

INJECTION

***Inflectra***<sup>®</sup>  
*infliximab-dyyb*

INJECTION

***Ruxience***<sup>®</sup>  
*rituximab-pvvr*

# *Pfizer enCompass*<sup>®</sup> *Patient Support Program Guide*



Please see full Prescribing Information for INFLECTRA, including BOXED WARNING and Medication Guide, also available at [InflectraHCP.com](http://InflectraHCP.com).

Please see full Prescribing Information for RUXIENCE, including BOXED WARNINGS and Medication Guide, also available at [RUXIENCEhcp.com](http://RUXIENCEhcp.com).

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

Reimbursement and patient support information are also available at [www.pfizerencompass.com](http://www.pfizerencompass.com).

For questions about how the Program may be able to help patients access INFLECTRA or RUXIENCE,\* please contact an Access Counselor at 1-844-722-6672, Monday through Friday, 8 AM to 8 PM ET.



For more information on INFLECTRA, visit [www.inflectrahcp.com](http://www.inflectrahcp.com).  
For more information on RUXIENCE, visit [www.ruxiencehcp.com](http://www.ruxiencehcp.com).

### The Pfizer enCompass® Provider Portal

The Program has a provider portal for healthcare providers (HCPs) and their staff. The portal allows the convenience of online, real-time access to Program support and resources including patient insurance benefit verifications (BVs) and patient support such as co-pay assistance for eligible patients. BVs may also be completed through the portal using electronic features such as electronic benefit verification (eBV).

To get started, select one of the following options:



Visit [www.pfizerencompassonline.com](http://www.pfizerencompassonline.com) and click “Sign Up.”



Call the Program at 1-844-722-6672 to speak to an Access Counselor about getting started with the provider portal.

\*Pfizer enCompass supports eligible patients prescribed INFLECTRA and RUXIENCE for select FDA-approved indications. For more information, visit [www.pfizerencompass.com](http://www.pfizerencompass.com). Additional FDA-approved indications for RUXIENCE may be supported by Pfizer Oncology Together. For more information, visit [www.pfizeroncologytogether.com](http://www.pfizeroncologytogether.com).

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## Pfizer enCompass Patient Support

### Verifying Patient Insurance Benefits

Verifying a patient’s insurance coverage for INFLECTRA or RUXIENCE is the first step toward potential access and reimbursement for eligible patients.

- HCPs may request a BV on behalf of their patient in 1 of 3 ways:

<p><b>A</b></p> <p>Enroll through the provider portal</p> <ul style="list-style-type: none"> <li>For HCPs who prefer a more self-service approach, an eBV may be completed within the provider portal</li> </ul>	<p><b>B</b></p> <p>Download an editable PDF of the Pfizer enCompass Enrollment Form from <a href="http://www.PfizerenCompass.com">www.PfizerenCompass.com</a> or the provider portal and fax or mail the form to the Program</p>	<p><b>C</b></p> <p>Call the Program at 1-844-722-6672, Monday through Friday, 8 AM to 8 PM ET</p>
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After the Program completes a BV, it will provide a Summary of Patient Insurance Benefits that may include complete insurance information, including:

Coding requirements	Coverage limitations and restrictions	Patient out-of-pocket requirements
PA and/or predetermination requirements	Determination of specific insurance benefit that provides coverage for INFLECTRA or RUXIENCE	

Insurance verification is ultimately the responsibility of the HCP. This information is not a guarantee of insurance coverage or reimbursement. All benefit information is subject to the insured patient’s plan at the time support is provided.

The Program will fax the Summary of Patient Insurance Benefits approximately 2 business days after a BV request is submitted.

### PA Assistance

The Program is available to assist eligible patients and their HCP through the PA process by:

- Researching and identifying PA requirements
- Prepopulating the payer’s PA form with the patient’s demographic information and sending it to the HCP for completion and submission
- Monitoring and following up on the PA request after the HCP has submitted it to the patient’s insurance until a final determination is made

If the HCP prefers a more self-service approach, log on to the provider portal at [www.pfizerencompassonline.com](http://www.pfizerencompassonline.com) to complete an ePA.



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## Pfizer enCompass Follow up With Claims Submission

### General Coding and Billing Assistance

Program Access Counselors may provide general billing and coding guidance based on a payer's published policies. Additional coding and billing information may be available at the Pfizer enCompass website or the provider portal.†

### Claims Assistance

Program Access Counselors are available to assist with:

- Status review for pending claims
- Research of underpaid and denied claims

### Appeals Assistance\*

If the claim is denied, the Program can provide support with an appeal process, where appropriate, by:

- Investigating the plan's reason(s) for denying a claim or PA request and determining if and how it may be appealed
- Providing a sample letter of appeal
- Monitoring and following up on the status of an appeal until a final outcome is received

### Alternate Funding Research

Access Counselors can research alternate coverage options for uninsured and underinsured patients and, if identified, they will assist in understanding the application process. All foundations are independent of Pfizer.

### Pfizer enCompass Co-Pay Assistance Program

The Pfizer enCompass Co-Pay Assistance Program provides eligible, commercially insured patients assistance of up to \$20,000 for INFLECTRA® (infliximab-dyyb) for Injection and \$25,000 for RUXIENCE® (rituximab-pvvr) per calendar year for claims received by the program. Eligible enrolled patients may pay as little as \$0 for each INFLECTRA or RUXIENCE treatment. Federal and state healthcare beneficiaries are not eligible. The co-pay program is for eligible patients with private insurance only and covers only drug costs, not procedures, administration fees, or office visits. See full Terms and Conditions on page 8.

\*Appeals assistance is provided only for patients with FDA-approved indications.

†The HCP is solely responsible for determining coverage and reimbursement parameters and appropriate coding for treatment of his/her patients.

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## The Pfizer enCompass Co-Pay Portal

You can find the Pfizer enCompass Co-Pay Program at [www.PfizerCoplay.com](http://www.PfizerCoplay.com).



- The co-pay portal allows HCPs to:
  - Register their practice
  - Select preferences, including payment method and payment address
    - Get paid by check or use electronic funds transfer (EFT)
      - Set up and maintain the payment method within the portal
  - View a patient's status in the co-pay program
  - Submit claims
  - View claim and payment status and history
  - Enroll eligible patients directly into the co-pay program if no other patient support is needed
- The co-pay portal will also allow eligible patients to register and self-enroll, if preferred
- For patients needing additional support, HCPs may continue to enroll eligible patients into the Program where additional patient support, including BVs and financial assistance, may be identified

There are 2 ways to enroll your eligible patients in the Pfizer enCompass Co-Pay Assistance Program after you register your site on [www.PfizerCoplay.com](http://www.PfizerCoplay.com).

- 1 Enroll your eligible patients into the co-pay program using the co-pay portal
  - This is intended for eligible patients who do not require other patient support
  - The co-pay card is activated in real time during enrollment



- 2 Enroll eligible patients requiring additional support into the Pfizer enCompass program
  - Either fax or mail the completed enrollment form to Pfizer enCompass or complete the enrollment form on the provider portal at [www.pfizerencompassonline.com](http://www.pfizerencompassonline.com)
  - Pfizer enCompass will determine eligibility for the co-pay program. If approved, you and your patient will receive an approval letter containing co-pay card numbers
  - If you prefer a more self-service approach, log on to the provider portal to complete an eBV



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### Meet the SmartCard!

The Pfizer enCompass Co-Pay Assistance Program includes a SmartCard option for you to receive payment.



If you are receiving payment via EFT or paper check, don't worry; you can still receive payment that way

The SmartCard may be used as both a debit and co-pay card

- Your patients use this card to pay their co-pays to you using the debit card feature

A co-pay claim must be submitted and approved prior to funds being loaded onto the SmartCard.

### Claim Submission

You have 3 ways to submit your co-pay claims:

1 Submit claims directly at [www.PfizerCopay.com](http://www.PfizerCopay.com)

2 Fax claims to **1-877-847-FAX1** (1-877-847-3291)

3 To mail claims, contact the Pfizer enCompass program

- Claims must be submitted within 180 days of each treatment date
- Complete claims require a copy of the Explanation of Benefits (EOB) document for the treatment date, available from your patient's insurance company

### Payment

- HCPs can continue receiving payment via EFT or check
- Eligible patients who did not assign benefits to their HCP can get payment in the following ways:
  - **Check:** If the patient has already paid the co-pay, a check will be mailed to them
  - **Funds loaded onto the SmartCard:** The patient can provide the SmartCard to the HCP for payment processing

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## Getting Started With INFLECTRA® (infliximab-dyyb) or RUXIENCE® (rituximab-pvvr)

Process to Enroll Patients to Obtain Pfizer enCompass Support

- 1 Patient is prescribed treatment with INFLECTRA or RUXIENCE
- 2 HCP initiates enrollment into the Program by completing the Pfizer enCompass Enrollment Form
- 3
  - Option 1**  
Access Counselor performs a BV based on patient's information and faxes the Summary of Patient Insurance Benefits within 2 business days
  - Option 2**  
If the HCP prefers a more self-service approach, log on to the provider portal at [www.pfizerencompassonline.com](http://www.pfizerencompassonline.com) to complete an eBV
  - Option 3**  
HCP or eligible patient can enroll directly into the co-pay assistance program through [PfizerCoplay.com](http://PfizerCoplay.com)
- 4 If a BV is performed, an Access Counselor will refer eligible patients in need of assistance with out-of-pocket expenses to appropriate patient support options
- 5 HCP and patient schedule treatment
- 6 HCP administers treatment
- 7 HCP prepares and submits the claim to the patient's insurance
- 8 If participating in the Pfizer enCompass Co-Pay Assistance Program, the HCP, eligible patient, or specialty pharmacy will submit the claim either using the co-pay portal or the Pfizer Co-Pay Claim Form by following the instructions on the form and providing the EOB

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**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. 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](http://www.pfizer.com). For more information about the Pfizer enCompass Co-Pay Assistance Program, call Pfizer enCompass at 1-844-722-6672. 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.

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