## Pfizer iguide 1

# Supporting Access Solutions for Patients Prescribed Cutaquig® or Panzyga®





### panzyga®

Immune Globulin Intravenous (Human) - ifas 10% Liquid Preparation



#### Pfizer IGuide™ Program Overview

Pfizer IGuide™ provides access and financial assistance options to eligible patients who have been prescribed Cutaquig (Immune Globulin Subcutaneous [Human]-hipp), 16.5% solution or Panzyga (Immune Globulin Intravenous [Human] - ifas) 10% Liquid Preparation. A team of experienced Pfizer IGuide™ Access Counselors is available to provide support to healthcare providers (HCPs), patients and caregivers, and specialty infusion or home health pharmacy providers that are interested in reimbursement support, billing and coding support, and co-pay services.

#### Pfizer IGuide™ Support:



#### **Benefits Verification**

Pfizer IGuide™ can help determine your patient's coverage and potential out-of-pocket costs for Cutaquig or Panzyga



#### **Prior Authorization Assistance**

Pfizer IGuide™ can provide information about insurer requirements and processes if a PA is needed for Cutaquig or Panzyga



#### **Claims Assistance**

Pfizer IGuide™can provide assistance with coding and billing information, reviewing the status of pending claims, and the appeals process



#### **Specialty Pharmacy Options**

Pfizer IGuide™ can help identify specialty and home infusion pharmacies based on your patient's insurance network requirements



#### **Alternate Funding Research**

Pfizer IGuide™ can research alternate coverage options for uninsured and underinsured patients, and, if identified, assist in understanding the application process



#### **Financial Assistance**

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for Cutaquig or Panzyga



#### 24/7 access to information and resources for patients and their HCPs

The Pfizer IGuide™ website is a centralized resource to access information about Pfizer IGuide™ reimbursement and patient support, as well as important information on the coverage, coding, and payment of Cutaquig and Panzyga.

#### The following can be accessed through the Pfizer IGuide™ website:

- · Reimbursement support information and resources, including sample letters of medical necessity and appeal
- Select billing and coding information for Cutaguig and Panzyga
- Pfizer IGuide™ information, including co-pay assistance
- · Brochures along with downloadable and writeable PDF versions of enrollment and claim forms

For more information about Pfizer IGuide™, visit www.PfizerIGuide.com





#### **Benefits Verification (BV)**

Pfizer IGuide™ can assist your patients with understanding how their insurance may cover Cutaquig or Panzyga. After Pfizer IGuide™ completes a BV, it will provide a Summary of Patient Insurance Benefits that may include complete insurance benefits information for Cutaquig or Panzyga, including:

- Benefit type (medical or pharmacy benefit)
- Insurer requirements for ordering (ie, buy-and-bill, specialty pharmacy)
- Specialty pharmacy options
- Patient out-of-pocket costs
- Prior authorization (PA) and/or predetermination requirements

Pfizer IGuide™ will fax a Summary of Patient Insurance Benefits approximately 2 business days after a BV request is submitted. An Access Counselor can review coverage details with the patient and/or your office.\*

Verifying patient insurance benefits is ultimately the responsibility of the HCP. This information is not a guarantee of insurance coverage or reimbursement. All benefit information is limited to the insured patient's plan at the time support is rendered.



#### **PA Assistance**

If the insurer requires a PA for Cutaquig or Panzyga, Pfizer IGuide™ can help patients navigate the process. Pfizer IGuide™ can:

- Contact the patient's insurer to identify PA requirements, prepopulate the payer's PA form with the patient's demographic information, and send to the HCP for completion and submission, and
- Follow up with the insurer after a PA is submitted by your office until the insurer makes a final determination

<sup>\*</sup>Access Counselors must have patient consent in order to review the coverage details with the patient.





#### Claims Assistance

#### **Coding and Billing Information Assistance**

Pfizer IGuide™ can research and provide information on Cutaquig or Panzyga coding, billing, and claims questions raised by your office on behalf of your patients

#### **Appeals Assistance**

If the claim is denied, Pfizer IGuide™ can provide assistance with the 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 the payer makes a final determination

#### **Claims Assistance**

Pfizer IGuide™ is available to assist with:

- Reviewing the status of pending claims
- Researching underpaid and denied claims



#### **Specialty Pharmacy Options**

Pfizer IGuide™ can help identify specialty and home infusion pharmacies based on your patient's insurance coverage.



#### Alternate Funding Research

Pfizer IGuide™ can research alternate coverage options for uninsured and underinsured patients, and, if identified, assist in understanding the application process. Pfizer IGuide™ Access Counselors can also follow up with the patient to determine the status.

<sup>\*</sup>Appeals assistance is provided only for patients with FDA-approved indications.





#### Cutaquig Co-Pay Program and Panzyga Co-Pay Program

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for Cutaquig or Panzyga.

culaquig° Immune Globuln Subcutaneous (Human)-hipp, 16.5% solution Cutaquig Co-Pay Assistance is Available for Eligible Patients\*



Eligible, commerically insured patients may reduce out-of-pocket costs by up to \$12,500 per year or the costs of a patient's co-pay in a 12-month period, whichever is less.

\*Terms and conditions apply. Patients must be 2 years or older to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program.

Click here for full Terms and Conditions.

Panzyga Co-Pay Assistance is Available for Eligible Patients\*

panzyga° Immune Globulin Intravenous (Human) - ifas 10% Liquid Preparation



Eligible, commerically insured patients may reduce out-of-pocket costs by up to \$5,000 per year or the costs of a patient's co-pay in a 12-month period, whichever is less.

\*Terms and conditions apply. Patients must be 2 years or older to be eligible. Patients must have commerical insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program.

Click here for full Terms and Conditions.

If you have any questions about the available co-pay assistance through the Cutaquig Co-Pay Program or the Panzyga Co-Pay Program, please call Pfizer IGuide™ at 1-844-448-4337, Monday through Friday, 8 AM to 8 PM ET.

#### Enrolling Your Patients in the Cutaquig Co-Pay Program or the Panzyga Co-Pay Program

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for Cutaquig or Panzyga.



Fax to 1-844-868-6329 or mail the completed enrollment form for Cutaquig or Panzyga to Pfizer IGuide™. You may also call Pfizer IGuide™ at 1-844-448-4337 for assistance.



Pfizer IGuide™ will follow up on missing information and complete a BV to determine eligibility for the co-pay program. If approved, you and your patient will receive an approval letter containing co-pay card numbers



You have 2 ways to submit your co-pay claims:

1

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

2

Mail claims to:



#### **Cutaquig Co-Pay Program** PO Box 6875 Bridgewater, NJ 08807

#### Panzyga Co-Pay Program

PO Box 6875 Bridgewater, NJ 08807

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

If a claim has been approved, reimbursement will be sent directly to the specialty pharmacy or physician clinic for Panzyga.

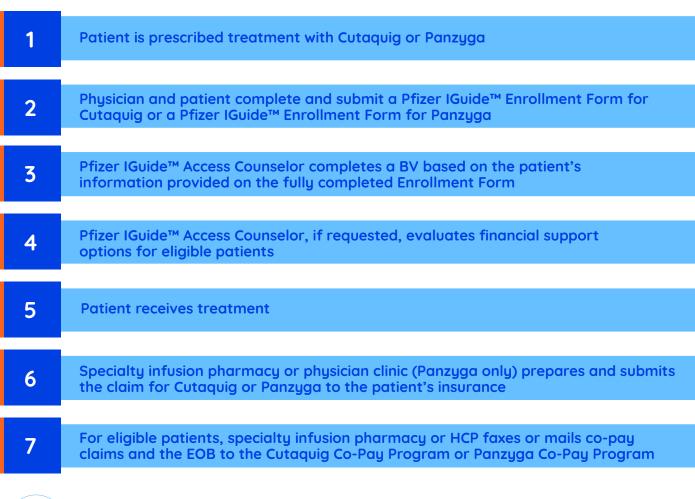


If you have additional questions about claims submission or payment, you can call the Cutaquig Co-Pay Program at 1-866-293-5922 or the Panzyga Co-Pay Program at 1-866-642-7606, Monday through Friday, 8 AM to 8 PM ET.



#### **Getting Started With Cutaquig or Panzyga**

Process to Enroll Patients to Obtain Pfizer IGuide™ Support





Specialty pharmacies may continue to use the existing Cutaquig and Panzyga co-pay portal to enroll eligible patients and submit their co-pay claims.

For questions about how Pfizer IGuide™ can help patients access Cutaquig and Panzyga, please contact an Access Counselor.



#### Phone:

1-844-IGUIDE7 (1-844-448-4337) Monday-Friday 8 AM-8 PM ET



#### Fax:

1-844-868-6329



#### Mail:

Pfizer IGuide™ PO Box 220692 Charlotte, NC 28222

For more information on Cutaquig, click <u>here</u>. For more information on Panzyga, click <u>here</u>. For more information about Pfizer IGuide™, visit www.PfizerIGuide.com.



