription insurance plans. It's important to know that prescription insurance coverage policies may vary, depending on the insurer and the specific insurance plan. If you have questions about your insurance plan or policy, call your insurance company or your federal or state healthcare program.

What if my insurance requires additional information before they will cover my prescription for EUCRISA?

If you and your healthcare provider completed the enrollment form, Pfizer Dermatology Patient Access will check with your insurance provider to understand your drug benefit. If certain steps are required before the insurance plan covers your EUCRISA (prior authorization), we will let you and your healthcare provider know. If your prescription is approved, you will only have to pay your copay.

What if my insurance won't cover EUCRISA?

If your insurance won't cover EUCRISA, you can call 1-833-956-DERM (1-833-956-3376). Pfizer Dermatology Patient Access will check your eligibility for any available savings offers.

How will you contact me with updates on my prescription?

You can receive updates by voice or text.* If you didn't enroll in text message updates when you completed the enrollment form, simply text ESUPPORT to 82000. You will receive updates on the status of your prescription coverage. Once your prescription is approved, you may receive shipping information and refill reminders.

Where can I get my prescription filled?

Once your insurance has been verified, you can fill your prescription at any participating pharmacy. Or your healthcare provider may send your prescription to Pfizer Dermatology Patient Access, where it can be transferred to the pharmacy of your choice.

How might Pfizer Dermatology Patient Access help me afford my EUCRISA prescription?

We have programs that may help you afford your prescription. If you have commercial insurance, you may be able to save on your out-of-pocket costs for EUCRISA with the Copay Savings Card.† If you don't have any insurance or not enough coverage to pay for your prescription, you may qualify for the *Pfizer Patient Assistance Program*.‡

How can I receive the Copay Savings Card?

There are 4 ways that you can receive the Copay Savings Card:

- Download your Copay Savings Card online at [EUCRISA.com](https://www.eucrisa.com) (download as PDF or save to your digital wallet)
- Enroll in the Pfizer Dermatology Patient Access mobile program to receive your Copay Savings Card via text
 - Text ERX20 to 42762 or
 - Enter your 10-digit mobile number online at [EUCRISA.com](https://www.eucrisa.com)
- Call 1-833-956-DERM (1-833-956-3376) to request a Copay Savings Card
- Ask your healthcare provider for a Copay Savings Card

Do I need to activate the Copay Savings Card?

If you downloaded the card from the website or had the card texted to you, it is already activated. If you have a Copay Savings Card provided by your healthcare provider, you have 2 options to activate it:

- Call 1-833-956-DERM (1-833-956-3376), or
- Go to www.eucrisa.com, click Savings and Support, then select Activate Card

Are there any restrictions or eligibility requirements for the Copay Savings Card?

Eligibility required. No membership fees. Individual savings limited to \$970 per tube or \$3,880 in maximum total savings per calendar year. Only for use with commercial insurance. If you are enrolled in a state or federally funded prescription insurance program, you may not use the savings card. You can view the full terms and conditions on the next page.

I don't have any insurance. Do I qualify for the Pfizer Patient Assistance Program?

If your healthcare provider has prescribed EUCRISA and you have no insurance coverage and meet certain conditions, you may be able to obtain EUCRISA at no cost. Your healthcare provider should enroll you in Pfizer Dermatology Patient Access. Pfizer Dermatology Patient Access will help eligible patients who may qualify to enroll in the *Pfizer Patient Assistance Program*. See eligibility criteria on the following page. If you are eligible for the *Pfizer Patient Assistance Program*, we will send your prescription directly to you at the address you provide.

PFIZER DERMATOLOGY
patient access

eucrisa
crisaborole ointment 2%

Connect with a live Support Representative about your coverage and financial assistance options.
Call 1-833-956-DERM (1-833-956-3376) Mon-Fri, 8 AM-8 PM EST

*See mobile terms and conditions on the following page. Msg & data rates may apply. Msg frequency varies. Text HELP for info, STOP to opt out.

†Eligibility required. No membership fees. Individual savings limited to \$970 per tube or \$3,880 in maximum total savings per calendar year. Only for use with commercial insurance. If you are enrolled in a state or federally funded prescription insurance program, you may not use the savings card. Terms and conditions apply. See following page for details.

‡Free medicines from Pfizer are provided through the Pfizer Patient Assistance Foundation™. The *Pfizer Patient Assistance Program* is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation™ is a separate legal entity from Pfizer Inc., with distinct legal restrictions. See eligibility criteria on the following page.

COPAY SAVINGS CARD: TERMS AND CONDITIONS

By using the Pfizer Dermatology Patient Access Copay Savings Card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- You are not eligible to use this card if you are enrolled in a state or federally funded prescription insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”).
- You must have commercial insurance. Offer is not valid for cash-paying patients.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for CIBINQO™ (abrocitinib) may pay as little as \$0 per month. Eligible patients with commercial prescription drug coverage may receive a maximum benefit of \$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum of \$15,000, you will be responsible for paying the remaining monthly out-of-pocket costs.
- By using this copay card at participating pharmacies, eligible patients with commercial prescription drug insurance coverage for EUCRISA® (crisaborole) may pay as little as \$10 per tube. Eligible patients with commercial prescription drug insurance coverage that does not cover EUCRISA may pay as little as \$100 per tube. Individual savings are limited to \$970 per tube. Individual patient savings are limited to \$3,880 in maximum total savings per calendar year.
- This copay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your commercial insurance plan or any other health or pharmacy benefit program.
- You must deduct the value of this copay card from any reimbursement request submitted to your commercial insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the copay card to any commercial insurer, health plan, or other third party that pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the copay card if your insurer or health plan prohibits use of manufacturer copay cards.
- Eligible, commercially insured patients prescribed CIBINQO must be 18 years of age or older to redeem the card.
- This copay card is not valid where prohibited by law.
- Copay card cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- **Copay card will be accepted only at participating pharmacies.**
- **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer.**
- **This copay card is not health insurance.**
- Offer good only in the United States and Puerto Rico.
- Copay card is limited to 1 per person during this offering period and is not transferable.
- A copay card may not be redeemed more than once per 30 days per patient.
- No other purchase is necessary.
- Data related to your redemption of the copay card may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer’s programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other copay card redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke, or amend this offer at any time without notice.
- Offer expires 12/31/2023.

For questions or additional support, call 1-833-956-3376, write to Pfizer Inc. at PO Box 29387, Mission, KS 66201, or visit the CIBINQO website at www.CIBINQO.com or the EUCRISA website at www.EUCRISA.com.

Pfizer Dermatology Patient Access™ Mobile Text Program Terms

1. By opting into the PFIZER DERMATOLOGY PATIENT ACCESS MOBILE PROGRAM for EUCRISA (crisaborole), in which you can receive your Copay Savings Card via text, you consent to receive up to <10> text messages and/or push notifications per month from Pfizer Inc. Such messages may be marketing or non-marketing messages and may include, for example, refill reminders, fill confirmation, website information for the Pfizer Dermatology Patient Access savings & support program, etc. Carriers are NOT liable for delayed or undelivered messages.

2. To stop receiving text messages, text STOP to 42762. DOING SO WILL ONLY OPT YOU OUT OF THE PFIZER DERMATOLOGY PATIENT ACCESS MOBILE PROGRAM for EUCRISA (CRISABOROLE); you will remain opted in to any other Pfizer Inc. text message program(s) to which you separately opted in. You may unsubscribe from the Mobile Wallet Message Program at any time by disabling push notifications or removing the Mobile Wallet pass from your device for Mobile Wallet programs.

3. To request more information or to obtain help, text HELP to 42762. You can also call customer service at <1-833-956-3376>.

4. You represent that you are the account holder for the mobile telephone number(s) that you provide to opt in to the texting program. You are responsible for notifying Pfizer Inc. immediately if you change your mobile telephone number. You may notify Pfizer Inc. of a number change by re-enrolling in the program.

5. Message and data rates may apply to each text message sent or received in connection with the texting program, as provided in your mobile telephone service rate plan, in addition to any applicable roaming charges. Charges are both billed and payable to your mobile service provider or deducted from your prepaid account. Pfizer Inc. does not impose a separate fee for sending text messages.

6. Data obtained from you in connection with this Short Message Service (SMS) texting program may include your telephone number; your carrier’s name; and the date, time and content of your messages. Pfizer Inc. may use this information to contact you and to provide the services you request from us.

7. You understand that data obtained from you in connection with your registration for, and use of, the Program may include, for example, your phone number, related carrier information, device information, and elements of pharmacy claim information. This data may be used to administer this program and to provide program benefits such as savings offers, information about your prescription, refill reminders, as well as program updates and alerts sent directly to your device. Please read our full corporate [Privacy Policy](#), which is incorporated by reference into these Terms.

8. In addition to the data use practices described in the Privacy Policy, we may send you Offer-related push notifications when your device is in the physical proximity of your pharmacy or healthcare provider. This is done through geofencing technology, which is built in to your device. Your device’s location will not be

known or tracked by Pfizer Inc. or its service providers. Nonetheless, you may opt out of geofencing and receiving these notifications at any time by (1) disabling location services for your Mobile Wallet app in your device’s settings, (2) disabling notifications (i.e., automatic updates) within the Mobile Wallet app, or (3) removing the eCard from your Mobile Wallet by selecting “Remove Pass” within the Mobile Wallet app.

9. Pfizer Inc. will not be liable for any delays in the receipt of any SMS messages, as delivery is subject to effective transmission from your network operator.

10. The service is available only on these US participating mobile carriers: Verizon Wireless, Sprint, Nextel, Boost Mobile, T-Mobile, AT&T, Alltel, ACS Wireless, Bluegrass Cellular, Carolina West Wireless, Cellcom, Cellular One of East Central Illinois (ECIT), Cincinnati Bell, Cricket Wireless, C Spire Wireless, Duet IP (AKA Max/Benton/Albany), Element Mobile, Epic Touch, GCI Communication, Golden State Cellular, Hawkeye (Chat Mobility), Hawkeye (NW Missouri Cellular), Illinois Valley Cellular (IVC), Inland Cellular, iWireless, Keystone Wireless (Immix/PC Management), MetroPCS, Mobi PCS, Mosaic Telecom, MTPCS/Cellular One (Cellone Nation), Nex-Tech Wireless, nTelos, Panhandle Telecommunications, Pioneer, Plateau, Revol Wireless, Rina-Custer, Rina-All West, Rina-Cambridge Telecom Coop, Rina-Eagle Valley Comm, Rina-Farmers Mutual Telephone Co, Rina-Nucla Nutria Telephone Co, Rina-Silver Star, Rina-South Central Comm, Rina-Syringa, Rina-UBET, Rina-Manti, Simmetry Wireless, South Canaan (Cellular One of NEPA), Thumb Cellular, Union Wireless, United Wireless, U.S. Cellular, Viero Wireless, Virgin Mobile, West Central Wireless (includes Five Star Wireless).

11. You agree to indemnify Pfizer Inc. and parties texting on its behalf in full for all claims, expenses, and damages related to or caused in whole or in part by your failure to notify us if you change your telephone number, including but not limited to all claims, expenses, and damages related to or arising under the Telephone Consumer Protection Act.

12. Pfizer Inc. may suspend or terminate your receipt of text messages if it believes you are in breach of these SMS Terms and Conditions. Your receipt of text messages is also subject to termination in the event that your mobile telephone service terminates or lapses. Pfizer Inc. reserves the right to modify or discontinue, temporarily or permanently, all or any part of the text messaging services you receive, with or without notice.

13. Pfizer Inc. may revise, modify, or amend these SMS Terms and Conditions at any time. Any such revision, modification, or amendment shall take effect when it is posted to Pfizer Inc’s website. You agree to review these SMS Terms and Conditions periodically to ensure that you are aware of any changes. Your continued consent to receive text messages will indicate your acceptance of those changes.

(See Pfizer Patient Assistance Program Terms & Conditions/Eligibility Requirements on the following page.)

PFIZER PATIENT ASSISTANCE PROGRAM
Terms & Conditions/Eligibility Requirements

The *Pfizer Patient Assistance Program* is not health insurance and is available for eligible uninsured/underinsured patients only. Offer is only available to patients who meet financial and other criteria. This offer does not require, nor will it be made contingent on, purchase requirements of any kind. No claim for reimbursement or credit for any costs associated with the medicine(s) may be submitted to any prescription insurance provider or payer, including Medicare

Part D plans. Pfizer reserves the right to amend, rescind, or discontinue this program at any time without notification. Offer good only in the U.S. and Puerto Rico. Patient must be a resident of the U.S. or Puerto Rico. Prescription must be provided by a healthcare provider licensed in the U.S. or Puerto Rico. Patient must be treated in the outpatient setting of care. Additional eligibility criteria may apply. Contact eucri@a4you for details.

