

PfizerCopay.com Frequently Asked Questions (FAQs)



1. What is PfizerCopay.com?

PfizerCopay.com is a co-pay portal that allows healthcare providers and specialty pharmacies to enroll patients, or for patients to self-enroll in co-pay assistance for the following Pfizer products: INFLECTRA® (infliximab-dyyb) for Injection, ZIRABEV® (bevacizumab-bvzr) Injection, RUXIENCÉ® (rituximab-pvvr) Injection, NIVESTYM® (filgrastim-aafi) Injection, NYVEPRIA™ (pegfilgrastim-apgf) Injection, TRAZIMERA® (trastuzumab-qyyp) Injection, and ELELYSO® (taliglucerase alfa) for Injection. Following enrollment, claims may be submitted through [PfizerCopay.com](https://www.PfizerCopay.com) to request payment.

2. What number should I call if I have additional questions or concerns about the co-pay program?

For more information about the Pfizer Oncology Together™ Co-Pay Savings Program for Injectables for NIVESTYM, NYVEPRIA, RUXIENCÉ, TRAZIMERA, or ZIRABEV, call 1-877-744-5675, Monday through Friday, from 8 AM to 8 PM ET.

For more information about the Pfizer enCompass® Co-Pay Assistance Program for INFLECTRA and RUXIENCÉ (non-oncology indication), call Pfizer enCompass at 1-844-722-6672, Monday through Friday, from 8 AM to 8 PM ET.

For more information about the ELELYSO Co-Pay Program, available through Pfizer Gaucher Personal Support (GPS), call Pfizer GPS at 1-855-353-5976, Monday through Friday, from 8 AM to 6 PM ET.

3. How can I view the payment status of patient co-pays?

All co-pay program-related data, including enrollment, claim status and paid claims, can be viewed on the co-pay portal at www.PfizerCopay.com once the user logs in to their portal account. Patients who self-enroll can see information related to their claims, while healthcare providers and pharmacies can see information related to their patients' claims.

4. How is the assignment of benefits done online if the patient is registering himself/herself?

There will be a section asking the patient if they want to assign benefits and have the payment made directly to the healthcare provider for any claims submitted by the healthcare provider.

5. Are there questions that need to be answered by the patient/healthcare provider to determine eligibility for the co-pay program?

Yes, patients will need to answer eligibility questions and attest to meeting the terms and conditions of the program.

6. Are cash-paying patients currently eligible for the supported co-pay assistance programs?

No, cash-paying patients are not eligible for the co-pay assistance programs.

7. Is there a confirmation of co-pay payment once a claim is approved?

Yes, as soon as a claim has been approved, a confirmation email is sent advising that the claim has been processed and payment will be sent.

8. Is there any limit to the number of users a healthcare provider's office can have on the portal?

There are no limits to the number of portal users that a practice account administrator for a healthcare provider's office can create.

9. How does this process work for patients who are required to use their pharmacy benefits?

Patients who use their pharmacy benefits will receive co-pay card information, including BIN, PCN, and Rx Group #, on their SmartCard.

10. For specialty pharmacies, is there a BIN, PCN, ID, and RxGroup # so that they can bill directly?

Pharmacies may submit electronic claims by using the BIN, PCN, and RxGroup # provided on the SmartCard. The payment method will be via check on a biweekly basis.

11. Is the SmartCard only programmed for a specific physician rendering treatment or a pharmacy dispensing treatment?

The SmartCard may only be used at medical practices and specialty pharmacies. The patient is the owner of the SmartCard and they can provide the card or the card information to their healthcare provider or specialty pharmacy to process their co-pays.

12. Does a patient need to re-enroll in the co-pay program every year?

The patient will receive a letter and/or email notifying him/her that his/her enrollment has been automatically renewed for the co-pay program. The patient does not need to take action if they continue to meet eligibility requirements and terms and conditions, and their insurance information has not changed.

13. What should the patient do if he/she no longer meet the patient eligibility requirements?

If a patient does not meet the eligibility requirements listed in the letter and/or email, or something has changed with their insurance, please contact the appropriate co-pay program at one of the numbers listed above. Patients should also let their doctor know if their job or insurance has changed in the last year.