



XIIDRA IINSIDER® REIMBURSEMENT FORM

Unable to use your **Xiidra iinsider** 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

*Required field**

*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 iinsider** 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 7017
BEDMINSTER, NJ 07921**

Please allow 6-8 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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†Eligible patients will pay as little as \$5 for each 30-day prescription with up to \$250 savings on 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. The actual savings on out-of-pocket costs for Xiidra will vary according to personal healthcare insurance coverage. Program subject to change. Not available under federal or state programs. Program expires 12/31/2019. See **Xiidra iinsider**® card for full details and restrictions.

