

INJECTION

**Abrilada**<sup>™</sup>  
adalimumab-afzb

# *Understanding the Specialty Pharmacy and Pfizer enCompass<sup>®</sup> Patient Support*



Please see full [Prescribing Information](#), including **BOXED WARNING**, [Medication Guide](#), and [Instructions for Use](#), available at [Abrilada.com](#).

## Understanding the Specialty Pharmacy (SP)

A specialty medication is used to treat complex, chronic conditions such as rheumatoid arthritis and can require special handling or detailed treatment planning and guidance, such as injection education. Payers will often require specialty medications such as ABRILADA to be dispensed through a specialty pharmacy instead of a retail pharmacy.

### Important things to know about specialty pharmacies



Specialty pharmacies ensure medication is shipped, delivered, and received within the temperature ranges required of the product; therefore, they want to confirm someone will be able to accept delivery of the medication for proper storage.



When the specialty medication is self-administered, this means the pharmacy will need to contact you via phone (or portal) to coordinate shipment and to collect co-payment.



To help you start and remain on prescribed therapy, specialty pharmacies will be able to enroll eligible patients in the Pfizer enCompass Co-Pay Assistance Program for ABRILADA. Specialty pharmacies may also be able to assist you with referrals to other financial assistance programs if available.

## How does the specialty process work?

### 1. Select a specialty pharmacy

Payers or pharmacy benefit managers may have preferred or required in-network specialty pharmacies. In-network specialty pharmacies may offer lower patient costs

### 2. Your healthcare provider sends the prescription to the specialty pharmacy

### 3. Specialty pharmacy works with your healthcare provider for additional information then conducts a benefits investigation and begins the prior authorization process (if required by a payer)

### 4. The specialty pharmacy calls you to



Review your insurance benefits for the medication



Enroll into co-pay assistance program, if eligible



Collect your out-of-pocket cost-share, if required



Schedule delivery, at a time when you will be home



Offer medication counseling with a pharmacist and other disease-specific education



Coordinate injection education for the product if needed



Offer enrollment into a refill reminder program, if offered

### 5. Ongoing support

The specialty pharmacy will contact you by phone and text about a week prior to the next fill to coordinate shipment

Specialty pharmacy personnel are available for your questions during regular working hours

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](#).

## Specialty Pharmacy Key Takeaways and Tips

### Key Takeaways

Your insurance may require you to use a specific specialty pharmacy.

The specialty pharmacy may be able to assist you with obtaining, administering, and continuing your medication.

The specialty pharmacy's phone number may not look familiar; however, you will need to answer or return their phone call.

### Tips

Save the specialty pharmacy's phone number to your contacts so you don't miss their call.

Keep the specialty pharmacy phone number on hand in case you have any questions about your medication.



If you have any questions regarding specialty pharmacies or the specialty pharmacy process, please contact an Access Counselor at 1-844-722-6672, Monday through Friday, 8 AM to 8 PM ET.

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](#).

## *The Pfizer enCompass Co-Pay Assistance Program for ABRILADA*

Co-Pay Assistance for ABRILADA is available through Pfizer enCompass for eligible, commercially insured patients



Eligible, commercially insured patients may pay as little as \$0 for each ABRILADA treatment. Please see full Terms and Conditions on [page 8](#)



Provides eligible patients with assistance of between \$4,000 and \$14,000 per patient, per calendar year. To check your co-pay benefit balance, please call the Pfizer enCompass Co-Pay Assistance Program for ABRILADA at 1-866-562-6851



Applies to out-of-pocket costs associated with ABRILADA, including co-pays and coinsurances

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](#).

## How to get started with the Pfizer enCompass Co-Pay Assistance Program for ABRILADA

There are multiple ways to enroll in the Pfizer enCompass Co-Pay Assistance Program for ABRILADA.

You can enroll in the Pfizer enCompass Co-Pay Assistance Program for ABRILADA directly by using the Pfizer enCompass Co-Pay Portal at [www.pfizeriandicopay.com](http://www.pfizeriandicopay.com).

If you prefer to enroll for the Program via fax, the Pfizer enCompass Enrollment Form for ABRILADA can be downloaded at [www.pfizerencompass.com](http://www.pfizerencompass.com).

If you would like assistance, your specialty pharmacy or your healthcare provider's office may be able to assist you with enrollment options.

### *The ABRILADA Virtual Co-Pay Savings Card*

The ABRILADA Virtual Co-Pay Savings Card is 2 cards in 1: a co-pay card and a payment card. The co-pay card portion (BIN, PCN, Group, and ID) is given to the pharmacy when they call to schedule shipment and payment of your ABRILADA prescription. The payment card number is given to the pharmacy ONLY if the pharmacy indicates a balance remaining after the co-pay card is applied. Funds will be loaded to your ABRILADA Virtual Co-Pay Savings card automatically, when needed.

If the specialty pharmacy does not accept the Pfizer enCompass Co-Pay Assistance Program for ABRILADA Virtual Savings Co-Pay Card you may be able to submit a request for a rebate in connection with this offer. The rebate form can be found at the Pfizer Inflammation & Immunology (I&I) Co-Pay Patient Portal at [patient.pfizeriandicopay.com](http://patient.pfizeriandicopay.com) or you can use the Pfizer I&I Co-Pay Patient Portal to submit rebate requests.



**For Pfizer enCompass Co-Pay Assistance Program for ABRILADA support, call Pfizer enCompass at 1-844-722-6672, Monday through Friday, 8 AM to 8 PM ET, or visit [www.pfizeriandicopay.com](http://www.pfizeriandicopay.com).**

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](http://Abrilada.com).

## Additional Pfizer enCompass® Patient Support

Pfizer is committed to offering reimbursement and patient support for eligible patients prescribed ABRILADA.

Pfizer enCompass can assist with the following support for patients prescribed ABRILADA:



**Benefit investigations for ABRILADA**



**Nurse Guides provide step-by-step injection education for ABRILADA**



**Available patient resources, including a Welcome Kit, Travel Kit, and Sharps Disposal Container**



**Prior authorization (PA) and appeals assistance**



**Dedicated support, including Patient Access Coordinators (PACs) to help navigate obtaining ABRILADA**



**Identification of the required or in-network specialty pharmacy options**

You can also visit the Pfizer enCompass Patient Portal, which allows the convenience of online, real-time access to Pfizer enCompass support and resources. Here you will be able to electronically submit requests for a variety of Pfizer enCompass support, including patient insurance benefit investigations and tracking the progress of patient requests at [patientportal.pfizerencompassonline.com](http://patientportal.pfizerencompassonline.com).

Additional resources for patients can also be found at [www.pfizerencompass.com](http://www.pfizerencompass.com), including enrollment forms, brochures, and other resources.

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](http://Abrilada.com).

## Terms and Conditions

By using this program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions below:

The Pfizer enCompass Co-Pay Assistance Program for ABRILADA is not valid for patients that 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 (formerly known as “La Reforma de Salud”). Program offer is not valid for cash-paying patients. Patients prescribed ABRILADA for adolescent hidradenitis suppurativa (HS), pediatric uveitis, or pediatric ulcerative colitis are not eligible for this co-pay savings program. With this program, eligible patients may pay as little as \$0 co-pay per ABRILADA treatment, subject to a maximum benefit of \$4,000-\$14,000 per calendar year for out-of-pocket expenses for ABRILADA, depending on your insurance, including co-pays or coinsurances. The amount of any benefit is the difference between your co-pay and \$0. After the maximum benefit, you will be responsible for the remaining monthly out-of-pocket costs. Patient must have private insurance with coverage of ABRILADA. This offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plans or other private health or pharmacy benefit programs. You must deduct the value of this assistance from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the program to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the program, as may be required. You should not use the program if your insurer or health plan prohibits use of manufacturer co-pay assistance programs. This program is not valid where prohibited by law. This program cannot be combined with any other savings, free trial or similar offer for the specified prescription. **Co-pay card will be accepted only at participating pharmacies. If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer. The rebate form can be found at [patient.pfizeriandicopay.com](http://patient.pfizeriandicopay.com).** This program is not health insurance. This program is good only in the U.S. and Puerto Rico. This program is limited to 1 per person during this offering period and is not transferable. This offer cannot be redeemed more than once per 30 days per patient. No other purchase is necessary. Data related to your redemption of the program assistance 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 assistance redemptions and will not identify you. Pfizer reserves the right to rescind, revoke or amend this program without notice. This program may not be available to patients in all states. For more information about Pfizer, visit [www.pfizer.com](http://www.pfizer.com). For more information about the Pfizer enCompass Co-Pay Assistance Program, call Pfizer enCompass at 1-844-722-6672, or write to Pfizer enCompass Co-Pay Assistance Program 2730 S. Edmonds Lane, Suite 300, Lewisville, TX. Card and Program expires 12/31/2024.

Please see full [Prescribing Information, including BOXED WARNING, Medication Guide, and Instructions for Use](#), available at [Abrilada.com](http://Abrilada.com).