

Pfizer Oncology together™

Pfizer Oncology Together™ Co-Pay Savings Program for Injectables

Brochure for Patients



If you are eligible and have commercial insurance, you may pay as little as \$0 for certain injectable medicines*

- This program ranges from \$10,000 to \$25,000 maximum benefit per calendar year
- There are no income requirements in order to qualify

*Limits, terms, and conditions apply: Patients are not eligible for these programs if they 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. Maximum annual patient savings range from \$10,000 to \$25,000. This offer is not health insurance. No membership fees apply. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. For any questions, please call 1-877-744-5675 or write: Pfizer Oncology Together Co-Pay Savings Program, 235 East 42nd Street NY, NY 10017. See the full Terms and Conditions on [page 8](#).

Please see full Prescribing Information for RUXIENCE, including BOXED WARNINGS and Medication Guide, at [RUXIENCEhcp.com](https://www.pfizer.com/ruxiencehcp).

Please see full Prescribing Information for TRAZIMERA, including BOXED WARNINGS, at [TRAZIMERAhcp.com](https://www.pfizer.com/trazimerahcp).

Pfizer Oncology Together™ Co-Pay Savings Program for Injectables

This brochure shows you how to get help for your NIVESTYM® (filgrastim-aafi), NYVEPRIA™ (pegfilgrastim-apgf), RUXIENCE® (rituximab-pvvr), TRAZIMERA® (trastuzumab-qyyp), or ZIRABEV® (bevacizumab-bvzr) prescription from the Pfizer Oncology Together Co-Pay Savings Program for Injectables. An overview of the process includes:

1 Enrollment

2 Claim Submission

3 Payment



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.

Introducing the Pfizer Injectables Co-Pay Portal

Pfizer Oncology Together Co-Pay Savings Program for Injectables is powered by www.PfizerCopay.com.

The co-pay portal will let you register and enroll in the Pfizer Oncology Together Co-Pay Savings Program for Injectables yourself. Once you have signed up for the co-pay portal, you can:

Submit claims

Check your status
in the co-pay program

View claim and
payment status and
history

Read on to learn more about the program, using the co-pay portal, and other options.

Enrollment

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

To get started, you can enroll at www.PfizerCopay.com.

If fax enrollment is preferred, contact your HCP or visit www.PfizerOncologyTogether.com for more information.



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

Claim Submission

There are now 4 ways to submit your co-pay claims

- 1 Submit claims directly at www.PfizerCopay.com
- 2 Fax your claims to: 877-847-FAX1 (877-847-3291)
- 3 Mail claims: Contact the Pfizer Oncology Together Program at 1-877-744-5675

OR

- 4 Have your HCP's office or specialty pharmacy submit claims for you by providing your co-pay ID

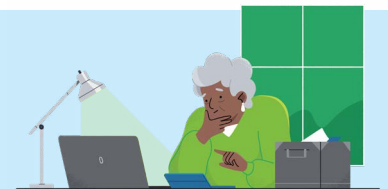


If you are submitting your own claims to the Pfizer Oncology Together Co-Pay Savings Program for Injectables, make sure to:

Submit claims within 180 days of each treatment date

Include a copy of the explanation of benefits (EOB) document available from your insurance company; if you have already paid your co-pay, please provide a receipt

Claim forms are available on www.PfizerCopay.com.



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

Payment

Payment for Co-pay Portal Claims:

If you submit a claim yourself:

If you already paid the co-pay (remember to provide a receipt)

Payment will be by check

If you have NOT already paid the co-pay

Funds will be loaded to your Smartcard (*Read more about the Smartcard on the next page!*)

Claims with legacy cards (issued before there was a co-pay portal or a Smartcard)

Payment will be by check

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

Claims submitted by fax or mail will be made the same way as above but may take more time for payment.



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Meet the Smartcard!

The Pfizer Oncology Together Co-Pay Savings Program for Injectables now lets you pay your co-pay using the Smartcard.

Once you are approved for co-pay support, the Smartcard is emailed to you

- If your HCP will be submitting claims for you, forward the email with the Smartcard to them or print it out and take it to the office so they will have your Smartcard number on file

Use the Smartcard to pay your co-pay or use the information on it to submit claims yourself at www.PfizerCopay.com

If you prefer receiving payment by 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

Pfizer Oncology Together is a personalized support program to help you and your loved ones throughout your Pfizer injectable treatment. We can work with you to help identify financial assistance options for your prescribed Pfizer injectable. And if you need help with some of the day-to-day challenges you're facing, we can connect you to a dedicated Care Champion who has social work experience and will offer you support resources. Because when it comes to support, we're in this together.

If you have questions or would like to know more about other patient support options available, please contact a Pfizer Oncology Together Access Counselor by calling 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET) or visit www.PfizerOncologyTogether.com for more information.

Also, your HCP 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:

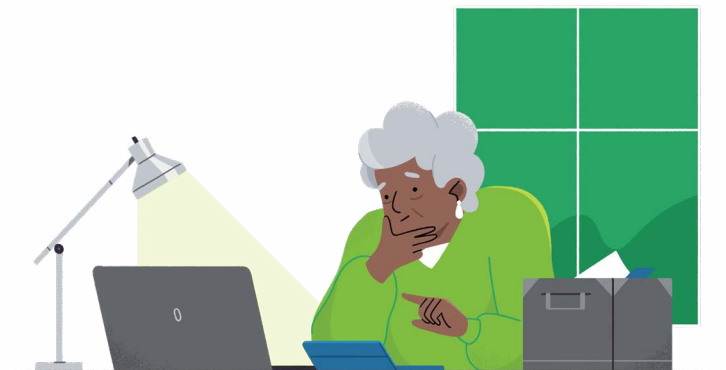
www.PfizerOncologyTogether.com

Fax:

1-877-736-6506

Mail:

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



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

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. For more information about the Pfizer Oncology Together Co-Pay Savings Program for Injectables for 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. 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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Please see [full Prescribing Information for TRAZIMERA](#), including [BOXED WARNINGS](#), at TRAZIMERAhcp.com.