

Supporting Patient Access and Reimbursement for VYNDAMAX and VYNDAQEL

A Guide for
Healthcare Providers



Visit www.VyndaLink.com

OR



With any questions, call **VyndaLink** at 1-888-222-8475
(Monday-Friday, 8 AM-8 PM ET).

How VyndaLink Can Help

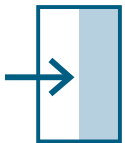
We are dedicated to supporting VYNDAMAX™ (tafamidis) and VYNDAQEL® (tafamidis meglumine) patients by helping them access their medication and offering additional assistance and resources that may help with their treatment journey.

Our Patient Support Offerings



BENEFITS VERIFICATION

We can help determine your patients' coverage for VYNDAMAX or VYNDAQEL, including out-of-pocket costs and coverage requirements.



ACCESS AND REIMBURSEMENT INFORMATION

We can identify payer requirements for VYNDAMAX or VYNDAQEL and provide information about the prior authorization and appeals processes as needed. Please note where a PA is required, the physician must submit required information directly to the patient's insurer.



SPECIALTY PHARMACY COORDINATION

We can identify Specialty Pharmacy options based on your patient's insurance coverage. VYNDAMAX and VYNDAQEL are available through multiple Specialty Pharmacies in our defined distribution network.



PATIENT FINANCIAL ASSISTANCE

We can help identify financial support options for eligible patients.

To enroll your patients in **VyndaLink**:



Download and fax completed enrollment forms to 1-888-878-8474.

OR



Enroll online at VyndaLinkPortal.com.

We Can Help Connect Eligible Patients With Financial Assistance

Once patients are enrolled in the VyndaLink program, we can help them understand their insurance benefits and connect them with financial assistance resources for which they may be eligible.

Medicare/Government-Insured Patients

For patients with Medicare, Medicare Part D, or other government insurance plans, we can help identify potential financial support options.



ALTERNATIVE FUNDING SOURCES

For those patients who need help with their medication cost-sharing requirements, Pfizer can refer patients who may be eligible to Medicare Extra Help or alternate sources of funding.



FREE MEDICATION

If support through an alternate funding source is not available, some patients may be eligible to receive VYNDAMAX™ (tafamidis) or VYNDAQEL® (tafamidis meglumine) at no cost through the Pfizer Patient Assistance Program.* Patients must reapply annually.

*Criteria depend on a number of factors, including the specific medicine prescribed, insurance status, and household size and income. The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc., with distinct legal restrictions.



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Commercially Insured Patients

For eligible patients with commercial, employer or private coverage, including coverage purchased through a state health insurance marketplace, we can help determine eligibility for financial assistance resources, including co-pay assistance.



Co-Pay Assistance for VYNDAMAX™ (tafamidis) and VYNDAQEL® (tafamidis meglumine)

Eligible, commercially insured patients may pay as little as \$0 per month through the VYNDAMAX and VYNDAQEL Co-Pay Savings Program†

To find out if your patient is eligible, call us at 1-888-222-8475

†Limits, terms, and conditions apply. 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 Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico. Patients may receive up to \$60,000 in savings annually. **The offer will be accepted only at participating pharmacies. This offer is not health insurance.** No membership fees apply. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. For any questions, please call 1-888-222-8475 or write: Pfizer, Attn: Claims Processing Department, IQVIA, Inc., 77 Corporate Dr., Bridgewater, NJ 08807.

Please see full Co-Pay Savings Card Terms and Conditions online at www.VyndaLink.com

To enroll your patients in **VyndaLink**:



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OR



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VyndaLink offerings are available to residents of the United States and Puerto Rico only.

Uninsured Patients

We can help identify potential resources for patients who have no healthcare coverage.



HELP FINDING COVERAGE

We'll check if your patient may appear eligible for Medicaid and we can tell them how to contact Medicaid to apply.



FREE MEDICATION

We may be able to help your eligible uninsured patients receive VYNDAMAX™ (tafamidis) or VYNDAQEL® (tafamidis meglumine) while applying for Medicaid, for up to 90 days, through the Pfizer Patient Assistance Program.‡

If your patients do not qualify for Medicaid, they may be able to get up to a 1-year free supply of VYNDAMAX or VYNDAQEL through the Pfizer Patient Assistance Program.‡ Patients must meet the eligibility requirements and reapply as needed.

‡Criteria depend on a number of factors, including the specific medicine prescribed, insurance status, and household size and income. The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc., with distinct legal restrictions.



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Additional Support During Treatment[§]

Dedicated Patient Support Navigators can assist your patients^{||}

They can conduct regular check-ins and refer patients to third-party organizations, which can provide social, educational, and other support.



COUNSELING AND SOCIAL SUPPORT

We can connect patients to support groups and online communities that can offer additional support



PATIENT EDUCATION

We can direct patients to advocacy organizations and educational resources



TRANSPORTATION AND LODGING

We can refer patients to independent organizations that can help eligible individuals find rides and lodging for treatment-related appointments



REGULAR CHECK-INS

We can offer outreach from Patient Support Navigators to patients to discuss changes in their treatment or coverage that might impact their support needs

[§]Some offerings are provided through third-party organizations that operate independently and are not controlled by Pfizer. Availability of offerings and eligibility requirements are determined solely by these organizations.

^{||}Patients who are interested in additional support must opt in to this offering.

To enroll your patients in **VyndaLink**:



Download and fax completed enrollment forms to 1-888-878-8474.

OR



Enroll online at VyndaLinkPortal.com.

Completing the VyndaLink Enrollment Form Is the First Step to Initiating Access Support

VyndaLink ENROLLMENT FORM- PATIENT

Complete this form and submit with copies of both sides of the patient's insurance cards. You can fax it to 1-888-222-8475 or email it to VyndaLink@PDS-201706.Charlottesville,VA. If you have questions, please call 1-888-222-8475, Monday-Friday, 8 AM-8 PM ET.

For Patients: Fields marked with * are required.

1. Patient Information

Name (First, M., Last*) Gender* Male Female

Date of Birth (mm/dd/yyyy)* Email

Street Address*

City* State* ZIP Code*

Primary Phone* OK to leave message Language Preference

Patient Contact Caregiver Name Caregiver Phone

2. Patient Financial Information (This information is required to search for alternate funding support and verify eligibility for the Pfizer Patient Assistance Program as appropriate. If you complete this section, be sure to read and sign section 4 on the next page.) If you do not complete this section, VyndaLink cannot evaluate financial assistance resources for which you may be eligible.

Total number of people with household (including yourself) Total annual household income \$

Please submit documentation to support the financial information you've listed: Affidavit of Income Most recent federal tax return 2 forms Other

3. Insurance Information (Please include a copy of both sides of your insurance and prescription card(s))

Check here if patient does **not** have insurance Check here if patient has secondary insurance

Primary Insurance Name*

Primary Insurance Phone Number* Policy/Group#*

Primary Policyholder Name (First, M., Last) of other than patient?

Primary Policyholder Date of Birth (mm/dd/yyyy)* Primary Policyholder Relationship to Patient

4. VYNDALINK[®] Authorization (Patient's consent is required to enroll in the program. If you are currently participating in a clinical trial or compassionate use program, please check the appropriate box.)

No No I don't know If yes, what is the co-pay amount? I don't know

Prescriber (the insurance name)* if applicable

Policy #* Group #* In-Net #*

If the patient is insured through a Medicare Prescription Drug Plan, please include the SLP plan address*

The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. and subject to separate legal restrictions.
* See terms and conditions on page 1.

See next page to continue completing the patient section of the enrollment form.

PATIENT COMPLETES SECTIONS 1-7 OF THE FORM AND SIGNS

- Patient information
- Financial information (this information is required to search for alternate funding support and verify eligibility for the Pfizer Assistance Program¹ as appropriate)
- Insurance information
- Dedicated patient support opt-in (optional)
- Patient authorization

VyndaLink ENROLLMENT FORM- HEALTHCARE PROVIDER

Complete this form and submit with copies of both sides of the provider's insurance cards. You can fax it to 1-888-222-8475 or email it to VyndaLink@PDS-201706.Charlottesville,VA. If you have questions, please call 1-888-222-8475, Monday-Friday, 8 AM-8 PM ET.

For Healthcare Providers: Fields marked with * are required.

8. Healthcare Provider Information

HCP Type* Practice/Institution Name* Specialty*

First, M., Last* Street Address*

City* State* ZIP Code*

Phone* Fax* Cell #* Date Entered*

Office Contact Name* Other Contact Name* Email

9. Prescription Information (This information is required to search for alternate funding support and verify eligibility for the Pfizer Patient Assistance Program as appropriate. If you complete this section, be sure to read and sign section 4 on the next page.) If you do not complete this section, VyndaLink cannot evaluate financial assistance resources for which you may be eligible.

Prescription Name* Patient Date of Birth (mm/dd/yyyy)*

I confirm that my patient's diagnosis was confirmed. Please list type of diagnostic test.

Primary ICD-10 Diagnosis Code* Secondary ICD-10 Diagnosis Code*

Confirm that my patient is being prescribed VYNDALINK or VYNDALINK for the treatment of STEC/E.

Please check this box if your patient is currently participating in a clinical trial or compassionate use program.

Drug Allergies: No Yes If yes, please list medication(s) and associated reactions:

Patient's Concurrent Medication:

Other Known Conditions:

Prescription

Medication: _____

VYNDALINK 80 mg/Day (20 mg tablets) capsule orally once daily, Quantity #30 capsules (30 days)

OR

VYNDALINK 80 mg/Day (20 mg tablets) capsule orally once daily, Quantity #120 capsules (90 days)

Interim Care Program (For eligible patients receiving a commercial or federal insurance program. If eligible, use VYNDALINK or VYNDALINK, may be provided at no cost if a change occurs in the commercial insurance provider, policy, terms and conditions apply. Patient may be additionally covered up to 90 days if eligible for either.)

Prescription

VYNDALINK 80 mg/Day (20 mg tablets) capsule orally once daily, Quantity #30 capsules (30 days)

OR

VYNDALINK 80 mg/Day (20 mg tablets) capsule orally once daily, Quantity #120 capsules (90 days)

See terms and conditions on page 1.

See next page to continue completing the provider section of the enrollment form.

PROVIDER COMPLETES SECTIONS 8-12 OF THE FORM AND SIGNS

- Prescriber information
- Prescription information
- Privacy and consent
- Interim Care (optional)

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Enroll Patients Online Using the VyndaLink Provider Portal

Direct access for healthcare providers (HCPs) to VyndaLink support for your patients

The **VyndaLink** Provider Portal is a secure online resource for healthcare providers to access **VyndaLink** support and information about all of your enrolled patients.

See www.VyndaLinkPortal.com for details.

THROUGH THE VYNDALINK PROVIDER PORTAL, YOU CAN:



Submit requests online for **VyndaLink** support



Request financial assistance for eligible patients



Request a patient insurance benefit verification



View alerts to keep you informed about your patient's status in **VyndaLink**



Send secure messages to **VyndaLink** and attach relevant documents



Download and print resources such as forms, tools, and brochures

To enroll your patients in **VyndaLink**:



Download and fax completed enrollment forms to 1-888-878-8474.

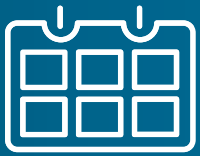
OR



Enroll online at VyndaLinkPortal.com.

Get Started Now

Go to www.VyndaLinkPortal.com to register and set up your account—it takes only a few steps!



To schedule a demonstration or for more information about the **VyndaLink** Provider Portal, call **VyndaLink** at 1-888-222-8475 Monday–Friday, 8 AM–8 PM ET to speak with an Access Counselor

VyndaLink Website

24/7 ACCESS TO INFORMATION AND RESOURCES

The **VyndaLink** website is a centralized resource to access information about **VyndaLink** reimbursement and patient support. This website also offers healthcare providers a direct link to the secure **VyndaLink** Provider Portal.

THE FOLLOWING CAN BE ACCESSED THROUGH THE **VYNDALINK** WEBSITE:



Information about **VyndaLink** offerings, including co-pay assistance and free drug assistance for eligible patients



Checklists to support prior authorization and appeals preparation



Direct link to the secure **VyndaLink** Provider Portal



Template letter of medical necessity



Specialty pharmacy defined distribution network for VYNDAMAX and VYNDAQEL



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VyndaLink offerings are available to residents of the United States and Puerto Rico only.

Field Reimbursement Support

For additional support to help patients access their medication, Pfizer Field Reimbursement Managers are very familiar with access and reimbursement for VYNDAMAX (tafamidis) and VYNDAQEL (tafamidis meglumine). They are available to speak with you in person at your office or over the phone.

FIELD REIMBURSEMENT MANAGERS SPECIALIZE IN:

Providing information about coverage and payer requirements for VYNDAMAX and VYNDAQEL

Educating about all distribution channels for VYNDAMAX and VYNDAQEL, including **VyndaLink** and specialty pharmacies in the defined distribution network

Coordinating with VyndaLink as needed to help enable access for enrolled patients



Ask your Pfizer Account Specialist if you'd like to get in touch with a Field Reimbursement Manager in your area.