



Pfizer IGuide™

Co-Pay Program

for Commercially Insured Patients

If you have commercial, employer, or private coverage, including coverage purchased through a state health insurance marketplace, you may be eligible for the CUTAQUIG® (Immune Globulin Subcutaneous [Human] – hipp), 16.5% solution Co-Pay Program, OCTAGAM® (Immune Globulin [Human] – Liquid Preparation) Co-Pay Program, or PANZYGA® (Immune Globulin Intravenous [Human] – ifas) 10% Liquid Preparation Co-Pay Program which can help cover the cost of your co-pay. No membership fees. The value of the co-pay card is limited to a maximum of \$5,000 to \$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 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. The PANZYGA Admin Co-pay Support Program is not valid for Massachusetts or Rhode Island residents. For full Terms and Conditions, please [click here](#).

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™ Co-Pay Program

This guide shows you how to get help for your CUTAQUIG®, OCTAGAM® or PANZYGA® prescription from the Pfizer IGuide™ Co-Pay Program. An overview of the process includes:

1 Enrollment

2 Claim Submission

3 Payment

Terms and Conditions

If you have questions relating to your eligibility for the CUTAQUIG Co-Pay Assistance Program, OCTAGAM Co-Pay Assistance Program, or PANZYGA Co-Pay Assistance Program, you can contact Pfizer IGuide™ and provide your commercial insurance information to verify eligibility. Terms and Conditions apply. For full Terms and Conditions for CUTAQUIG, OCTAGAM, and PANZYGA, please click [here](#). Pfizer understands that your personal and health information is private and will only use your information in accordance with our Privacy Policy. The information you provide will only be used by Pfizer and parties acting on its behalf to send you the materials you requested as well as other helpful product and/or related product information, disease state information, offers, and services.

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.

Enrollment



You can enroll in the CUTAQUIG® Co-Pay Program, OCTAGAM® Co-Pay Program, or PANZYGA® Co-Pay Program or request enrollment assistance from your healthcare provider's (HCP's) office or a specialty pharmacy (SP).

To get started, visit [Pfizer IGuide™](#) to access the Pfizer IGuide™ enrollment form for patients. Fax the completed enrollment form to 1-844-868-6329 or mail to Pfizer IGuide™, PO Box 220692, Charlotte, NC 28222. If you prefer, your HCP or SP may enroll you using the Pfizer IGuide™ enrollment form or through the Pfizer IGuide™ SP portal.

Co-Pay Claim Submission

There are 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]

OCTAGAM® Co-Pay Program
[PO Box 6875
Bridgewater, NJ 08807]

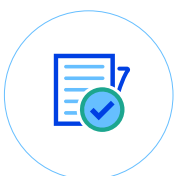
PANZYGA® Co-Pay Program
[PO Box 6875
Bridgewater, NJ 08807]

If you are submitting your own claims to the Pfizer IGuide™ Co-Pay Program, make sure to:

- ✓ Submit claims within 180 days of each date of service
- ✓ Include a copy of the explanation of benefits (EOB) document for the date of service, available from your insurance company
- ✓ Provide a receipt, if you have already paid your co-pay

Co-Pay Claim Forms are available at <https://www.pfizeriguide.com/non-hcp/patient-financial-assistance>

Payment



If you submit the claim yourself and have already paid the co-pay (remember to provide a receipt), payment will be by check.

For claims submitted by your HCP or specialty pharmacy, payment can also be made directly to them.

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™ Program Overview

Pfizer IGuide™ can help you understand your insurance coverage and out-of-pocket costs for your CUTAQUIG®, OCTAGAM®, or PANZYGA® prescription, and it can identify financial assistance options that you may be eligible for. After you have been prescribed CUTAQUIG, OCTAGAM, or PANZYGA, Pfizer IGuide™ may help you by:



Contacting your insurance company on your behalf



Explaining your benefits and coverage requirements



Researching your potential out-of-pocket costs



Identifying financial assistance options that you may be eligible for



Providing information to your HCP on coverage requirements and status



If you have questions or would like to know more about other available patient support options, please contact a Pfizer IGuide™ Access Counselor by calling 1-844-448-4337, Monday through Friday, from 8 AM–8 PM ET, or visit <https://www.pfizeriguide.com/non-hcp/home>.

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.