



Supporting Access Solutions for Patients Prescribed CUTAQUIG®, OCTAGAM®, or PANZYGA®



Actor portrayal

cutaquig®
Immune Globulin Subcutaneous
(Human)-hipp, 16.5% solution

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

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

panzyga®
Immune Globulin
Intravenous (Human) - ifas
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™ 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, OCTAGAM® (Immune Globulin Intravenous [Human]) 5% Liquid Preparation, OCTAGAM® (Immune Globulin Intravenous [Human]) 10% Liquid Preparation, 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 who 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, OCTAGAM, and PANZYGA



Prior Authorization (PA) Assistance

Pfizer IGuide™ can provide information about insurer requirements and processes if a PA is needed for CUTAQUIG, OCTAGAM, and PANZYGA



Claims Assistance

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



Specialty Infusion Pharmacy Options

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



Co-Pay Programs

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for CUTAQUIG, OCTAGAM, and PANZYGA

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

PANZYGA Administration Co-Pay Program

The PANZYGA Administration Co-Pay Program provides eligible patients assistance for the administration of 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 coverage, coding, and payment of CUTAQUIG, OCTAGAM, 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 CUTAQUIG, OCTAGAM, 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

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.



Benefits Verification (BV)

Pfizer IGuide™ can assist your patients with understanding how their insurance may cover CUTAQUIG®, OCTAGAM®, 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, OCTAGAM, and PANZYGA, including:

- Benefit type (medical or pharmacy benefit)
- Insurer requirements for ordering (ie, buy and bill, specialty infusion pharmacy)
- Specialty infusion pharmacy options
- Patient out-of-pocket costs
- 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, OCTAGAM, 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 it 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

*Access Counselors must have patient consent in order to review the coverage details with the patient.

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.



Claims Assistance

Coding and Billing Information Assistance

Pfizer IGuide™ can research and provide information on CUTAQUIG®, OCTAGAM®, and 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 Infusion Pharmacy Options

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

*Appeals assistance is provided only for patients with FDA-approved indications.

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.



CUTAQUIG® Co-Pay Program, OCTAGAM® Co-Pay Program, and PANZYGA® Co-Pay Program

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for CUTAQUIG, OCTAGAM, and PANZYGA.

CUTAQUIG Co-Pay Assistance is Available for Eligible Patients*

Eligible, commercially insured patients may reduce out-of-pocket costs by \$5,000 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.

OCTAGAM Co-Pay Assistance is Available for Eligible Patients*

Eligible, commercially 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

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

Eligible, commercially insured patients may receive co-pay Admin Support of up to \$1,500 per calendar year to reduce out-of-pocket costs related to the administration of PANZYGA.†

*Terms and conditions apply. Patients must be 2 years or older to be eligible. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program.
†Terms and conditions apply. Patients must have commercial insurance to be eligible. Patients are not eligible if they are enrolled in a state or federal insurance program. Only applies in the U.S. and Puerto Rico. This program is not valid for Massachusetts or Rhode Island residents.
[Click here](#) for full Terms and Conditions.

If you have any questions about the available co-pay assistance through the CUTAQUIG Co-Pay Program, the OCTAGAM 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, the OCTAGAM Co-Pay Program, or the PANZYGA Co-Pay Program

Pfizer IGuide™ can identify and connect eligible patients with financial assistance resources for CUTAQUIG, OCTAGAM, and PANZYGA.



Fax to 1-844-868-6329 or mail the completed Pfizer IGuide™ enrollment form for CUTAQUIG, OCTAGAM, and 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

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**.

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**

430 Mountain Avenue
Suite 105
New Providence, NJ 07974

OCTAGAM® Co-Pay Program

430 Mountain Avenue
Suite 105
New Providence, NJ 07974

PANZYGA® Co-Pay Program

430 Mountain Avenue
Suite 105
New Providence, NJ 07974

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

If a claim has been approved, reimbursement will be sent directly to the specialty infusion pharmacy or physician clinic (for PANZYGA only).



If you have additional questions about claims submission or payment, you can call the CUTAQUIG, OCTAGAM, or PANZYGA Co-Pay Programs at 1-866-642-7606, Monday through Friday, 8 AM to 8 PM ET.

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.

Getting Started With CUTAQUIG®, OCTAGAM®, or PANZYGA®

Process to Enroll Patients to Obtain Pfizer IGuide™ Support

- 1 Patient is prescribed treatment with CUTAQUIG, OCTAGAM, or PANZYGA
- 2 Physician and patient complete and submit a Pfizer IGuide™ Enrollment Form for CUTAQUIG, OCTAGAM, OR PANZYGA
- 3 Pfizer IGuide™ Access Counselor completes a BV based on the patient's information provided on the fully completed Enrollment Form
- 4 Pfizer IGuide™ Access Counselor, if requested, evaluates financial support options for eligible patients
- 5 Patient receives treatment
- 6 Specialty infusion pharmacy or physician clinic (PANZYGA only) prepares and submits the claim for CUTAQUIG, OCTAGAM, or PANZYGA to the patient's insurance
- 7 For eligible patients, specialty infusion pharmacy or HCP faxes or mails co-pay claims and the EOB to the CUTAQUIG Co-Pay Program, the OCTAGAM Co-Pay Program, or the PANZYGA Co-Pay Program



Specialty infusion pharmacies may use the CUTAQUIG and OCTAGAM 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, OCTAGAM, 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 [here](#). For more information on OCTAGAM 5%, click [here](#). For more information on OCTAGAM 10%, click [here](#). For more information on PANZYGA, click [here](#). For more information about Pfizer IGuide™, visit www.PfizerIGuide.com.

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.



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.