

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, P.O. Box 6875, Bridgewater, NJ 08807. See the full Terms and Conditions on [page 8](#).

Please see full [Prescribing Information for ELREXFIO™ \(elranatamab-bcmm\)](#), including **BOXED WARNINGS** and [Medication Guide](#).

Please see full [Prescribing Information for RUXIENCE® \(rituximab-pvvr\)](#), including **BOXED WARNINGS** and [Medication Guide](#).

Please see full [Prescribing Information for TRAZIMERA® \(trastuzumab-qyyp\)](#), including **BOXED WARNINGS**.

Please see full [Prescribing Information for ZIRABEV® \(bevacizumab-bvzr\)](#).

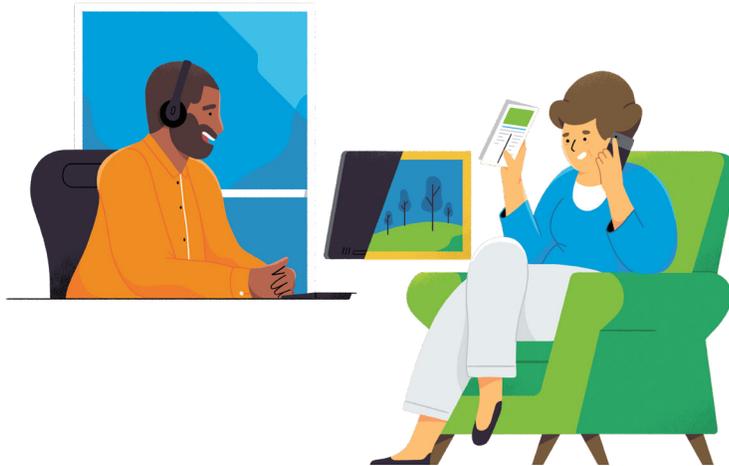
# Pfizer Oncology Together™ Co-Pay Savings Program for Injectables

This brochure shows you how to get help for your ELREXFIO™ (elranatamab-bcmm), 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



\*Pfizer Oncology Together supports patients prescribed RUXIENCE for cancer indications. Pfizer enCompass® is available to support patients prescribed RUXIENCE for its FDA-approved non-cancer indication. For more information, visit [www.pfizerencompass.com](http://www.pfizerencompass.com).

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Please see full [Prescribing Information for ZIRABEV® \(bevacizumab-bvzr\).](#)

## Introducing the Pfizer Injectables Co-Pay Portal

Pfizer Oncology Together™ Co-Pay Savings Program for Injectables is powered by [www.PfizerCopay.com](http://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](http://www.PfizerCopay.com).

If fax enrollment is preferred, contact your HCP or visit [www.PfizerOncologyTogether.com](http://www.PfizerOncologyTogether.com) for more information.



\*The Pfizer Oncology Together Co-Pay Savings Program for Injectables is intended for claims resulting from hospital outpatient and physician office administered injections only.

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## Claim Submission

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

- 1 Submit claims directly at [www.PfizerCopay.com](http://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 for more information

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 at [www.PfizerCopay.com](http://www.PfizerCopay.com).



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## 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!](#))

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

### 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 ELREXFIO™ (elranatamab-bcmm), NIVESTYM® (pegfilgrastim-apgf), NYVEPRIA®, RUXIENCE® (rituximab-pvvr), TRAZIMERA® (trastuzumab-qyyp), and ZIRABEV® (bevacizumab-bvzr) 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 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, 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 ELREXFIO, 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. Patient must be 18 years of age or older for redemption of co-pay card. 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 ELREXFIO, 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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