

Pfizer Oncology together™

# *Pfizer Oncology Together™ Overview for Enrollment and Claim Submission*

*Brochure for Healthcare Providers*



Please see [full Prescribing Information for RUXIENCE](#), including [BOXED WARNINGS](#) and [Medication Guide](#), at [RUXIENCEhcp.com](#).

Please see [full Prescribing Information for TRAZIMERA](#), including [BOXED WARNINGS](#), at [TRAZIMERAhcp.com](#).

# Pfizer Oncology Together™ Co-Pay Savings Program for Injectables

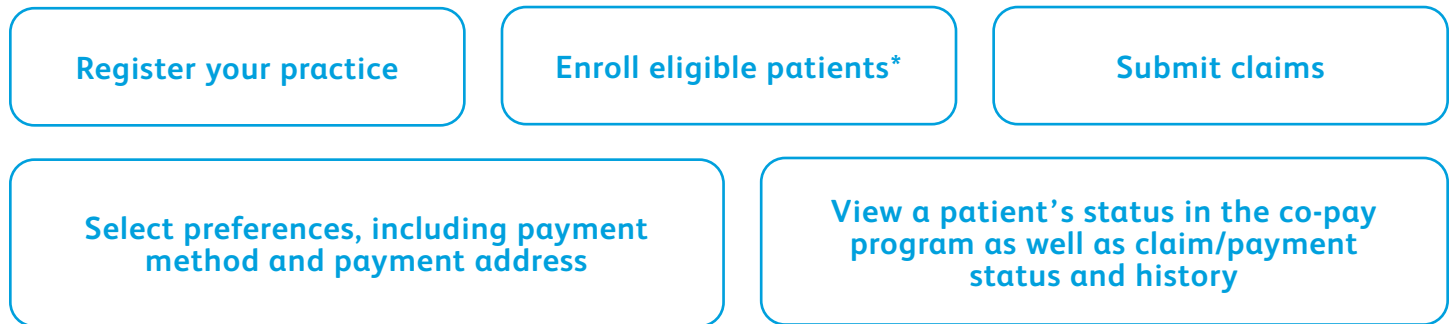
This brochure provides an overview of the enrollment and claims submission process for the Pfizer Oncology Together Co-Pay Savings Program for Injectables for NIVESTYM® (filgrastim-aafi), NYVEPRIA™ (pegfilgrastim-apgf), RUXIENCE® (rituximab-pvvr), TRAZIMERA® (trastuzumab-qyyp), and ZIRABEV® (bevacizumab-bvzr). The co-pay programs provide eligible, commercially insured patients with assistance of a range of \$10,000 to \$25,000 maximum per patient, per calendar year. Eligible patients may pay as little as \$0 for each treatment. See full terms and conditions on [page 6](#).

An overview of the process includes:



## Introducing the Pfizer Injectables Co-Pay Portal

The Pfizer Oncology Together Co-Pay Savings Program for Injectables is powered by [www.PfizerCoplay.com](http://www.PfizerCoplay.com). The co-pay portal allows HCPs to:



Read on to learn more about how you can use the co-pay portal, as well as other options, to enroll eligible patients, submit claims, and receive payment through the Pfizer Oncology Together Co-Pay Savings Program for Injectables.

\*Patients can also register and self-enroll if preferred. You may continue to enroll patients into the Pfizer Oncology Together program where additional patient support may be identified, including benefits verification (BV) and financial assistance.

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## Enrollment

There are now 2 ways to enroll your patients into the Pfizer Oncology Together™ Co-Pay Savings Program for Injectables.

- 1** **Enroll your patients using the co-pay portal at [www.PfizerCopay.com](http://www.PfizerCopay.com)**
  - This option is best for patients who do not require additional patient support, such as a BV or patient assistance

- 2** **Continue to enroll patients through Pfizer Oncology Together**
  - This option is best for patients requiring additional support
  - You can either fax or mail the completed enrollment form to Pfizer Oncology Together OR complete the enrollment form on the provider portal at [www.PfizerOncologyTogether-Portal.com](http://www.PfizerOncologyTogether-Portal.com)
  - Pfizer Oncology Together will follow up on any missing information and complete a BV to determine eligibility for the co-pay program. If approved, you and your patient will receive an approval letter containing co-pay card numbers and other important information

## Claim Submission

*You now have 3 ways to submit co-pay claims*

- 1** Submit claims directly at [www.PfizerCopay.com](http://www.PfizerCopay.com)
- 2** Fax claims to: 877-847-FAX1 (877-847-3291)
- 3** Mail claims: Contact the Pfizer Oncology Together program at 1-877-744-5675

For claims submitted to the Pfizer Oncology Together Co-Pay Savings Program for Injectables, make sure to:

- Submit claims within 180 days of each treatment date
- Include a copy of the explanation of benefits with the treatment date

**Claim and enrollment forms are available on [www.PfizerOncologyTogether.com](http://www.PfizerOncologyTogether.com).**



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## Payment

### HCP

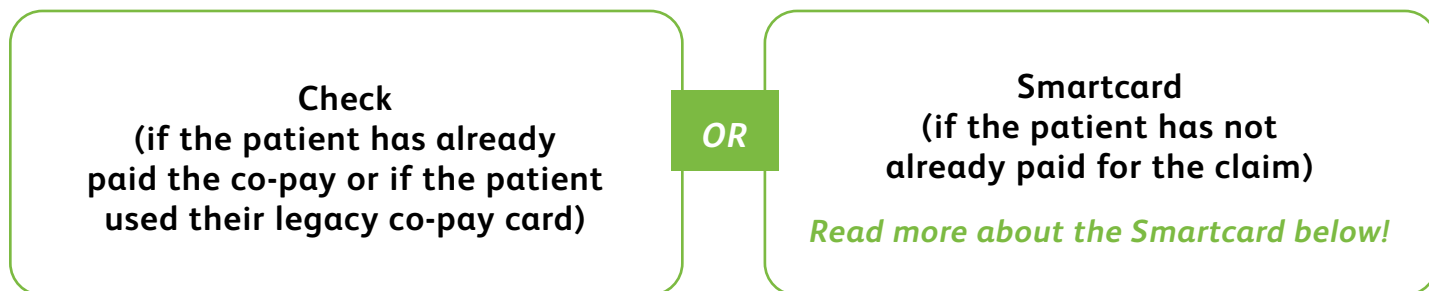
If you submitted a claim through the co-pay portal and your patient has assigned co-pay benefits to you, then you will indicate the preferred payment method (ie, electronic funds transfer [EFT] or check) on the portal at the time of claim submission.

### Specialty Pharmacy

Specialty pharmacies are able to submit both medical and pharmacy claims to the co-pay portal, and in either case, payment to pharmacies will be made via a bi-weekly check.

### Patient

Patients who submit their own claims will receive payment in the following forms:



### Payment for Fax or Mailed Claims

HCPs, specialty pharmacies, and patients can also submit claims by fax or mail. Claims submitted by these methods will follow the same payment guidelines described above, but it may take more time to process the payment.

Payments can also be made directly to the HCP or specialty pharmacy.

## Meet the Smartcard!

The Pfizer Oncology Together Co-Pay Savings Program for Injectables will include a Smartcard option for patients.

If you are currently receiving payment via EFT or paper check, you can still receive payment that way.



**A co-pay claim must be submitted and approved before funds are loaded onto the Smartcard**



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## Pfizer Oncology Together™ Support

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 injectable treatment. From helping to identify financial assistance options to connecting patients to resources for emotional support, patients' needs are our priority.

Pfizer Oncology Together offers resources to help patients receive their prescribed Pfizer oncology medicines in a timely manner, including assistance with benefits verification, prior authorizations, appeals, and billing and coding.

Reimbursement and patient support information are also available at [www.PfizerOncologyTogether.com](http://www.PfizerOncologyTogether.com).

If you have questions about the Pfizer Oncology Together Co-Pay Savings Program for Injectables or would like to know more about other patient support options available through Pfizer Oncology Together, please contact a Pfizer Oncology Together Access Counselor or visit [www.PfizerOncologyTogether.com](http://www.PfizerOncologyTogether.com) for more information. In addition, your Field Reimbursement Manager is available to answer questions about the Pfizer Oncology Together Co-Pay Savings Program for Injectables.

### Phone:

1-877-744-5675  
Monday–Friday  
8 AM–8 PM ET

### Website for HCPs and Patients

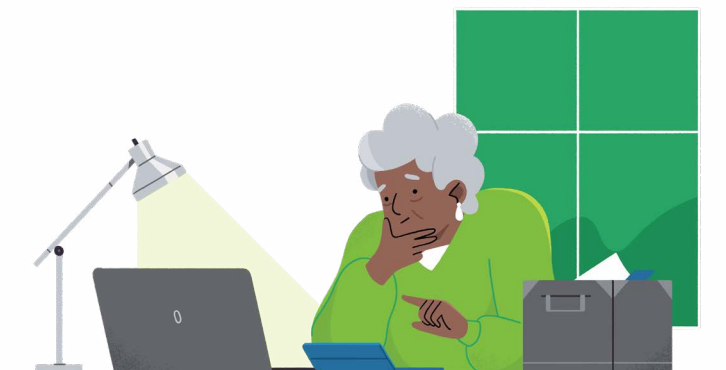
[www.PfizerOncologyTogether.com](http://www.PfizerOncologyTogether.com)

### Fax:

1-877-736-6506

### Mail:

Pfizer Oncology Together  
P.O. Box 220366  
Charlotte, NC 28222



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**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 NIVESTYM®, NYVEPRIA™, RUXIENCE®, TRAZIMERA®, and 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 RUXIENCE for pemphigus vulgaris and rheumatoid arthritis 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 NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, or ZIRABEV 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 NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, or 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 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. 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](http://www.pfizer.com). For more information about the Pfizer Oncology Together Co-Pay Savings Program for Injectables for NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, or ZIRABEV, 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.

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