



XIIDRA REIMBURSEMENT FORM

Unable to use your **Xiidra** Co-pay Card at the pharmacy? Follow the steps below. Commercially insured, eligible patients[†] can get a rebate check in the mail.

STEP 1: FILL IN YOUR INFO *All fields below are required.*

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
E-mail Address: _____ Date of Birth: _____ Gender: _____
Savings Card ID#: _____ Savings Card GRP#: _____
(You can find this on your **Xiidra** Co-pay Card or include a photocopy of your card) (You can find this on your **Xiidra** Co-pay Card or include a photocopy of your card)

STEP 2: ALSO INCLUDE THE FOLLOWING INFORMATION

- Proof of purchase (original pharmacy receipt with pharmacy name, product name, prescription number [Rx #], date filled, quantity, and price)
- If eligible, provide a legible photocopy of the front of your primary insurance card or provide the name of your primary insurance carrier along with BIN and PCN information found on the card

STEP 3: MAIL US THIS FORM

Mail all of this information to:

**XIIDRA CLAIMS PROCESSING DEPT.
PO BOX 2355
MORRISTOWN, NJ 07962**

Please ensure you have activated your ID prior to you submitting your first manual claim. To activate visit [www.saveonxiidra.com] or call [[1-877-4XIIDRA \(1-877-494-4372\)](tel:1-877-4XIIDRA)].

Please allow 6 to 8 weeks to receive your reimbursement. Reimbursements are subject to program terms, conditions, and eligibility criteria.

If you have questions, call customer service at [[1-844-247-4755](tel:1-844-247-4755)]

[†]Limitations apply. Valid for patients with private (commercial) insurance only. The Xiidra Co-pay Card Program includes the Co-pay Card and rebate. Eligible, commercially-insured patients using the Co-pay Card pay [**\$0**] for their first prescription of Xiidra. [**\$0**] first fill available for prescriptions up to [**90**] days. After the first fill, eligible, commercially-insured patients may pay as little as [**\$0**] for prescriptions of Xiidra, subject to a maximum monthly savings of [**\$250**] for each [**30**]-day prescription and [**\$750**] for each [**90**]-day prescription. Patient is responsible for any costs once monthly savings limit is reached. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, or (iii) where the patient's insurance plan reimburses for the entire cost of the drug. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

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