

Co-Pay Rebate Form



REBATE INSTRUCTIONS:

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

- 1 Complete** the rebate form below.
- 2 Circle** the medication name, the date and the amount you paid for XELJANZ XR or XELJANZ 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.

Additional co-pay savings program options may be available through XELSOURCESM if your pharmacy doesn't accept or cannot process the XELJANZ XR/XELJANZ Co-pay Savings Card. Call the number below for more information.

QUESTIONS?

Please call 1-844-XELJANZ (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.

In 4-7 business days, you will receive your rebate check along with an additional rebate form to use toward your next purchase of XELJANZ XR or XELJANZ.

Please see XELJANZ full Prescribing Information, including **BOXED WARNING** and Medication Guide, available at www.xeljanzpi.com.

*Limits, terms and conditions apply.

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. This rebate is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, Tricare or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan, available in Puerto Rico, formerly known as "La Reforma de Salud"). This rebate is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs. You will receive a maximum benefit of \$12,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year, with a \$0 per month copay. After a maximum of \$12,000, you will be responsible for paying the remaining monthly out-of-pocket costs. The rebate may be used once per month for the life of the program. A completed certificate and the original, dated store-identified receipt accompanying your prescription are required. Receipt will not be returned. Rebate will be delivered approximately 4 to 7 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. This rebate cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. **This rebate is not health insurance.** Offer good only in the US and Puerto Rico. The rebate is limited to 1 per person during this offering period and is not transferable. Pfizer reserves the right to rescind, revoke or amend the program without notice. No membership fee. Rebate and Program expires 12/31/2018.

