

## Eligibility

Patients may be eligible for this offer if they:

- Have commercial insurance that covers INFLECTRA® (infliximab-dyyb) for Injection, ELREXFIO™ (elranatamab-bcmm) Injection, NIVESTYM® (filgrastim-aafi) Injection, NYVEPRIA® (pegfilgrastim-apgf) Injection, RUXIENCE® (rituximab-pvvr) Injection, TRAZIMERA® (trastuzumab-qyyp) Injection, ZIRABEV® (bevacizumab-bvzr) Injection, ELELYSO® (taliglucerase alfa) for Injection
- Are not enrolled in a state- or federally funded health insurance program

## Claims Process

NOTE: Patients must be enrolled in a Pfizer co-pay program.

Please submit the following:

1. A completed Pfizer Co-Pay Claim Form, CMS-1500, or UB-04 within 180 days of the date of service shown on the patient's Explanation of Benefits (EOB)
2. A copy of the EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy)
3. The group and member ID information on the identification card (provided on the approval letter)

## Contact Us

**Please fax the completed Pfizer Co-Pay Claim Form, CMS-1500, or UB-04, along with the EOB, to 1-877-847-3291 or visit [www.PfizerCopay.com](http://www.PfizerCopay.com) to select the appropriate co-pay portal and submit the form.**

- For **ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, or ZIRABEV**, Pfizer Oncology Together™ Access Counselors are available Monday through Friday, 8 AM to 8 PM ET at 1-877-744-5675.
- For **INFLECTRA and RUXIENCE (non-oncology indication)**, Pfizer enCompass® Access Counselors are available Monday through Friday, 8 AM to 8 PM ET at 1-844-722-6672.
- For **ELELYSO**, Pfizer Gaucher Personal Support (GPS) Access Counselors are available Monday through Friday, 8 AM to 6 PM ET at 1-855-353-5976.

If there are any changes to the patient's provider, administering provider, insurance, or contact information, call the program that supports your product prior to the submission of the co-pay claim form.

Terms and Conditions apply. For full Terms and Conditions, please see [www.PfizerCoPay.com](http://www.PfizerCoPay.com). Contact Pfizer Oncology Together, Pfizer enCompass, or Pfizer Gaucher Personal Support if you have questions relating to your eligibility for the Pfizer Oncology Together Co-Pay Savings Program for Injectables for ELREXFIO, NIVESTYM, NYVEPRIA, RUXIENCE, TRAZIMERA, and ZIRABEV, the Pfizer enCompass Co-Pay Assistance Program for INFLECTRA and RUXIENCE, and the ELELYSO Co-Pay Program available through Pfizer Gaucher Personal Support.

# Pfizer Co-Pay Claim Form

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All fields marked with an asterisk (\*) are required.

\*Person completing form:

Patient  Healthcare Provider  Specialty Pharmacy

## \*Select Product

INFLECTRA  ELREXFIO  NIVESTYM  NYVEPRIA  RUXIENCE  TRAZIMERA  ZIRABEV  ELELYSO

## ADMINISTERING PROVIDER (Enter the name of the administering provider or infusion center)

PRACTICE NAME

\*PROVIDER FIRST NAME

\*PROVIDER LAST NAME

## PATIENT

Male  Female

\*PATIENT FIRST NAME

\*PATIENT LAST NAME

PATIENT M.I.

\*GENDER

\*ZIP CODE

\*DATE OF BIRTH

\*PATIENT GROUP NUMBER  
(ie, EX00000000) (from program ID card on the approval letter)

\*PATIENT MEMBER ID NUMBER  
(11-digit ID from program ID card on the approval letter)

\*HCPCS CODE BILLED FOR  
PRODUCT  
(If submitted by provider)

\*DATE OF SERVICE  
(Provide dose or dose range)

\*PATIENT OUT-OF-POCKET  
AMOUNT FOR PRODUCT

## UPDATED INSURANCE DETAIL (If the insurance has changed since last submission)

PRIMARY INSURANCE NAME

PRIMARY INSURANCE GROUP #  
FOR MEDICAL BENEFIT

PRIMARY INSURANCE ID FOR  
MEDICAL BENEFIT

PRIMARY INSURANCE BIN  
FOR PHARMACY BENEFIT

PRIMARY INSURANCE PCN  
FOR PHARMACY BENEFIT

PRIMARY INSURANCE GROUP #  
FOR PHARMACY BENEFIT

PRIMARY INSURANCE ID  
FOR PHARMACY BENEFIT

## CO-PAY CLAIM PAYMENT INFORMATION (Contact and address where payment should be sent)

\*CHECK PAYABLE TO

\*STREET ADDRESS

\*CITY

\*STATE

\*ZIP CODE

EMAIL

FAX NUMBER

\*NPI NUMBER (If submitted by provider)

\*TAX ID NUMBER (If submitted by provider)

