



XIIDRA IINSIDER® REIMBURSEMENT FORM

Unable to use your **Xiidra insider** 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 Number: _____

E-mail Address: _____ Date of Birth: _____ Gender: _____

Savings Card ID #: _____ Savings Card GRP #: _____

(You can find this on your **Xiidra insider** card or include a photocopy of your card)

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

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If you have questions, call the pharmacy helpline at **1-844-247-4755**
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†Limitations apply. Valid only for those with private insurance. The Xiidra Co-pay Card Program includes the Co-pay Card, Payment Card (if applicable), and Rebate. Eligible, commercially insured patients may pay as little as \$5 in out-of-pocket expenses for a 30-day prescription with up to \$250 savings of their out-of-pocket costs for Xiidra. Eligible patients with a 90-day prescription will pay as little as \$15 with up to \$750 savings on their out-of-pocket costs for Xiidra. Patient is responsible for any costs once limit is reached in a calendar year. 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. 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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