Pfizer Oncology Together™ Co-Pay Savings Program for Injectables: NIVESTYM® (filgrastim-aafi) Injection Specialty Pharmacy Form

PLEASE NOTE:
This fax form can be used by a patient's healthcare provider to provide information to a specialty pharmacy for a patient who has been approved and enrolled in the Pfizer Oncology Together Co-Pay Savings Program for Injectables when a patient's NIVESTYM co-pay claim needs to be processed by the specialty pharmacy.

When sending/faxing this form to a specialty pharmacy, please send/attach the prescription for NIVESTYM.

TO: _____ **FAX #:** _____
(Pharmacy Name) *(Pharmacy Fax)*

FROM: _____ **DATE:** _____ **TOTAL PAGES:** _____
(Practice Name)

PATIENT NAME: _____ **DATE OF BIRTH:** _____

The patient noted above has been approved to participate in the Pfizer Oncology Together Co-Pay Savings Program for Injectables.

The Pfizer Oncology Together Co-Pay Savings Program for Injectables for NIVESTYM provides eligible commercially insured patients with assistance of up to $10,000 per calendar year for claims received by the program. Eligible enrolled patients may pay as little as $0 per NIVESTYM treatment. Federal and State health care beneficiaries not eligible. Private insurance only. The co-pay program covers only drug costs, not procedures, administration fees, or office visits. Please see full Terms and Conditions below.

Specialty pharmacies should utilize the following information from the patient's Pfizer Oncology Together Co-Pay Savings Program for Injectables identification card when submitting claims to the NIVESTYM co-pay assistance program:

BIN #: 004682
ID #: _____
Patient Member Number

PCN #: CN
GROUP #: EC30010001

(Use 11-digit Patient Member ID Number from the Pfizer Oncology Together Co-Pay Savings Program for Injectables identification card sent with the patient's approval letter)

Pharmacist instructions for a patient with an Authorized Third-Party Payer: Submit the claim to the primary third-party payer first, then submit the balance due for the co-pay or coinsurance and secondary claim (if applicable) to **Therapy First Plus** as a secondary payer coordination of benefits (COB) with patient responsibility amount and a valid Other Coverage Code (eg, 8). The patient may pay as little as $0 per NIVESTYM treatment. The offer pays up to $10,000 per year. You will receive reimbursement from **Therapy First Plus**. For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604.

If you have any questions about a NIVESTYM co-pay claim through a pharmacy benefit or the Pfizer Oncology Together Co-Pay Savings Program for Injectables, please call 1-877-744-5675 and speak to an Access Counselor. Representatives are available Monday–Friday, 8 AM–8 PM ET.

Terms and Conditions: By using this program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions below:

The Pfizer Oncology Together Co-Pay Savings Program for Injectables for NIVESTYM 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. With this program, eligible patients may pay as little as $0 co-pay per NIVESTYM treatment, subject to a maximum benefit of $10,000 per calendar year for out-of-pocket expenses for NIVESTYM including co-pays or coinsurances. The amount of any benefit is the difference between your co-pay and $0. After the maximum of $10,000 you will be responsible for the remaining monthly out-of-pocket costs. Patient must have private insurance with coverage of NIVESTYM. 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 assistance 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. **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. 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, 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 will expire at the end of each calendar year. Before the calendar year ends, you will receive information and eligibility requirements for continued participation.