

Helping patients access their Pfizer Oncology medications. Together.

A step-by-step guide to helping patients navigate
healthcare coverage and financial assistance options.



Navigating patient access and reimbursement. Together.

Pfizer Oncology Together™ is committed to supporting patients as they navigate access to prescribed Pfizer Oncology medications. We offer tools and resources to help patients receive the medications they have been prescribed in a timely manner, including benefits verification and information related to prior authorizations, appeals, product distribution, and billing and coding.

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Insurance Assistance

BENEFITS VERIFICATION

We can conduct a benefits verification to determine a patient's health insurance coverage, out-of-pocket costs, and any specialty pharmacy requirements.

- For **oral** medications: A summary of benefits is faxed to the HCP. Pfizer Oncology Together™ will call and review the summary of benefits with the patient and mail a copy to the patient, if requested
- For **injectable** medications: A summary of benefits is faxed to the HCP

PRIOR AUTHORIZATION ASSISTANCE & APPEALS ASSISTANCE

- We can work with the patient's insurer to determine any prior authorization (PA) requirements and submission process
- If a patient's PA or payer claim is denied, Pfizer Oncology Together can review the reasons for denial and help with understanding the appeals process by providing information on payer requirements
 - If a PA is denied by a government payer, the decision must be appealed before a patient can be considered for the Pfizer Patient Assistance Program, should the patient need financial assistance
- To find prior authorization and appeals resources, [click here](#)

PRODUCT ACCESS

- Pfizer Oncology Together can identify which specialty pharmacies may be used based on the patient's network. If they choose, healthcare providers and their staff can work directly with the specialty pharmacies instead
- Pfizer injectable hematology products are available through a network of specialty distributors and specialty pharmacies. Injectable biosimilars are available through most major wholesalers
- [Click here](#) for specialty pharmacy and distributor lists

BILLING AND CODING INFORMATION FOR INJECTABLE MEDICATIONS

Sample forms, template letters, and billing and coding information are available for physicians' offices and hospital outpatient settings of care.

TO DOWNLOAD THESE RESOURCES:



Click [here](#) for Billing and Coding Information

Patient Financial Assistance

We can help find potential financial assistance options for patients prescribed Pfizer Oncology medicines, regardless of their insurance coverage.

Commercially Insured

ORAL PRODUCTS

Pfizer Oncology Together™ can help identify financial assistance resources for patients with commercial, private, employer, or state health insurance marketplace coverage.

- The Pfizer Oncology Together Co-Pay Savings Program provides savings for eligible, commercially insured patients who have been prescribed certain Pfizer Oncology oral medications
 - Patients may pay as little as \$0 per month for oral medications. Limits, terms, and conditions apply*
 - Provides assistance with out-of-pocket deductibles, co-pay, or coinsurance costs
 - Allows for savings up to \$25,000 per product per calendar year
 - There are no income requirements for patients to qualify



TO ACCESS A CO-PAY CARD:

- [Click here](#) then select the patient's medication from the drop-down menu to determine eligibility and download a co-pay card
- HCPs can also access a co-pay card from their Pfizer Oncology Account Specialist, a specialty pharmacy, or a product website
- If HCPs or patients have questions about their eligibility, call Pfizer Oncology Together for assistance

Patients can also access a co-pay card at PfizerOncologyTogether.com/signup
Or for Spanish sign-up, go to PfizerOncologyTogetherEnEspañol.com

*Patients are not eligible to use this card 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. Patients may receive up to \$25,000 per product in savings annually. **The offer will be accepted only at participating pharmacies. 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, visit PfizerOncologyTogether.com/terms or write: Pfizer Oncology Together Co-Pay Savings Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560.

Patient Financial Assistance *(cont'd)*

INJECTABLE OR INFUSION BIOSIMILAR PRODUCTS

Pfizer Oncology Together™ Co-Pay Savings Program for Injectables

- Eligible, commercially insured patients may pay as little as \$0 per treatment for certain injectable or infusion medications. Limits, terms, and conditions apply*
 - Eligible, commercially insured patients may pay as little as \$0 for each treatment*
 - Maximum annual patient savings range from \$10,000 to \$25,000 per calendar year
 - There are no income requirements for patients to qualify
 - The patient's insurance must cover the injectable or infusion medication on the date of service

How to get started with the Pfizer Oncology Together Co-Pay Savings Program for Injectables powered by PfizerCopay.com

HEALTHCARE PROVIDERS (HCPs)

As an HCP, you can visit the secure co-pay portal to register your practice, enroll eligible patients, and submit co-pay claims at PfizerCopay.com.[†]

Enrolling Patients

- 1 Registered users can enroll eligible patients using the co-pay portal
- 2 The co-pay card is activated in real time after enrollment

Submitting Claims

Follow 2 steps to submit co-pay claims and receive reimbursement on behalf of your enrolled patients:

- 1 Obtain the patient's Explanation of Benefits (EOB)
- 2 Submit the claim[‡] and EOB via the co-pay portal at PfizerCopay.com[†]

PATIENTS

Patients can enroll in the Pfizer Oncology Together Co-Pay Savings Program for Injectables or request enrollment assistance from either your office or a specialty pharmacy. To get started, patients can enroll at PfizerCopay.com.[†] Once enrolled, patients can:

- Provide their co-pay ID to either your office or a specialty pharmacy for a co-pay claim[‡] to be submitted on their behalf
- Electronically submit their claim[‡] and EOB via the co-pay portal

For patient-submitted claims, the patient will be reimbursed directly, either via check or to a Smartcard (Smartcard will be sent to them via email), and you will receive a notification that the patient has been reimbursed.

[†]If fax enrollment and claim submission are preferred, visit pfizeroncologytogether-portal.com to download the Pfizer Oncology Together Enrollment Form and the Pfizer Injectables Co-Pay Claim form.

5 [‡]All co-pay program claims must be submitted within 180 days of the issue date on the patient's EOB.

Patient Financial Assistance (cont'd)

Medicare/Government Insured

We can help identify potential resources for patients with Medicare/Medicare Part D, Medicaid, and other government insurance plans who express a financial need and may be eligible.

MEDICARE EXTRA HELP

- Pfizer Oncology Together™ will check patient eligibility for Medicare Extra Help. If patients appear to be eligible, the program can help them understand how to apply
- While patients apply to Medicare Extra Help, eligible patients will be enrolled in the Pfizer Patient Assistance Program* through the end of the calendar year. A letter of denial from Medicare Extra Help will be required prior to re-enrollment consideration

WHAT IS MEDICARE EXTRA HELP?¹

- Medicare Extra Help is a Medicare program that provides “extra help” to qualified Medicare beneficiaries with limited income and resources
- It helps eligible patients pay for monthly premiums, annual deductibles, and co-payments related to their Medicare Part D prescription drug plan

Reference: 1. Social Security Administration. What you need to know about extra help with Medicare prescription drug plan costs. Accessed January 25, 2023. <https://www.ssa.gov/benefits/medicare/prescriptionhelp.html>

HOW DO PATIENTS APPLY?¹

- Apply online at ssa.gov/extrahelp
- Call Social Security at **1-800-772-1213** (TTY 1-800-325-0778) to apply over the phone or request an application
- Apply at a local Social Security office

NOTE: This process can take up to a few months.

FREE MEDICATION

- If support from alternate funding resources or Medicare Extra Help is not available, patients may be eligible to enroll in the Pfizer Patient Assistance Program*
 - Eligible patients may receive their medication at no cost for the remainder of the calendar year
 - Patients must meet eligibility requirements and reapply annually as needed

*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.

Patient Financial Assistance *(cont'd)*

Uninsured

We can help identify potential resources for patients without healthcare coverage.

HELP FINDING COVERAGE

- Pfizer Oncology Together™ can check if the patient's annual household income appears to meet their state Medicaid income requirements
- If they appear to be eligible, Pfizer Oncology Together will give them Medicaid's contact information and help them understand how to apply

FREE MEDICATION

- If the patient appears to meet the annual household income criteria for their state Medicaid program, they may be eligible to receive up to a 90-day supply of Pfizer medications for free while applying for Medicaid*
- If patients do not qualify for Medicaid, they may receive their medication for free for up to 1 year through the Pfizer Patient Assistance Program.†

To help patients learn more about insurance topics and financial educational resources, [direct them here](#)

*Criteria depend on a number of factors, including the specific oncology medicine prescribed, insurance status, and household size and income.

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Pfizer Patient Assistance Program

The Pfizer Patient Assistance Program* provides Pfizer medications for free to eligible patients who are having difficulty affording their medications.

ELIGIBILITY

To be evaluated for assistance, submit a completed enrollment form. Patients can opt in to the Electronic Income Verification or provide proof of income, such as the prior year's tax return (preferred), most current W2 forms, or 3 most recent paycheck stubs for all household members.†

To qualify for free medication† from the Pfizer Patient Assistance Program, your patient must meet certain criteria:

- Have a valid prescription for the Pfizer medication for an FDA-approved indication and the physician has attested to this on the enrollment form
- Have an annual household income at or below 500% of the Federal Poverty Level
- Be 18 years of age or older
- Reside in the U.S. or a U.S. territory
- Be treated by a healthcare provider licensed in the U.S. or a U.S. territory
- Meet one of the following:
 - Have no insurance coverage
 - Have government insurance, understand co-pay requirements as a result of the completion of a Benefit Investigation/Pharmacy Claim, and are unable to afford their insurer required co-pay
 - Have been denied coverage by your government insurer for a Pfizer medication (after at least one unsuccessful appeal to your insurer)

There may be additional eligibility requirements for injectable medicines. Commercially insured patients are not eligible to enroll in the Pfizer Patient Assistance Program.

ENROLLMENT

- 1 ACCESSING THE ENROLLMENT FORM:**
 - [Download the enrollment form here](#)
 - Registered users can complete and submit an [online form here](#)
- 2 COMPLETING THE ENROLLMENT FORM:**
 - On the Forms & Resources page of [PfizerOncologyTogether.com/hcp](#), you will find:
 - The editable PDF in both English and Spanish
 - An Enrollment Form Completion Guide with instructions for completing the form
 - Or call **1-877-744-5675** to begin the enrollment process over the phone
- 3 FAX COMPLETED FORMS TO: 1-877-736-6506 OR**
- 4 UPLOAD FORMS AND DOCUMENTS TO THE DOCUMENT PORTAL AT [PfizerOncologyPortal.com](#). See [Submit Documents](#) section.**

NOTE

- Remind patients to opt in for select offerings such as the Electronic Income Verification, the Care Champion Program, and refill reminder texts for patients enrolled in the Pfizer Patient Assistance Program
- If your patient is accepted into the Pfizer Patient Assistance Program, we will inform you by fax and phone and your patient by phone and letter. Uninsured patients may receive free medication for up to 1 calendar year, while underinsured patients are enrolled through the end of the calendar year

8 *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 Patient Assistance Program (cont'd)

REFILL REMINDERS

Patients enrolled in the Pfizer Patient Assistance Program* for oral medications can opt in to receive refill reminders and shipment tracking information by text message.†

By opting in for refill reminders and shipping texts, patients can avoid waiting on the phone every month to get their prescription refilled.

Patients are eligible if they are:

- Prescribed a Pfizer Oncology oral medication
- Enrolled in the Pfizer Patient Assistance Program*



There are two ways for patients to opt in:

- 1 Check the box on page 3 of the **Pfizer Oncology Together™ Enrollment Form**, or the online enrollment form via the Provider Portal, and provide a mobile number (see below)

Text me about my refills! By checking this box, I consent to receive refill reminders 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. Messages and data rates may apply. Number of messages varies based on program use, but is up to 5 texts per month. Reply STOP to cancel. Privacy policy and full Terms available here: www.pfizer.com/privacy. Please enter the number you would like to enroll for texting (____) ____-____.

- 2 Call **1-877-744-5675** to speak with a live agent and request to opt in for refill text reminders

NOTE

Patients who do not opt in for refill text reminders must call **1-877-744-5675** to refill their prescription **7–10 days prior to running out of medication**. Patients can:

- Leave a message on the automated refill line and confirm their address
- Wait to speak to a live agent for refill assistance

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†Eligibility criteria are subject to change at any time.

‡Patients must opt in to receive refill reminders from the Pfizer Patient Assistance Program. They may opt out at any time. Complete terms can be found at <http://3csms.mobi/pfizer2/> and Pfizer's privacy policy at Pfizer.com/privacy.

Pfizer Patient Assistance Program (cont'd)

RE-ENROLLMENT

Patients enrolled in the Pfizer Patient Assistance Program* (PAP) must reapply annually for continued assistance. The re-enrollment process for uninsured patients typically begins 3 months prior to their individual eligibility expiration. Underinsured PAP patients are enrolled through the end of the calendar year, and outreach for these patients and their HCPs typically starts in October/November.

Underinsured patients are those who do not have enough coverage, or who cannot afford their out-of-pocket costs, or who are denied coverage upon payer appeal.

ACCESSING THE ENROLLMENT FORM TO GET STARTED WITH RE-ENROLLMENT



TO RE-ENROLL USING THE EDITABLE ENROLLMENT FORM PDF:

Visit PfizerOncologyTogether.com/HCP to download in either English or Spanish. Fax completed forms to **1-877-736-6506** or submit forms and documents via the Document Portal at PfizerOncologyPortal.com.

REGISTERED USERS CAN RE-ENROLL EXISTING PATIENTS IN THE PROVIDER PORTAL WITH A PREPOPULATED ONLINE ENROLLMENT FORM:

- 1 Click on **My Patients** in the top menu bar and select the **Patient** who needs to re-enroll
- 2 Click on the **Options** drop-down and select **enrollment**
- 3 Complete the **prepopulated** enrollment form and update missing or outdated information
- 4 Gather signatures and remind the patient about the opt-ins for the **Electronic Income Check, Care Champion Program, and Text Refill Reminders**
- 5 Submit and track patient case status within the portal

NOTE

Submission of a re-enrollment form does not guarantee continued enrollment in the program

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Pfizer Patient Assistance Program (cont'd)

STEP 1

OCT/NOV
Outreach begins

Reminders for HCPs and Patients



REMINDER LETTER FOR HCPs

- Notifies HCPs of upcoming eligibility expiration on Dec 31
- Lists applicable patients
- Includes enrollment form, instructions, and due dates

NOTE

- For infusion products, a separate patient list may be provided
- HCPs are requested to notate the first scheduled infusion date for January on the enrollment form



ONLINE: RE-ENROLLMENT IN PROVIDER PORTAL

- Request re-enrollment using the prepopulated online enrollment form (see page 10 for more details)



MAIL: REMINDER LETTER FOR PATIENTS

- Notifies patients of upcoming eligibility expiration on Dec 31
- Includes enrollment form, instructions, and due dates
- Patients can call Pfizer Oncology Together™ to request an Enrollment Form in Spanish

STEP 2

Enrollment
form is received
and processed

Pfizer Oncology Together Processes Forms

- Pfizer Oncology Together will process the form, check for completion, notify the HCP and patient if additional information is needed, and verify any change in benefits
- Alternate coverage search is conducted. If the patient appears to be eligible for alternate coverage based on income, they will be notified to apply for alternate funding

STEP 3

Status
notifications

Evaluation and Status Notifications

- If no alternate coverage options are found or the patient applies for alternate coverage and informs Pfizer Oncology Together of the denial, the patient will be evaluated for re-enrollment into the Pfizer Patient Assistance Program*
- The HCP and patient will be notified as soon as a decision has been made

NOTE

- This process can take up to a few months
- The patient may continue to receive their oral medication through the remainder of the year, or through January if they received a 60-day supply, to ensure they have assistance until the alternate funding search has been completed

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Pfizer Patient Assistance Program *(cont'd)*

DRUG REPLACEMENT PROGRAM

For injectable medications, the Pfizer Patient Assistance Program also offers a Drug Replacement Program that provides product replacement to eligible patients who have been denied coverage through their insurance appeals process.

To be eligible for drug replacement, patients, with help from their HCPs, must:

- Submit a completed Pfizer Oncology Together™ enrollment form **prior to treatment**
- Have a valid prescription for the Pfizer medicine for an FDA-approved indication
- Receive an appeal denial for treatment (1 level of appeal)
- Meet specific income guidelines, adjusted for family size
- Reside in the U.S. or U.S. territories
- Be treated by a licensed physician in the U.S. or U.S. territories in an outpatient setting



TO LEARN MORE ABOUT THE DRUG REPLACEMENT PROGRAM,
call Pfizer Oncology Together at **1-877-744-5675**
(Monday–Friday 8 AM–8 PM ET)

Other Assistance

- Free trial vouchers are available for eligible patients for most Pfizer Oncology products, regardless of coverage status. Terms and exclusions apply
- To utilize trial vouchers, patients must have a valid prescription. There is no obligation to continue on the product
- To continue a patient on therapy, a separate prescription must be written and filled at the patient's specialty pharmacy
- Patients may be offered enrollment in the trial voucher program exclusively through their HCP

TO REQUEST TRIAL VOUCHERS:

- Contact a local Pfizer Oncology Account Specialist
- Call Pfizer Oncology Together at **1-877-744-5675** (Monday–Friday 8 AM–8 PM ET)

TO DOWNLOAD VOUCHERS FOR CERTAIN PRODUCTS:



- 1 To download vouchers for certain products, [click here](#)
- 2 Then select a product to find the Free Trial Vouchers link.

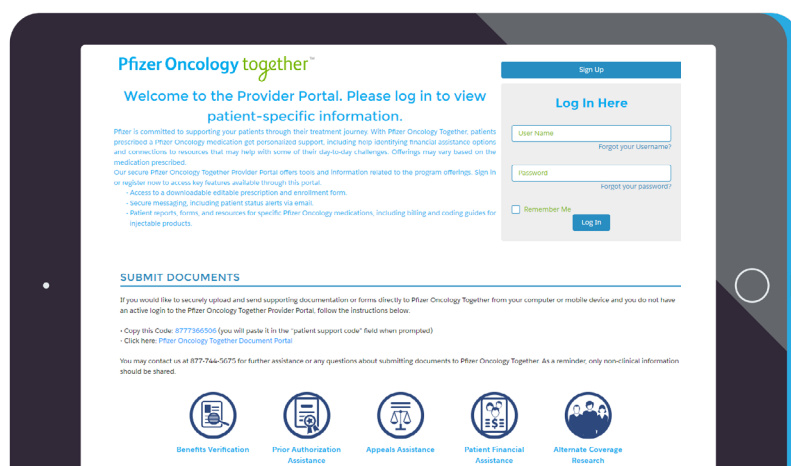
Pfizer Oncology Together™ Provider Portal

The secure Pfizer Oncology Together Provider Portal gives registered users 24/7 access to an online enrollment form and submission, along with real-time patient case information and helpful resources related to program offerings. With the portal, users can:

- Complete and submit an online enrollment form to request multiple services, such as:
 - Benefits verifications to verify coverage (eBV and ePA may be available for certain payers)
 - Enrollment for co-pay assistance for certain injectable medications
 - Application for the Pfizer Patient Assistance Program
- Re-enroll existing patients with a prepopulated enrollment form
- Use electronic signatures to help complete HCP and patient forms
- Use secure messaging, with email alerts, to connect with Pfizer Oncology Together and to upload documents
- View and track patients' cases, including actions needed and status of enrollments
- Access forms, tools, and resources for specific Pfizer Oncology medications, including billing and coding guides and claims forms for injectable or infusion medications

NOTE

HCPs can use the Document Portal to upload forms and documents. No registration is required. See **Submit Documents** section.



Visit PfizerOncologyPortal.com to get started

As part of the support offered by Pfizer Oncology Together, a Field Reimbursement Manager is available to answer your questions and assist you with understanding how to use portal features.

YOU CAN CONTACT A LOCAL FRM (SEE PAGE 14) or call Pfizer Oncology Together at 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)

Dedicated Local Support

FOR SPECIFIC ACCESS ISSUES

Pfizer Oncology Field Reimbursement Managers (FRMs) are dedicated, specialized colleagues who can provide localized patient support to healthcare providers for medications in the Pfizer Oncology portfolio on behalf of their patients. FRMs will work with HCPs and office staff to help facilitate patients' access to their prescribed medications and address specific patient issues—over the phone, in person, or through a virtual meeting.

FRMs ASSIST PATIENTS BY:

- Educating office staff about financial assistance and access and reimbursement resources
- Addressing challenging or urgent Pfizer Oncology patient cases
- Helping to clarify coverage options, reimbursement, and relevant medical policies
- Providing assistance to help resolve processing issues for co-pay cards, co-pay claims, vouchers, and savings programs
- Providing education and support related to the enrollment process with the Pfizer Oncology Together™ patient support program



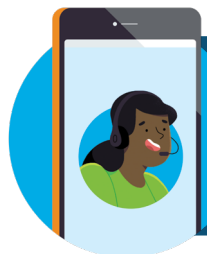
Pfizer Oncology FRMs are Certified Professional Coders through the American Association of Professional Coders, which means they are credentialed and familiar with the billing and coding process for Pfizer Oncology injectable and infused medications.

[Click here](#) to find a local Pfizer Oncology FRM

For Personalized Patient Support

CARE CHAMPION PROGRAM

When patients and caregivers need support for their day-to-day challenges with treatment, we can provide them with a dedicated Care Champion who has social work experience. Our Care Champions, **fluent in both English and Spanish**, are here to listen and connect them to resources that may help with certain emotional, educational, and practical needs.*



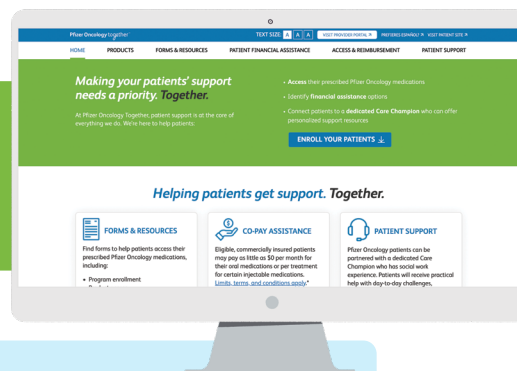
REMIND PATIENTS TO OPT IN to the Care Champion Program by completing the “Personalized Patient Support Opt-in” section on page 3 of our enrollment form.

« or »

INSTRUCT PATIENTS TO SIGN UP at PfizerOncologyTogether.com/signup or **CALL 1-877-744-5675**

Pfizer Oncology Together™ Website

Visit PfizerOncologyTogether.com/hcp for patient support resources and information on access and patient financial assistance



HEALTHCARE PROVIDERS CAN:

- Access a downloadable, editable enrollment form, also available in Spanish
- Get access and reimbursement and patient financial support resources, including downloadable co-pay cards
- Learn about Pfizer Oncology product distribution—including specialty pharmacy options and wholesalers
- Access billing and coding information, template letters, and checklists for access and reimbursement processes
- Locate a Pfizer Oncology Field Reimbursement Manager in your area
- Find information on personalized patient support provided by our Care Champions

Visit PfizerOncologyTogether.com/patient to find resources for financial assistance and other day-to-day challenges



PATIENTS CAN:

- View and download useful resources and information
- Sign up for co-pay assistance, if eligible
- Connect with a Care Champion

Spanish-speaking patients can visit PfizerOncologyTogetherEnEspañol.com for helpful information, along with financial education and downloadable resources in Spanish

Pfizer Oncology Together™ is a personalized patient support program that offers resources for patients prescribed Pfizer Oncology medications. From helping to identify financial assistance options to connecting patients to resources for their day-to-day challenges, patients' needs are our priority.

TO LEARN MORE, visit PfizerOncologyTogether.com/hcp or
CALL 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)