Pfizer Co-Pay Claim Form

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Eligibility

Patients may be eligible for this offer if they:

- Have commercial insurance that covers INFLECTRA® (infliximab-dyyb) for Injection, ELREXFIO™ (elranatamab-bcmm) Injection, NIVESTYM® (filgrastim-aafi) Injection, NYVEPRIA® (pegfilgrastim-apgf) Injection, RUXIENCE® (rituximab-pvvr) Injection, TRAZIMERA® (trastuzumab-qyyp) Injection, ZIRABEV® (bevacizumab-bvzr) Injection, ELELYSO® (taliglucerase alfa) for Injection
- Are not enrolled in a state- or federally funded health insurance program

Claims Process

NOTE: Patients must be enrolled in a Pfizer co-pay program.

Please submit the following:

1. A completed Pfizer Co-Pay Claim Form, CMS-1500, or UB-04 within 180 days of the date of service shown on the patient's Explanation of Benefits (EOB)
2. A copy of the EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy)
3. The group and member ID information on the identification card (provided on the approval letter)

Contact Us

Please fax the completed Pfizer Co-Pay Claim Form, CMS-1500, or UB-04, along with the EOB, to 1-877-847-3291 or visit www.PfizerCopay.com to select the appropriate co-pay portal and submit the form.

- For **ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA**, or **ZIRABEV**, Pfizer Oncology Together™ Access Counselors are available Monday through Friday, 8 AM to 8 PM ET at 1-877-744-5675.
- For **INFLECTRA and RUXIENCE (non-oncology indication)**, Pfizer enCompass® Access Counselors are available Monday through Friday, 8 AM to 8 PM ET at 1-844-722-6672.
- For **ELELYSO**, Pfizer Gaucher Personal Support (GPS) Access Counselors are available Monday through Friday, 8 AM to 6 PM ET at 1-855-353-5976.

If there are any changes to the patient's provider, administering provider, insurance, or contact information, call the program that supports your product prior to the submission of the co-pay claim form.

Terms and Conditions: By using this Co-Pay Program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

The Pfizer Oncology Together Co-Pay Savings Program for Injectables for ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, and ZIRABEV, the Pfizer enCompass Co-Pay Assistance Program for INFLECTRA and RUXIENCE, and the ELELYSO Co-Pay Program available through Pfizer Gaucher Personal Support are not valid for patients who are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud"). Program offer is not valid for cash-paying patients. Patients prescribed RUXIENCE for pemphigus vulgaris are not eligible for this co-pay savings program. Patients prescribed ZIRABEV for hepatocellular carcinoma are not eligible for this co-pay savings program. With this program, eligible patients may pay as little as $0 co-pay per ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, ZIRABEV, INFLECTRA, or ELELYSO treatment. There are specific maximum annual patient savings for each product, which range from $10,000 to $25,000 for out-of-pocket expenses for the respective product including co-pays or coinsurances. The amount of any benefit is the difference between your co-pay and $0. After the maximum benefit you will be responsible for the remaining monthly out-of-pocket costs. Patient must have private insurance with coverage of ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, ZIRABEV, INFLECTRA, or ELELYSO. This offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plans or other private health or pharmacy benefit programs. You must deduct the value of this program from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the program to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the program, as may be required. You should not use the program if your insurer or health plan prohibits use of manufacturer co-pay assistance programs. This program is not valid where prohibited by law. Patient must be 18 years of age or older for redemption of co-pay card for ELREXFIO, RUXIENCE, TRAZIMERA, or ZIRABEV. This program cannot be combined with any other savings, free trial or similar offer for the specified prescription. **Co-pay card will be accepted only at participating pharmacies. This program is not health insurance.** This program is good only in the U.S. and Puerto Rico. This program is limited to 1 per person during this offering period and is not transferable. No other purchase is necessary. No membership fee. Data related to your redemption of the program assistance may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer's programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other assistance redemptions and will not identify you. Pfizer reserves the right to rescind, revoke or amend this program without notice. This program may not be available to patients in all states. For more information about Pfizer, visit www.pfizer.com. For more information about the Pfizer Oncology Together Co-Pay Savings Program for Injectables for ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, or ZIRABEV, visit pfizeroncologytogether.com, call 1-877-744-5675, or write to Pfizer Oncology Together Co-Pay Savings Program for Injectables, P.O. Box 220366, Charlotte, NC 28222. For more information about the Pfizer enCompass Co-Pay Assistance Program for INFLECTRA and RUXIENCE for Rheumatoid Arthritis, call Pfizer enCompass at 1-844-722-6672, or write to Pfizer enCompass Co-Pay Assistance Program, 2730 S. Edmonds Lane, Suite 300, Lewisville, TX 75067. For more information about the ELELYSO Co-Pay Program available through Pfizer Gaucher Personal Support, call Pfizer Gaucher Personal Support at 1-855-353-5976, or write to Pfizer Gaucher Personal Support, 2730 S. Edmonds Lane, Suite 300, Lewisville, TX 75067. Program terms and offer will expire at the end of each calendar year. Before the calendar year ends, you will receive information and eligibility requirements for continued participation.

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All fields marked with an asterisk (*) are required.

*Person completing form:
☐ Patient ☐ Healthcare Provider ☐ Specialty Pharmacy

***Select Product**

☐ **INFLECTRA** ☐ **ELREXFIO** ☐ **NIVESTYM** ☐ **NYVEPRIA** ☐ **RUXIENCE** ☐ **TRAZIMERA** ☐ **ZIRABEV** ☐ **ELELYSO**

ADMINISTERING PROVIDER *(Enter the name of the administering provider or infusion center)*

PRACTICE NAME

*PROVIDER FIRST NAME

*PROVIDER LAST NAME

PATIENT

*PATIENT FIRST NAME

*PATIENT LAST NAME

PATIENT M.I.

☐ Male ☐ Female

*GENDER

*ZIP CODE

*DATE OF BIRTH

*PATIENT GROUP NUMBER
(ie, EX00000000) *(from program ID card on the approval letter)*

*PATIENT MEMBER ID NUMBER
(11-digit ID from program ID card on the approval letter)

*HCPCS CODE BILLED FOR PRODUCT
(If submitted by provider)

*DATE OF SERVICE
(Provide dose or dose range)

*PATIENT OUT-OF-POCKET AMOUNT FOR PRODUCT

UPDATED INSURANCE DETAIL *(If the insurance has changed since last submission)*

PRIMARY INSURANCE NAME

PRIMARY INSURANCE GROUP # FOR MEDICAL BENEFIT

PRIMARY INSURANCE ID FOR MEDICAL BENEFIT

PRIMARY INSURANCE BIN FOR PHARMACY BENEFIT

PRIMARY INSURANCE PCN FOR PHARMACY BENEFIT

PRIMARY INSURANCE GROUP # FOR PHARMACY BENEFIT

PRIMARY INSURANCE ID FOR PHARMACY BENEFIT

CO-PAY CLAIM PAYMENT INFORMATION *(Contact and address where payment should be sent)*

*CHECK PAYABLE TO

*STREET ADDRESS

*CITY

*STATE

*ZIP CODE

EMAIL

FAX NUMBER

*NPI NUMBER *(If submitted by provider)*

*TAX ID NUMBER *(If submitted by provider)*

