



Pfizer IGuide™ Patient Financial Assistance Brochure for Specialty Pharmacy

cuta[~]quig[®]
Immune Globulin Subcutaneous
(Human)-hipp, 16.5% solution

panzyga[®]
Immune Globulin
Intravenous (Human) - ifas
10% Liquid Preparation

octagam[®] 5%
Immune Globulin
Intravenous (Human) 5%
Liquid Preparation

octagam[®] 10%
Immune Globulin
Intravenous (Human) 10%
Liquid Preparation

Please [click here](#) for CUTAQUIG Full Prescribing Information, including complete BOXED WARNING and Patient Information and Instructions for Use. Please [click here](#) for OCTAGAM 5% Full Prescribing Information, including complete BOXED WARNING. Please [click here](#) for OCTAGAM 10% Full Prescribing Information, including complete BOXED WARNING. Please [click here](#) for PANZYGA Full Prescribing Information, including complete BOXED WARNING.

Pfizer IGuide™ Patient Financial Assistance

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for CUTAQUIG, OCTAGAM, or PANZYGA. The CUTAQUIG Co-Pay Program, OCTAGAM Co-Pay Program, and PANZYGA Co-Pay Program provide eligible, commercially insured patients with assistance of up to \$12,500 per calendar year for claims received by the program for the cost of the drug. The PANZYGA Administration Co-Pay Program provides eligible, commercially insured patients assistance of up to \$1,500 per calendar year for claims received by the program. Federal and state healthcare beneficiaries are not eligible.

The co-pay programs for CUTAQUIG and OCTAGAM are for patients with private insurance only and cover only drug costs, not procedures, administration fees, or office visits. The co-pay program for PANZYGA is for patients with private insurance only and covers only drug costs and PANZYGA administration co-pays but not other procedures, administration fees, or office visits. See full Terms and Conditions on [page 4](#).

How to Enroll in the Co-Pay Program

Specialty pharmacies (SPs) can access the CUTAQUIG Co-Pay Program, OCTAGAM Co-Pay Program, and PANZYGA Co-Pay Program at the Specialty Pharmacy Portal, <https://svc.opushealth.com/PFIIIVIG/SP>. The portal allows SPs to:



Create a secure account at the time of registration using the SP name, National Provider Identifier (NPI), National Council for Prescription Drug Programs (NCPDP) number, and other contact information



Enroll patients into the CUTAQUIG Co-Pay Program, OCTAGAM Co-Pay Program, or PANZYGA Co-Pay Program



Track claim history and payment status by patient and date of service. SPs may only submit claims at the point of sale

If you have any questions about the Co-Pay Program for CUTAQUIG, OCTAGAM, or PANZYGA, please contact a Pfizer IGuide™ Access Counselor at 1-844-448-4337, Monday through Friday, 8 AM to 8 PM ET or visit <https://www.pfizeriguide.com/>

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Claim Submission Process and Requirements

Claims can be submitted via the Specialty Pharmacy Portal, fax, or mail. Claims must be submitted within 180 days of the date of service and require a copy of the Explanation of Benefits (EOB) and either a completed Pfizer IGuide™ Co-Pay Claim Form or the CMS-1500 claim form.

Product-Only Claims

Pharmacy benefit claims may be submitted electronically using the Co-Pay Program card through the pharmacy's claims adjudication system. Medical benefit claims are submitted using the Pfizer IGuide™ Co-Pay Claim Form. For claims related to the CUTAQUIG Co-Pay Program, OCTAGAM Co-Pay Program, or PANZYGA Co-Pay Program, please submit the following:



A completed claim form within 180 days of the date of service shown on the patient's EOB



A copy of the EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy)



The group and member ID information on the identification card (provided on the approval letter)

Administration Claims (PANZYGA Only)

For claims related to the out-of-pocket infusion cost for PANZYGA, please submit the following:



A completed claim form* within 180 days of the date of service shown on the patient's EOB

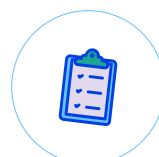
- Claims will only be accepted with dates of service on and after July 1, 2024



A paid receipt if the patient has already paid for the PANZYGA infusion



The group and member ID information on the identification card (provided on the approval letter)



A copy of the EOB

*PANZYGA administration co-pay claims always require submission via the Pfizer IGuide™ Co-Pay Claim Form, even if the product claim has been submitted through the pharmacy adjudication system.

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Terms and Conditions:

By using the CUTAQUIG Co-Pay Program, the OCTAGAM Co-Pay Program, or the PANZYGA Co-Pay Program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Patients are not eligible to use the CUTAQUIG Co-Pay Program card, the OCTAGAM Co-Pay Program card, or the PANZYGA Co-Pay Program 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 (formerly known as "La Reforma de Salud"). Patient must have private insurance. Offer is not valid for cash-paying patients. The value of this co-pay card is limited to a maximum of \$12,500 for CUTAQUIG, \$12,500 for OCTAGAM, and \$12,500 for PANZYGA per calendar year or the cost of patient co-pay in a 12-month period, whichever is less. The value of the PANZYGA administration co-pay support is limited to a maximum of \$1,500 for PANZYGA per calendar year or the cost of patient co-pay in a 12-month period, whichever is less. This co-pay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You must deduct the value of this co-pay card 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 co-pay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the co-pay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer co-pay cards. You must be 2 years of age or older to redeem the CUTAQUIG Co-Pay Program Card, OCTAGAM 5% Co-Pay Program Card, or PANZYGA Co-Pay Program Card. You must be 18 years of age or older to redeem the OCTAGAM 10% Co-Pay Program Card. This co-pay card is not valid where prohibited by law. The benefit under the co-pay card program is offered to, and intended for the sole benefit of, eligible patients and may not be transferred to or utilized for the benefit of third parties, including, without limitation, third-party payers, pharmacy benefit managers, or the agents of either. Co-pay card cannot be combined with any other external savings, free trial, or similar offer for the specified prescription (including any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs). Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the co-pay card program. **The CUTAQUIG Co-Pay Program Card, the OCTAGAM Co-Pay Program Card, and the PANZYGA Co-Pay Program Card will be accepted only at participating pharmacies. If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer. This co-pay card is not health insurance.** Offer good only in the US and Puerto Rico. The PANZYGA Administration Co-pay Program is not valid for Massachusetts or Rhode Island residents. The CUTAQUIG Co-Pay Program Card, OCTAGAM Co-Pay Program Card, and PANZYGA Co-Pay Program Card are limited to 1 per person during this offering period and are not transferable. Co-pay card may not be redeemed more than once per 5 days per patient for CUTAQUIG, more than once per 30 days per patient for OCTAGAM, or more than once per 13 days per patient for PANZYGA. Co-pay card is limited to reimbursement of Pfizer-labeled CUTAQUIG (Immune Globulin Subcutaneous (Human)-hipp) only. No other purchase is necessary. No membership fee. Data related to your redemption of the co-pay card 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 co-pay card redemptions and will not identify you. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. Offer expires 12/31/2024.

For more information about the CUTAQUIG Co-Pay Program, OCTAGAM Co-Pay Program, or PANZYGA Co-Pay Program call 1-866-293-5922. For more information about the CUTAQUIG Co-Pay Program visit <https://www.cutaquiginfo.com/copay.html> or write: CUTAQUIG Co-Pay Program, PO Box 6875, Bridgewater, NJ 08807. For more information about the OCTAGAM Co-Pay Program, visit <http://octagam5copay.com/> and <https://octagam-10.pfizerpro.com/support/octagam-co-payprogram> or write: OCTAGAM Co-Pay Program, PO Box 6875, Bridgewater, NJ 08807. For more information about the PANZYGA Co-Pay Program, visit <https://panzyga.pfizerpro.com/support/co-pay-program-for-patients> or write: PANZYGA Co-Pay Program, PO Box 6875, Bridgewater, NJ 08807.

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