



Pfizer enCompass[®]

Co-Pay Assistance Program

Brochure for Commercially-Insured Patients

If you have been prescribed INFLECTRA[®] (infliximab-dyyb) or RUXIENCE[®] (rituximab-pvvr), are eligible, and have commercial insurance, you may pay as little as \$0 for certain Pfizer biosimilar medicines*

- Provides eligible, commercially insured patients with assistance of between \$20,000 and \$25,000 per patient, per calendar year
- There are no income requirements in order to qualify

Terms and conditions apply.* With this program, eligible commercially insured patients may be responsible for as little as \$0 co-pay per INFLECTRA or RUXIENCE treatment. There are specific maximum annual patient savings for each product, which range from \$20,000 (INFLECTRA) to \$25,000 (RUXIENCE) for out-of-pocket expenses for the respective product including co-pays or coinsurances. This program is not health insurance. No membership fees. This offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare or other federal or state healthcare programs. Only valid for private insurance. This offer is not valid for prescriptions that are eligible to be reimbursed in whole by private insurance plans or other health or pharmacy benefit programs. For more information about the Pfizer enCompass Co-Pay Assistance Program, call Pfizer enCompass at 1-844-722-6672. See full Terms and Conditions on [page 8](#).

Please see [full Prescribing Information, including BOXED WARNING and Medication Guide, available at INFLECTRApi.com](#).

Please see [full Prescribing Information, including BOXED WARNING and Medication Guide, available at RUXIENCEhcp.com](#).

Pfizer enCompass Co-Pay Assistance Program

This brochure shows you how to get help for your INFLECTRA® (infliximab-dyyb) for Injection or RUXIENCE® (rituximab-pvvr) for Injection* prescription from the Pfizer enCompass Co-Pay Assistance Program. An overview of the process includes:

1 Enrollment

2 Claim Submission

3 Payment

*Pfizer enCompass supports patients prescribed INFLECTRA and RUXIENCE for select FDA-approved indications. For more information, visit www.pfizerencompass.com. Additional FDA-approved indications for RUXIENCE may be supported by Pfizer Oncology Together. For more information, visit www.pfizeroncologytogether.com.

Please see [full Prescribing Information, including BOXED WARNING and Medication Guide](#), available at INFLECTRApi.com. Please see [full Prescribing Information, including BOXED WARNING and Medication Guide](#), available at RUXIENCEhcp.com.

Introducing the Pfizer Co-Pay Portal

Pfizer enCompass Co-Pay Assistance Program is powered by www.PfizerCopay.com.

If you have been prescribed INFLECTRA or RUXIENCE and are eligible, the co-pay portal will let you register and enroll in the Pfizer enCompass Co-Pay Assistance Program 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 enCompass Co-Pay Assistance Program or request enrollment assistance from either your HCP's office or a specialty pharmacy.

To get started, you can enroll at www.PfizerCopay.com.

If fax enrollment is preferred, contact your HCP or visit www.pfizerencompass.com for more information

Claim Submission

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

- 1 Submit claims directly at www.PfizerCopay.com
- 2 Fax your claims to: 877-847-FAX1 (877-847-3291)
- 3 Mail claims: Contact the Pfizer enCompass Program at 1-844-722-6672

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 enCompass Co-Pay Assistance Program, 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 on www.pfizerencompass.com.



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.



Meet the Smartcard!

The Pfizer enCompass Co-Pay Assistance Program 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.PfizerCopoly.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

Pfizer enCompass® Support

Pfizer is committed to offering reimbursement and patient support for patients who have been prescribed INFLECTRA® (infliximab-dyyb) and RUXIENCE® (rituximab-pvvr). As part of this commitment, we have developed Pfizer enCompass.

Pfizer enCompass is available to provide:

- Reimbursement support to help eligible patients access INFLECTRA or RUXIENCE
- Patient support for eligible uninsured and underinsured Pfizer enCompass patients

If you have questions or would like to know more about other patient support options available, please contact a Pfizer enCompass Access Counselor by calling 1-844-722-6672 (Monday–Friday 8 AM–8 PM ET) or visit www.pfizerencompass.com for more information.



Phone:
1-844-722-6672
Monday–Friday
8 AM–8 PM ET



Website for HCPs and Patients
www.pfizerencompass.com



Fax:
1-844-482-4482



Mail:
Pfizer enCompass
2730 S. Edmonds Lane, Suite 300
Lewisville, TX 75067

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 enCompass Co-Pay Assistance Program for INFLECTRA® and RUXIENCE® is not valid for patients that 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. With this program, eligible patients may pay as little as \$0 co-pay per INFLECTRA or RUXIENCE treatment. There are specific maximum annual patient savings for each product, which range from \$20,000 (INFLECTRA) to \$25,000 (RUXIENCE) 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 INFLECTRA or RUXIENCE. 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. Patient must be 18 years of age or older for redemption of co-pay card for RUXIENCE. 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. **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. 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 enCompass Co-Pay Assistance Program, call Pfizer enCompass at 1-844-722-6672, or write to Pfizer enCompass Co-Pay Assistance Program, 2730 S. Edmonds Lane, Suite 300, Lewisville, TX 75067. 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.



Please see [full Prescribing Information, including BOXED WARNING](#) and [Medication Guide](#), available at INFLECTRApi.com. Please see [full Prescribing Information, including BOXED WARNING](#) and [Medication Guide](#), available at RUXIENCEhcp.com.