

## Co-Pay Assistance for ZIRABEV (bevacizumab-bvzr) Injection Available Through Pfizer Oncology Together

- Eligible patients may pay as little as \$0 for each ZIRABEV treatment. Please see [full Terms and Conditions](#)
- Provides eligible, commercially insured patients with assistance of up to \$25,000 per patient, per calendar year. Patients enrolled in state or federally funded prescription insurance programs are not eligible for this program
- Applies to out-of-pocket costs associated with ZIRABEV, including co-pays and coinsurance



### How to get started with the Pfizer Oncology Together Co-Pay Savings Program for Injectables powered by PfizerCopoly.com

#### Healthcare providers (HCPs)

HCPs can visit the secure co-pay portal to register your practice, enroll patients, and submit co-pay claims at [www.PfizerCopoly.com](http://www.PfizerCopoly.com).

Once registered in the co-pay portal, follow 2 steps to submit co-pay claims and receive reimbursement on behalf of your enrolled patients:

1

**Obtain the patient's Explanation of Benefits (EOB)**

2

**Submit the claim form,\* CMS-1500, or UB-04, along with the EOB, via the co-pay portal at [www.PfizerCopoly.com](http://www.PfizerCopoly.com)†**

#### Patients

Patients can enroll in the Pfizer Oncology Together Co-Pay Savings Program for Injectables or request enrollment assistance from either your office or a specialty pharmacy.

To get started, patients can enroll at [www.PfizerCopoly.com](http://www.PfizerCopoly.com).† Once enrolled, patients can:

Provide their co-pay ID to either your office or a specialty pharmacy for a co-pay claim\* to be submitted on their behalf

OR

Electronically submit their claim\* and EOB via the co-pay portal

**For patient-submitted claims, the patient will be reimbursed directly, either via check or to a SmartCard (SmartCard will be sent to them via email), and you will receive a notification that the patient has been reimbursed.**



Please see [full Prescribing Information for ZIRABEV](#), including **BOXED WARNINGS**, at [ZIRABEVhcp.com](http://ZIRABEVhcp.com).

\*All co-pay program claims must be submitted within 180 days of the date of service.

†If fax enrollment and claim submission are preferred, visit [www.pfizeroncologytogether-portal.com](http://www.pfizeroncologytogether-portal.com) to download the Pfizer Oncology Together Enrollment Form.

## ***Making your patients' support needs a priority. Together.***

At Pfizer Oncology Together™, patient support is at the core of everything we do. We've gathered resources and developed tools to help patients and their loved ones throughout ZIRABEV® treatment. From helping to identify financial assistance options to connecting patients to resources for emotional support, your patients' needs are our priority.\*

HCPs can also visit the Pfizer Oncology Together Provider Portal, which allows the convenience of online, real-time access to Pfizer Oncology Together support and resources through electronic submission of requests for a variety of Pfizer Oncology Together support, including patient insurance benefit verifications and tracking the progress of patient requests at [www.pfizeroncologytogether.com](http://www.pfizeroncologytogether.com).

## ***To learn about the Pfizer Oncology Together Co-Pay Savings Program for Injectables for ZIRABEV, please contact Pfizer Oncology Together.***



**FOR LIVE, PERSONALIZED SUPPORT**

Call **1-877-744-5675** (Monday–Friday 8 AM–8 PM ET)

**VISIT**

**[PfizerOncologyTogether.com](http://PfizerOncologyTogether.com)**

### **Terms and Conditions**

By using this 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 ZIRABEV is 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 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 ZIRABEV treatment, subject to a maximum benefit of \$25,000 per calendar year for out-of-pocket expenses for ZIRABEV including co-pays or coinsurances. The amount of any benefit is the difference between your co-pay and \$0. After the maximum of \$25,000 you will be responsible for the remaining monthly out-of-pocket costs. Patient must have private insurance with coverage of ZIRABEV. 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 assistance 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. 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. 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](http://www.pfizer.com). For more information about the Pfizer Oncology Together Co-Pay Savings Program for Injectables, visit [pfizeroncologytogether.com](http://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. 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.

\*Some services are provided through third-party organizations that operate independently and are not controlled by Pfizer Inc. Availability of services and eligibility requirements are determined solely by these organizations.

Please see [full Prescribing Information for ZIRABEV](#), including **BOXED WARNINGS**, at [ZIRABEVhcp.com](http://ZIRABEVhcp.com).

**Pfizer Oncology together™**

INJECTION  
**Zirabev®**  
bevacizumab-bvzr