Co-Pay Rebate Form

REBATE PROGRAM INSTRUCTIONS:

If your pharmacy does not accept or cannot process your XELJANZ® (tofacitinib) Co-Pay Savings Card, use this Rebate Form to request reimbursement of your out-of-pocket co-pay costs for XELJANZ.*

1. **Complete** the rebate form below.
2. **Circle** the medication name, the date, and the amount you paid for XELJANZ on your original pharmacy receipt. (Cash register receipt is *not* valid.)
3. **Send in** the completed rebate form along with your pharmacy receipt:

By mail: Attn: Claims Processing Department, IQVIA, Inc., 430 Mountain Avenue, Suite 105, New Providence, NJ 07974

By fax: 1-888-668-8137 (toll-free)

By portal: Go to pfizeriandicopay.com to submit through the Pfizer Immunology & Inflammation Co-Pay Patient Portal.

COMPLETE AND RETURN THIS FORM:

NAME

ADDRESS

CITY

STATE ZIP CODE PHONE

EMAIL

CO-PAY SAVINGS CARD MEMBER ID # DAYS' SUPPLY

SIGNATURE DATE

By my signature, I certify that I meet and agree to the terms and conditions listed on this rebate form, as well as the eligibility requirements and restrictions that I received when I activated my card.

To validate, you must sign and date this rebate form. The rebate check will arrive in 6-8 weeks. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.



Don't forget to sign and date the form. Your signature is required for processing.

QUESTIONS?

Please call 1-844-935-5269, Monday–Friday, 8:00 AM–8:00 PM ET

*Limits, terms and conditions apply, listed on this page.

CO-PAY SAVINGS CARD REBATE TERMS AND CONDITIONS

By sending this rebate you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Patients are not eligible to participate in this program if they are enrolled in a state- or federally funded 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"). This rebate is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You will receive a maximum benefit of $4,000-$15,000 per calendar year depending on insurance, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum is reached, you will be responsible for paying the remaining monthly out-of-pocket costs. Patient must submit a completed rebate request form and the original, dated store-identified receipt accompanying your prescription as proof of purchase to the address provided on this form. Receipt will not be returned. See instructions on rebate request form. Rebate will be mailed to patients approximately 6 to 8 weeks after receipt of required documentation or earlier, as required by law. You must deduct the value received under this rebate from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. Patient is responsible for reporting receipt of rebate to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription for which the patient receives a rebate, as may be required. You should not use this program if your private insurer or health plan prohibits use of manufacturer coupons, co-pay cards, debit cards, or similar savings programs. Offer not valid for Massachusetts residents whose prescriptions are covered in whole or in part by third party insurance. Offer not valid for California residents whose prescriptions are covered in whole or in part by third party insurance. This rebate is not valid where prohibited by law. This rebate cannot be combined with any other savings, free trial, or similar offer for the specified prescription. **This rebate is not health insurance.** Offer good only in the U.S. and Puerto Rico. No other purchase is necessary. Data related to your redemption of the rebate 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 rebate redemptions and will not identify you. Pfizer reserves the right to rescind, revoke, or amend the program without notice.

The rebate is applicable to all XELJANZ formulations. Rebate and Program expires 12/31/2026.

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