Instructions for completing the Enrollment Form

Pfizer Oncology together™

Personalized Patient Support
Pfizer is committed to supporting your patients through their treatment journey. With Pfizer Oncology Together, patients prescribed select Pfizer Oncology medications get personalized support, including help identifying financial assistance options and connections to resources that may help with some of their day-to-day challenges. Your office can enroll patients in Pfizer Oncology Together by filling out the form at PfizerOncologyTogether.com/hcp. Download the PDF to complete, print, and fax the enrollment form to 1-877-736-6506. Alternatively, your office can print the PDF, complete, and mail it.

Pfizer Oncology Together can help patients with:

Access & Reimbursement Support
- If patients need access or reimbursement support, Pfizer Oncology Together is here to help with:
  - Benefits Verification
  - Prior Authorizations (PA)
  - Appeals
  - Specialty Pharmacy Coordination

Patient Financial Assistance
Pfizer Oncology Together can help patients understand their benefits and connect them with financial assistance resources, regardless of their insurance coverage.
- Commercially Insured
- Medicare/ Government Insured
- Uninsured

Personalized Patient Support
At Pfizer Oncology Together, our Care Champions, who have social work experience, can connect patients prescribed our medications to resources that may help with some of their daily needs.*
- Connections to emotional support resources
- Connections to an independent organization that helps eligible patients find rides and lodging for treatment-related appointments
- Educational information on topics such as nutrition
- Information to help patients prepare for leaving or returning to work
- Help identifying financial assistance resources

*Some services are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of services and eligibility requirements are determined solely by these organizations.
Completing the Pfizer Oncology Together Form

Patient Information

All required fields are identified with an asterisk (*). Ensure these fields are completed as missing information may delay processing.

Section 2. Insurance Information

If the patient indicates he/she has secondary insurance, obtain all the information relating to the secondary insurer.

Section 3. Patient Financial Information

Fill out all financial information and attach documentation of total annual income, if seeking financial assistance. Only include Page 1 of IRS 1040 Form.

Section 4. Personalized Patient Support Opt In

Verify the patient has decided to opt in or opt out for personalized patient support, offered through Pfizer Oncology Together via Care Champions.*

Section 5. Refill Reminders via Text Messages (Optional)

Mention to the patients the option to receive refill reminders and shipping texts if they are accepted into the Pfizer Patient Assistance Program. Terms and conditions may apply. Message and data rates may apply, see Section 6B.

Section 6A. Patient Privacy and Consent

Check that the patient has signed and dated the form.

*Care Champions may provide information about your condition, Pfizer Oncology medicine, topics such as nutrition, as well as a co-pay card offer for eligible patients. Care Champions can also connect you to independent organizations that provide services such as transportation and lodging for your treatment-related appointments.

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<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Joan A. Public</td>
</tr>
<tr>
<td>Patient DOB: 06.06.1958</td>
</tr>
<tr>
<td>Policyholder DOB: 06.06.1958</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance Information</th>
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</thead>
<tbody>
<tr>
<td>Primary Insurance: Humana</td>
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<tr>
<td>Secondary Insurance: Pfizer Oncology Together</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Financial Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income: $50,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personalized Patient Support Opt In</th>
</tr>
</thead>
<tbody>
<tr>
<td>By checking this box, I request Care Champion support and agree to communications from Pfizer Oncology Together to communicate directly with my caregiver on my behalf.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refill Reminders via Text Messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>By checking this box, I consent to receive refill reminder and shipping texts if I am accepted into the Pfizer Patient Assistance Program. I will receive a welcome text asking me to reply CONFIRM to opt in.</td>
</tr>
</tbody>
</table>

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*Required fields

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FOR INSTRUCTIONAL PURPOSES ONLY
Completing the Pfizer Oncology Together Form

HCP Information

All required fields are identified with an asterisk (*). Ensure these fields are completed as missing information may delay processing.

Section 7. HCP/Site of Care Information

Be sure that the box associated with the appropriate site of care location is checked. If site of care is not applicable, check N/A.

Section 10. Prescription Information

Complete if the HCP is prescribing oral Pfizer Oncology medication(s) and fill in Directions/Dosing Instructions highlighted in blue.

To e-prescribe the product, please add AmeriPharm to your pharmacies list in your e-prescribing software. Search for AmeriPharm under mail-order pharmacies using the following ID numbers: NPI number–1073692745, NCPDP number–4351968. AmeriPharm is located in Sioux Falls, SD 57104.

Section 11. Dosing Information for Physician Administered (IV) Products

Complete if the HCP is prescribing intravenous (IV) Pfizer Oncology medication(s).

Section 12A. HCP Privacy and Consent

After reading the HCP Privacy and Consent in Section 12B (located on page 4), sign and date Section 12A (located on page 3).

Special Note: In addition to completing the HCP section, New York prescribers must submit a prescription on an original NY state prescription blank. Prescribers in all other states only need to submit a state-specific blank if it’s required in their state, and the application is mailed.

FOR LIVE SUPPORT, CALL 1-877-744-5675
Monday–Friday, 8 AM–8 PM ET

DOWNLOAD THE FORM AT PfizerOncologyTogether.com/hcp

The form also includes consent language specific to each section (page 4) and a HIPAA consent form for patients (page 5).