



## Keep this information for your records.

TOFACITINIB TABLETS SAVINGS PROGRAM

MOST ELIGIBLE\*  
COMMERCIALY  
INSURED PATIENTS  
MAY PAY

AS LOW AS 

BIN# 600426  
PCN# 54  
GRP# EC46803001  
ID# 21043748196

  
A Towa Company

Terms, conditions and limitations apply.

Provide the savings card information to your pharmacy (BIN, PCN, GRP, and ID) to ensure that your benefit is applied in a timely manner.

### TERMS AND CONDITIONS — Tofacitinib Tablets:

By using the Tofacitinib Tablets Savings Program, the patient acknowledges and confirms that, at the time of usage, they are currently eligible and meet the criteria set forth in the terms and conditions described below.

The Tofacitinib Tablets Savings Program is valid ONLY for patients with commercial insurance who have a valid prescription in accordance with FDA-approved Prescribing Information. The patient must have a US prescriber and a US shipping address. The patient must be a US resident or US citizen. If the patient has federally-funded insurance, such as Medicare, Medicaid, VA, TRICARE<sup>®</sup>, or DoD insurance coverage, the patient is not eligible for assistance through the ConnectiveRx Savings Program for Tofacitinib Tablets. If the patient obtains a federally-funded plan, such as Medicare, Medicaid, VA, TRICARE<sup>®</sup>, or DoD, at any time during the enrollment period, the patient must notify ConnectiveRx immediately, and ConnectiveRx may be required to stop copay payments and immediately remove patient from the program.

The Tofacitinib Tablets Savings Program covers only the cost of the drug and does not cover copays related to administration, office visits, or any network penalties levied by patient's insurance. The assistance provided through the Savings Program will be subject to a per prescription cap. Once the maximum amount of assistance has been provided, the patient will be responsible for paying 100% of total copay amounts for the remainder of the year after funds are exhausted.

The Tofacitinib Tablets Savings Program is not valid if the costs are eligible to be reimbursed in their entirety by private insurance or other programs.

These programs are not health insurance or benefit plans. The programs do not obligate the use of a specific product or provider.

The Savings Program is intended to help patients afford Tofacitinib Tablets. Patients may have insurance plans that attempt to increase the amount of patient's out-of-pocket costs to reflect the availability of support offered by a manufacturer assistance program. In those situations, the program may change its terms including but not limited to removing these patients from the program.

ConnectiveRx will not provide copay assistance directly to the patient. All program claims will be paid directly to the patient's pharmacy upon receipt of appropriate claim submission. The patient's pharmacy will be responsible for submitting claims directly to the Tofacitinib Tablets Savings Program.

All patients are responsible for appropriately reporting enrollment into the Tofacitinib Tablets Savings Program as required by their insurer. It is the patient's responsibility to ensure compliance with all terms of their insurance as outlined by their insurance plan.

Eighteen (18) months of inactivity may result in removal from the Tofacitinib Tablets Savings Program.

ConnectiveRx reserves the right to modify or discontinue this program with respect to any patient, or in its entirety, at any time. Patient participation does not mean that the patient is entitled to receive assistance indefinitely.

Please consult your accompanying Full Prescribing Information.

**Pharmacist instructions for a patient with an Eligible Third Party:** Submit the claim to the primary Third Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). The patient's drug assistance provided through the Copay Program will be subject to a per prescription cap and reimbursement will be received from CHANGE HEALTHCARE. Valid Other Coverage Code required. For any questions regarding CHANGE HEALTHCARE processing, please call the Help Desk at 1-800-433-4893.

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