

Accessing Program Offerings on the Enrollment Form. Together.

Our goal is to help your patients get the Pfizer Oncology medicines they need.

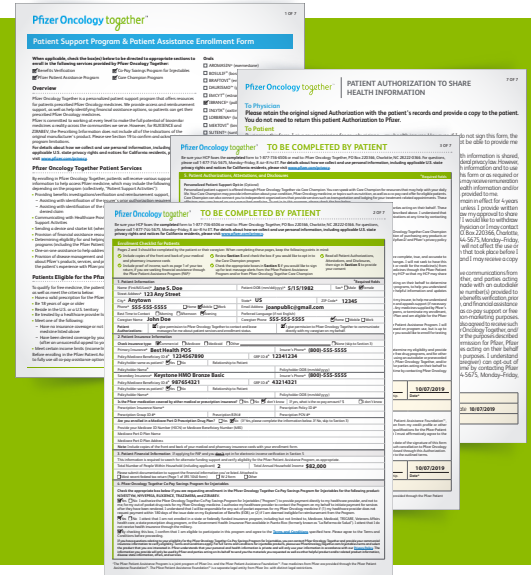
This checklist and roadmap provide helpful reminders for patients and healthcare providers (HCPs) when completing the Enrollment Form, available at PfizerOncologyTogether.com/enroll.

If requesting Copay Savings Program for Injectables only, please visit PfizerCopay.com.

Enrollment Checklist for Patients:

The patient should complete and submit the green color-coded pages 2, 3, and 7.

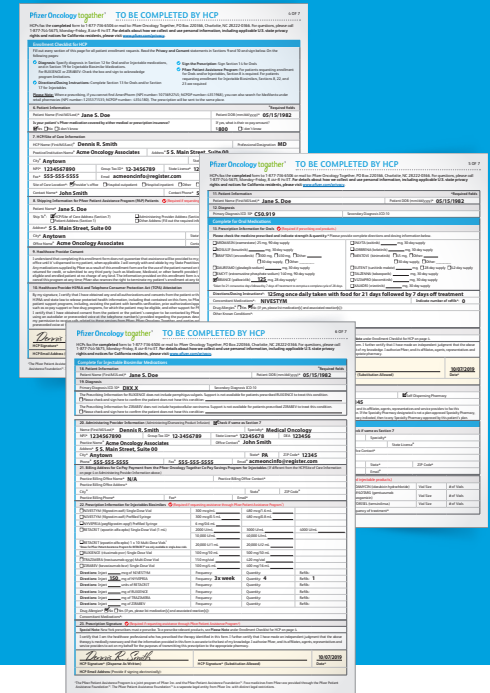
- ✔ Provide patient and insurance information (include copies of insurance cards – optional if insurance information section is completed)
- ✔ If applying for the Pfizer Patient Assistance Program* (PAP), opt in to Electronic Income Verification on page 3 or provide financial information and attach financial documentation†
- ✔ Sign and date in all required sections (and provide email if electronically signing)
- ✔ Check boxes for optional programs, such as the Care Champion Program‡ or Text Refill Reminders Program for patients enrolled in PAP§
- ✔ Sign the Patient Authorization to Share Health Information Form on page 7 and provide all completed Patient Information pages to Pfizer Oncology Together (patient may also retain a copy of the original signed form)



Enrollment Checklist for HCPs:

The HCP needs to complete the blue color-coded pages 4, 5, and 6. This form can also serve as the prescription for the Pfizer Oncology medication if the patient is applying for the Pfizer Patient Assistance Program.

- ✔ Provide the patient's co-pay amount if known (Benefits Verification needs to be conducted if co-pay amount isn't provided)
- ✔ Complete only the sections required for the type of prescribed medication (Orals/Injectables – page 5; Biosimilars – page 6)
- ✔ For Orals, provide complete Directions/Dosing Instructions (Section 13)
- ✔ For Biosimilars, provide diagnosis AND check and sign Section 19 to confirm and acknowledge program limitations
- ✔ Sign and date in required Sections 9 and 10 (Healthcare Provider Consent and Healthcare Provider HIPAA and Telephone Consumer Protection Act [TCPA] Attestation)
- ✔ Sign and date the Prescription Signature section if the patient is applying for PAP
- ✔ Make sure all patient pages of the form are completed and provided to Pfizer Oncology Together, either sent by the patient or along with the HCP pages



See the reverse side for Pfizer Oncology Together Enrollment Form Roadmap

 Fax the completed Enrollment Form to Pfizer Oncology Together at 1-877-736-6506

*The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. Free medicines from Pfizer are provided through the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation™ is a separate legal entity from Pfizer Inc. with distinct legal restrictions.
 †Pfizer Oncology Together reserves the right to request financial documentation in the event the electronic income verification is not successful.
 ‡For more information on services offered through the Care Champion program, please visit PfizerOncologyTogether.com/hcp and click on Patient Support.
 §PAP refill reminder text messages are only available for patients who have been prescribed Pfizer Oncology oral medications and are participating in PAP.

Pfizer Oncology Together Enrollment Form Roadmap

Checkmarks indicate which Sections/Pages require information for each Pfizer Oncology Together Support Program

ENROLLMENT FORM SECTION/PAGE	Benefits Verification (BV)	Co-Pay Savings Program*	Pfizer Patient Assistance Program	Care Champion Program
PATIENT INFORMATION: COMPLETED BY PATIENT				
Sections 1 and 2: Patient Information and Insurance (including Medicare Part D Plan Address, if applicable)	✓	✓	✓	✓
Section 3: Patient Financial Information			✓	
Section 4: Assignment of Benefits for Co-Pay Savings Program for Injectables		✓		
PATIENT CONSENTS (OPTIONAL)				
Section 5: Personalized Patient Support Opt in				✓
Section 5: Pfizer PAP Certification, Attestation, and Privacy Disclosures			✓	
Section 5: Opt in for Text Messaging PAP Refill Reminders [†] and/or Care Champion Program			✓	✓
Section 5: Patient Consent to Receive Communications	✓	✓	✓	✓
Section 5: Patient Authorization for Electronic Income Verification			✓	
HCP INFORMATION: COMPLETED BY HCP				
Sections 6 and 7: Patient and HCP/Site of Care Information	✓	✓	✓	
Section 8: Shipping Information for PAP Patients			✓	
Sections 9 and 10: Healthcare Provider Consent and Healthcare Provider HIPAA and Telephone Consumer Protection Act (TCPA) Attestation	✓	✓	✓	
Sections 11 and 12: Patient Information/Diagnosis	✓		✓	
ORAL MEDICATIONS				
Section 13: Prescription Information for Orals	✓		✓	
Section 14: Prescription Signature (Optional for BV only)	✓		✓	
Section 15: Preferred Specialty Pharmacy (Optional)	✓			
INJECTABLE MEDICATIONS				
Section 16: Administering Provider Information			✓	
Section 17: Dosing Information for Injectables	✓		✓	
INJECTABLE BIOSIMILAR MEDICATIONS				
Section 18: Patient Information	✓	✓	✓	
Section 19: Diagnosis (and Attestation[s] for product exclusions)	✓	✓	✓	✓
Section 20: Administering Provider Information	✓	✓	✓	
Section 21: Billing Address for Co-Pay Payment from the Pfizer Oncology Together Co-Pay Savings Program for Injectables		✓		
Section 22: Prescription Information for Injectable Biosimilars	✓		✓	
Section 23: Prescription Signature (Optional for BV only)	✓		✓	
Page 7: Patient Authorization to Share Health Information Form	✓	✓	✓	✓

For more details, please refer to the Program Enrollment Forms & Resources, available at pfizeroncologytogether.com/hcp.



CALL 1-877-744-5675 (Monday–Friday, 8 AM–8 PM ET)

VISIT PfizerOncologyTogether.com

*If requesting Co-pay Savings Program only, please visit the Pfizer Injectables Co-pay Portal at PfizerCopoly.com.

[†]PAP refill reminder text messages are only available for patients who have been prescribed Pfizer Oncology oral medications and are participating in PAP.



PP-UNP-USA-0214

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May 2022