

Welcome to VyndaLink

You may have questions when starting a new medication. The **VyndaLink** team is here to support patients who have been prescribed VYNDAMAX.*

*The same VyndaLink support offerings available to patients prescribed VYNDAMAX are also available to patients prescribed VYNDAGEL® (tafamidis meglumine).

 **SIGN THE ENROLLMENT FORM ELECTRONICALLY**

or [Download the VyndaLink Enrollment Form](#)

TALK TO THE VYNDALINK SUPPORT TEAM

Once you have enrolled, the **VyndaLink** team will be ready to help you.



Call: **1-888-222-8475** Monday-Friday, 8 AM-8 PM ET



Your Treatment Journey

Now that you have been prescribed VYNDAMAX, start your patient journey with support from **VyndaLink**.



ENROLLMENT – STARTING THE PROCESS



Start the enrollment process today

The **VyndaLink** team can help you understand your insurance coverage and look for potential financial assistance options once you are enrolled.



Patient Access Coordinator (PAC)

When you enroll in **VyndaLink**, you have the option to be contacted by a Pfizer PAC who can help you understand your insurance benefits and navigate the process to access your prescribed medication. Pfizer PACs are field-based employees of Pfizer Rare Disease and, if you choose, will help answer questions you may have about accessing the medication prescribed by your physician. Pfizer PACs are very familiar with access and reimbursement requirements for VYNDAMAX, and the Pfizer PAC assigned to you will coordinate with **VyndaLink** and you on your journey to starting therapy (although you will still need to contact **VyndaLink** directly if you are seeking financial assistance). To be assigned a PAC, you must complete the PAC opt-in section of the **VyndaLink** enrollment form.

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Even if you do not enroll in **VyndaLink**, you will still get support. Your doctor will send your prescription directly to a specialty pharmacy, and the team there can help with insurance and reimbursement information. Expect a call from a coordinator at the specialty pharmacy.

 **DOWNLOAD SPECIALTY PHARMACY LIST**



BENEFITS VERIFICATION



VyndaLink or the specialty pharmacy will contact your insurance plan to confirm coverage for VYNDAMAX, including out-of-pocket costs, and will review the information with you by phone.



PRIOR AUTHORIZATION



Prescription drug plans often require your doctor to get approval or prior authorization before you can be treated with VYNDAMAX. Your doctor or **VyndaLink** will contact you with the plan's decision.

VyndaLink can provide information regarding any next steps if your insurance plan denies coverage.

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FINANCIAL SUPPORT AND THE CO-PAY SAVINGS PROGRAM



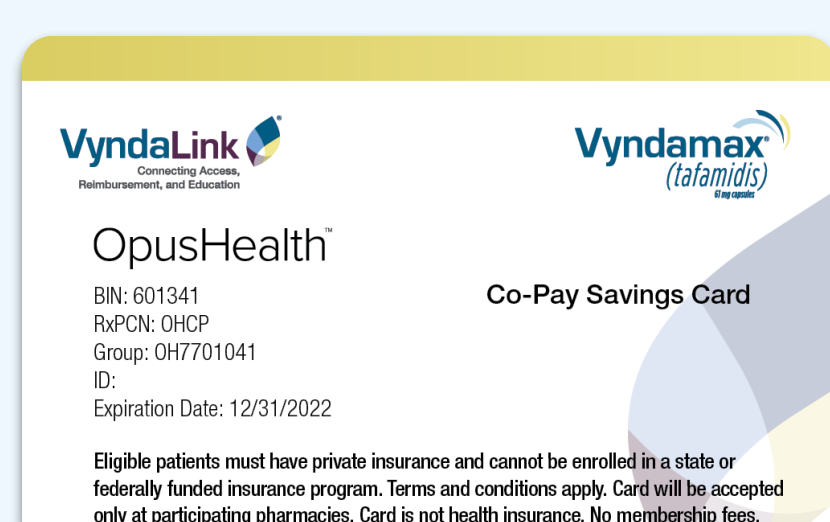
Once enrolled, the **VyndaLink** team may be able to help you find support to manage the cost of your medicine.

If you click on one of the buttons below, indicating what type of insurance you have, you'll find helpful information to better understand the financial support that may be available to you.

MEDICARE/GOVERNMENT INSURANCE

COMMERCIAL/PRIVATE INSURANCE

NO INSURANCE



Co-pay Savings Program for VYNDAMAX

Eligible, commercially insured patients may pay as little as \$0 per month through the VYNDAMAX Co-Pay Savings Program.[†] Check your eligibility and download the co-pay card.

 **GET CO-PAY CARD**

[†]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 Drive, Bridgewater, NJ 08807. [Click here](#) for full terms and conditions.



PATIENT SUPPORT

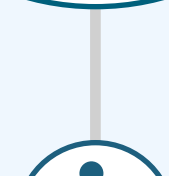


Once you have enrolled, the **VyndaLink** team offers resources to help you get your prescribed medicine. They can also help connect you with advocacy groups and resources to assist with any needs you may have.

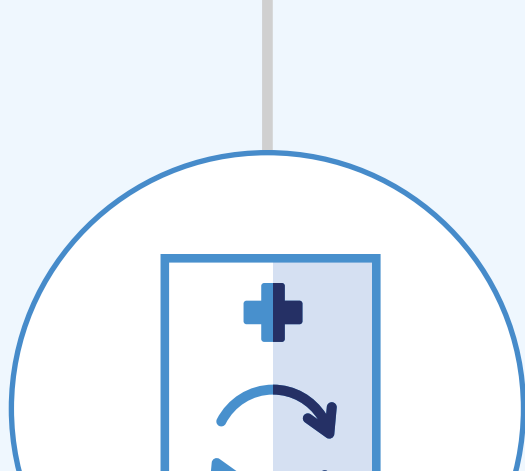
LEARN ABOUT PATIENT SUPPORT



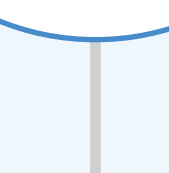
RECEIVE VYNDAMAX



A specialty pharmacy will send VYNDAMAX directly to your home. The specialty pharmacy will continue to call you to coordinate medication shipments and help with any medication issues that may arise.



REAUTHORIZATION



After a period of time, plans may require you to be re-approved to continue treatment. Attend appointments as directed by your doctor to prevent any delays in reauthorization.



CALL US FOR SUPPORT


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Call: **1-888-222-8475**
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REQUEST A CALL

Once you've opted in to support, you can request a call from a Patient Support Navigator, who can help you.

 **REQUEST A CALL**

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Patients should always ask their doctors for medical advice about adverse events. You are encouraged to report adverse events related to Pfizer products by calling 1-800-438-1985 (US only). If you prefer, you may contact the US Food and Drug Administration (FDA) directly. Visit <http://www.fda.gov/MedWatch> or call 1-800-FDA-1088.

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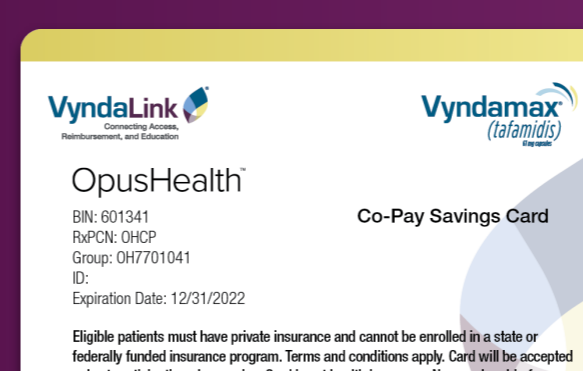
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Financial Support

Regardless of the type of insurance you have, or if you have no insurance at all, we may be able to help you find support to manage the cost of your medicine. We can also help you better understand your coverage and benefits, including pharmacy benefits.

Co-Pay Savings Available for Commercially Insured Patients


[GET CO-PAY CARD](#)


I HAVE MEDICARE/
GOVERNMENT INSURANCE



I HAVE COMMERCIAL/
PRIVATE INSURANCE



I HAVE NO INSURANCE

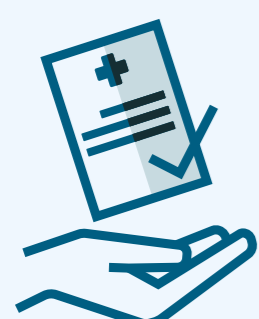
Medicare/Government Insurance

If you have Medicare/Medicare Part D or other government insurance plans, we can help identify financial support options that may help cover the cost of your medicine.



Alternative Funding Sources

If you need help with the cost of your medicine and may be eligible, we can refer you to Medicare Extra Help or alternate sources of funding.



Pfizer Patient Assistance Program*

If support through an alternate funding source is not available, you may be eligible to receive VYNDAMAX at no cost through the Pfizer Patient Assistance Program.

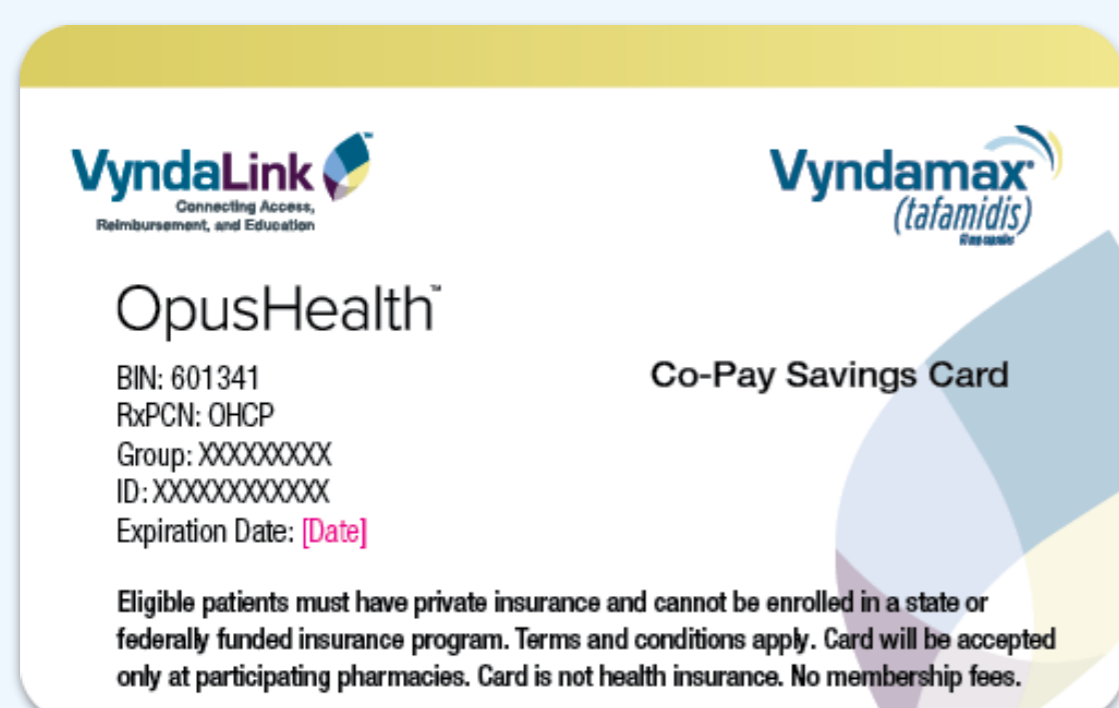


Questions? Call: **1-888-222-8475** (Monday-Friday, 8 AM-8 PM ET)

*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.

Commercial/Private Insurance

If you have commercial, employer, or private coverage, including coverage purchased through a state health insurance marketplace, you may be eligible for resources to help cover the cost of your co-pay.



Co-Pay Card Available for Commercially Insured Patients

Eligible, commercially insured patients may pay as little as \$0 per month for VYNDAMAX.† To be eligible, you must:

- Be commercially insured (receive healthcare through an employer or pay for it on your own)
- Not participate in any federal or state healthcare programs, such as Medicare or Medicaid

Additional terms and conditions apply.



GET CO-PAY CARD



To find out if you're eligible, call us at **1-888-222-8475** (Monday-Friday, 8 AM-8 PM ET)

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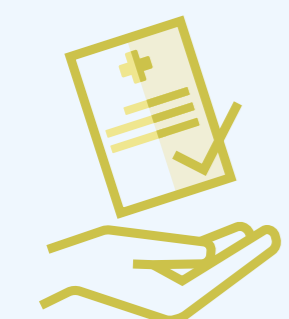
No Insurance Coverage

If you don't have health insurance coverage, we can connect you to potential resources that may help cover the cost of VYNDAMAX.



Help Finding Coverage

We can check to see if you're eligible for Medicaid and we can tell you how to contact Medicaid to apply.



Pfizer Patient Assistance Program

If you do not have insurance or prescription coverage and you are unable to afford your medicine, we may be able to help. If you are applying to Medicaid, we may be able to provide up to 90 days of VYNDAMAX at no cost during your application process through the Pfizer Patient Assistance Program. If you do not qualify for Medicaid, you may be able to get up to a 1-year free supply of VYNDAMAX through the Pfizer Patient Assistance Program. You must meet eligibility requirements and reapply as needed.‡



Questions? Call: **1-888-222-8475** (Monday-Friday, 8 AM-8 PM ET)

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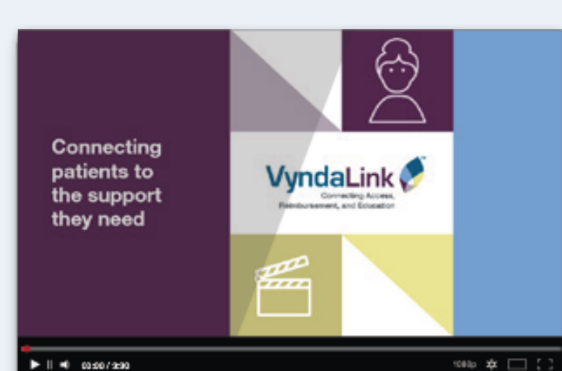


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Downloadable Resources

Our collection of resources can help you learn about **VyndaLink** and support your treatment journey.

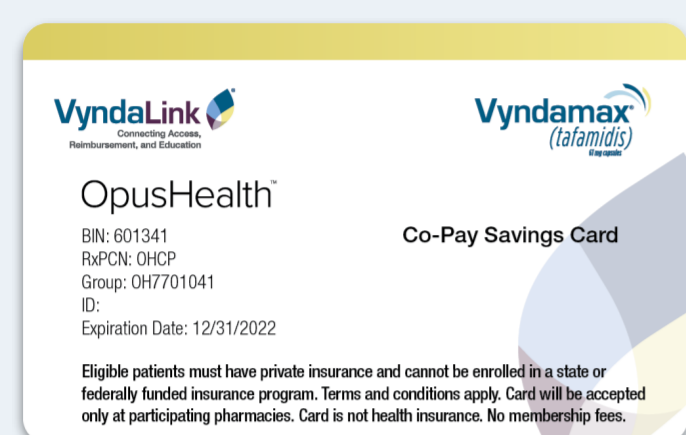


VyndaLink Overview Video

This short video highlights the support offerings that **VyndaLink** offers to patients



[WATCH VIDEO NOW](#)

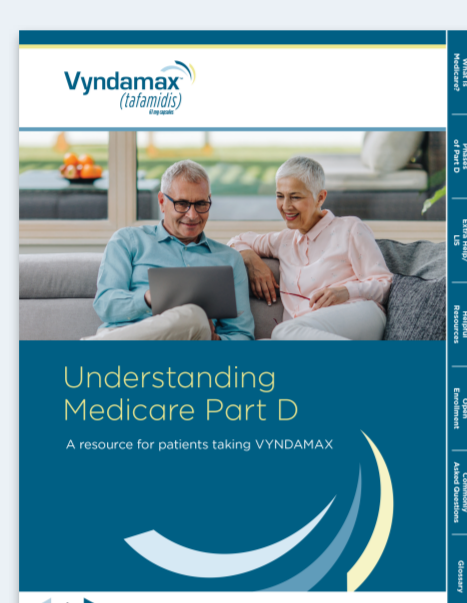


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[GET CO-PAY CARD](#)



VYNDAMAX Medicare Brochure

Brochure to help you understand the basics of Medicare and Medicare Part D, open enrollment, choosing a plan, coverage, and your out-of-pocket costs for prescription drugs



[DOWNLOAD MEDICARE BROCHURE](#)

Patient eSign Guide

Instructions on how to eSign the **VyndaLink** enrollment form



[DOWNLOAD PATIENT ESIGN GUIDE](#)

VyndaLink Enrollment Form

The **VyndaLink** enrollment form, including a checklist of necessary materials



[DOWNLOAD ENROLLMENT FORM](#)

[Download Enrollment Form In Spanish](#)

Specialty Pharmacy List

List of specialty pharmacies that are authorized to provide your medication



[DOWNLOAD SP LIST](#)

Additional Patient Resources

Additional patient resources are available at the VYNDAMAX website.



[GET ADDITIONAL RESOURCES AT VYNDAMAX.COM](#)



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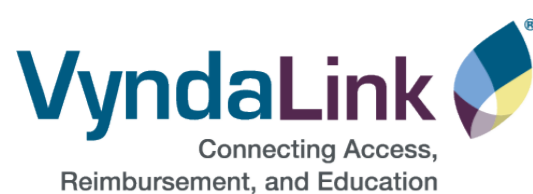
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VYNDAMAX Co-Pay Savings Program

ELIGIBLE, COMMERCIALY INSURED PATIENTS MAY PAY AS LITTLE AS \$0 PER MONTH FOR VYNDAMAX.*

To get the patient co-pay card, please confirm eligibility by answering the questions below.

All fields are required.

I confirm the following:

The patient is 18 years of age or older.	YES	NO
	<input type="radio"/>	<input type="radio"/>
The patient is not older than 65 years of age and retired, and if applicable, neither is their partner/spouse.	YES	NO
	<input type="radio"/>	<input type="radio"/>
The patient does not receive Social Security Disability or any other Social Security Administration benefit.	YES	NO
	<input type="radio"/>	<input type="radio"/>
The patient is not active-duty military, or a dependent or spouse of an active-duty military member.	YES	NO
	<input type="radio"/>	<input type="radio"/>
The patient does not have insurance from any federal healthcare program (including Medicare, Medicaid, TRICARE®, or any other state or federal medical pharmaceutical benefit program or pharmaceutical assistance program).	YES	NO
	<input type="radio"/>	<input type="radio"/>
The patient is requesting to obtain and activate a VYNDAMAX Co-Pay Savings Card (if applicable, the patient has authorized me on their behalf).	YES	NO
	<input type="radio"/>	<input type="radio"/>



 **CHECK ELIGIBILITY**

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	<input type="radio"/>	<input type="radio"/>



 CHECK ELIGIBILITY

Please review your selections. You must answer each question to proceed.

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