

Co-pay Rebate Form

REBATE INSTRUCTIONS:

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

- 1 **Complete** the rebate form below.
- 2 **Circle** the medication name, the date, and the amount you paid for XELJANZ or XELJANZ XR on your original pharmacy receipt. Scan or take a picture of your pharmacy receipt to email along with this form. (Cash register receipt is *not* valid.)
- 3 **Email** the completed rebate form along with your pharmacy receipt to xeljanzsupport@trialcard.com.

*Limits, terms, and conditions apply.

QUESTIONS?

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

COMPLETE AND EMAIL THIS FORM:

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

MEMBER ID NUMBER FROM YOUR CO-PAY SAVINGS CARD

- By checking this box, 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.

The rebate check will arrive in 4-7 business days. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.

[Click here](#) for XELJANZ full Prescribing Information, including **BOXED WARNING** and Medication Guide.

CO-PAY REBATE TERMS AND CONDITIONS

By sending this rebate form, you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions. Patients are not eligible to use this rebate if they are enrolled in a state- or federally-funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veteran 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 \$15,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year, and may pay as little as \$0 per month co-pay. After a maximum of \$15,000, 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 4 to 7 business days after receipt of required documentation or earlier, as required by law. You must deduct the value received under this program from any reimbursement request submitted to your 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. You must be 18 years of age or older to receive a rebate under this program. 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 US 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. Rebate and Program expires 12/31/2019.

