Medical Co-Pay Rebate Form

xyntha® solofuse®
Antihemophilic Factor (Recombinant)

BeneFix®
Coagulation Factor IX (Recombinant)
Room Temperature Storage

REBATE PROGRAM INSTRUCTIONS:

NOTE: Patients must be enrolled in a Pfizer co-pay program.*

Please submit the following:

1. A completed Pfizer Co-Pay Claim Form, CMS-1500, or UB-04 within 180 days of the date of service shown on the patient's Explanation of Benefits (EOB)
2. A copy of the EOB (or dated pharmacy receipt if the prescription was filled by a pharmacy)
3. The group and member ID information on the identification card (provided on the approval letter)

By mail: Attn: Claims Processing Department,
IQVIA, Inc.
430 Mountain Avenue, Suite 105
New Providence, NJ 07974

By fax: 1-908-548-9260

CO-PAY SAVINGS CARD REBATE TERMS AND CONDITIONS

By submitting this Pfizer Factor Savings Card rebate form, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- Patients must have private insurance. Offer is not valid for cash-paying patients. The value of the Factor Savings Card is limited to $12,000 per calendar year or the amount of your co-pay over 1 year, whichever less. The Factor Savings Card cannot be combined with any other savings, free trial, or similar offers for the specified prescription.
- Patients are not eligible to use this Card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicaid, Medicare, 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").
- This rebate 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 will receive $12,000 or the amount of the co-pay you paid, whichever is less. This program is limited to a maximum of $12,000 per patient per year.
- Patient must submit a completed rebate request form and the original, dated store-identified receipt accompanying your prescription as proof of purchase to Pfizer Hemophilia Connect at the address provided on this rebate form. Receipt will not be returned. See instructions on rebate request form.
- Rebate will be mailed to patients approximately 6 to 8 weeks after receipt of required documentation or earlier, as required by law.
- You must deduct the value received under this rebate from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf.
- You are responsible for reporting receipt of rebate to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription for which the patient receives a rebate, as may be required. You should not use this program if your private insurer or health plan prohibits use of manufacturer coupons, co-pay cards, debit cards or similar savings programs.
- This rebate is not valid where prohibited by law.
- The benefit under the rebate 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.
- This rebate 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 rebate program.
- **This rebate is not health insurance.**
- Offer good only in the U.S. and Puerto Rico.
- No other purchase is necessary.
- Data related to your redemption of the rebate 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 rebate redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke or amend the program without notice.
- This rebate program expires 12/31/2025.

COMPLETE AND RETURN THIS FORM:

All fields marked with an asterisk (*) are required.

PATIENT

*NAME _____ *DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ *ZIP CODE _____

PHONE _____ EMAIL _____

CO-PAY SAVINGS CARD MEMBER ID # _____ DAYS SUPPLY _____

UPDATED INSURANCE DETAIL
(If the insurance has changed since last submission)

PRIMARY INSURANCE NAME _____

PRIMARY INSURANCE ID # FOR MEDICAL BENEFIT _____ PRIMARY INSURANCE GROUP # FOR MEDICAL BENEFIT _____

PRIMARY INSURANCE BIN # FOR PHARMACY BENEFIT _____ PRIMARY INSURANCE PCN # FOR PHARMACY BENEFIT _____

PRIMARY INSURANCE GROUP # FOR PHARMACY BENEFIT _____ PRIMARY INSURANCE ID # FOR PHARMACY BENEFIT _____

CO-PAY CLAIM PAYMENT INFORMATION
(Contact and address where payment should be sent)

*CHECK PAYABLE TO _____

*ADDRESS _____

*CITY _____ *STATE _____ *ZIP CODE _____

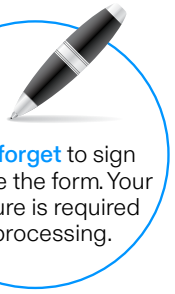
FAX NUMBER _____ EMAIL _____

*NPI NUMBER *(If submitted by provider)* _____ *TAX ID NUMBER *(If submitted by provider)* _____

*SIGNATURE _____ *DATE _____

By my signature, I certify that I meet and agree to the terms and conditions listed on this rebate form, as well as the eligibility requirements and restrictions that I received when I activated my card.

To validate, you must sign and date this rebate form. The rebate check will arrive in 6–8 weeks. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.



Don't forget to sign and date the form. Your signature is required for processing.

QUESTIONS?

Please call 1-888-733-2030
Monday–Friday, 8:00 AM–6:00 PM ET

*Limits, terms, and conditions apply, listed on this page.