

Who Should Complete This Form?

This form is for the Pfizer Patient Assistance Program (PAP), available through VyndaLink, and should only be completed if you know what your prescription costs are and you are unable to afford them after all financial resources have been exhausted or if you are uninsured. Before completing this form, please review the Pfizer Patient Assistance Program Eligibility Requirements below to see if you may be eligible for assistance.

If You Have Questions

If you have questions about accessing VYNDAMAX, a dedicated Pfizer Patient Assistance Coordinator (PAC) can provide support throughout the medication access journey. Visit mypacsupport.com to connect to a Pfizer PAC.

VyndaLink Program Overview

VyndaLink is a personalized patient support program that offers resources for patients prescribed VYNDAMAX® (tafamidis)* including:

- If your healthcare provider has obtained prior authorization and VYNDAMAX is covered under your plan but you are unable to afford your co-payment, VyndaLink can help you identify financial assistance options that may be available for eligible patients
- If you and your healthcare provider do not know which Specialty Pharmacy is in-network with your insurance plan or your insurance has denied coverage and additional research is needed, please call VyndaLink at 1-888-222-8475

Pfizer Patient Assistance Program Eligibility Requirements†

To be considered for the Pfizer Patient Assistance Program, you must:

- Be uninsured or government insured and unable to afford your co-payment. Government insurance includes, but is not limited to, Medicare, Medicaid, Champus/TRICARE and VA
 - Commercially insured patients (e.g., insurance through your job or through a Federal Employer Plan) regardless of insurance coverage are **not** eligible
- For Medicare Part D/Medicare Advantage Patients Only:
 - Enroll in the Medicare Prescription Payment Plan,‡ provide proof of this enrollment, AND
 - Confirm that you have not met your annual out-of-pocket costs (and therefore do not yet have a \$0 co-payment for covered medicines)
- Work with your physician's office, pharmacy, and/or insurance company to understand your co-payment and total prescription costs for the year in which you are requesting assistance AFTER:
 1. Prior authorization is obtained (if required by your insurer) AND
 2. Enrolling in the Medicare Prescription Payment Plan (for Medicare Part D/Medicare Advantage Patients only)
- Have an inability to afford your prescription costs and attest to this
- Have an FDA-approved diagnosis for the Pfizer product(s) prescribed
- Meet the income requirements – Your annual household pre-tax income cannot exceed 300% of the Federal Poverty Level, adjusted for household size
- Be a resident of the United States (US) or an applicable US territory
- Have a valid prescription written by a healthcare provider licensed in the US or an applicable US territory and be treated in the outpatient setting of care

Eligibility rules are subject to change at any time.

*The same VyndaLink support offerings available to patients prescribed VYNDAMAX may also be available to patients prescribed VYNDALIN® (tafamidis meglumine).

†Patients who are 18 years or older must sign unless incapacitated; otherwise, a representative with one of the legal authorities noted below can sign on their behalf.

‡The Pfizer Patient Assistance Program requires prior enrollment in the Medicare Prescription Payment Plan for products covered and reimbursed by Medicare Part D/ Medicare Advantage Plans. Contact your prescription health insurance plan to learn more.

How to Enroll

Please choose one of the options below to complete and submit the VyndaLink Enrollment Form.

Important Instructions

- Proof of Income Documentation must be submitted if the patient does not consent to Electronic Income Verification on the Enrollment Form
- You must complete all required fields, which are identified with an asterisk
- Be sure to sign and date all pages where indicated
- Photocopies of the patient's insurance card and prescription card must be included if submitted by mail or fax
- If there is any information missing, VyndaLink may contact you as they cannot complete your request without all required information

Option 1: Online Enrollment Form Submission (may decrease processing time)

Important Note: You do not need to download/print the form if submitting online.

Patients: Complete, sign and submit the patient portion of the Enrollment Form online at: VyndaLink.com.

Healthcare Providers: Complete and submit online at: VyndaLinkportal.com (registration required).

Option 2: Download/Print the Enrollment Form

Patients: Download, print, complete and sign the patient portion of the VyndaLink Enrollment Form at: VyndaLink.com/patient/resources.

Healthcare Providers: Download the form at: VyndaLink.com/hcp.

Submit via mail or fax **OR** take the completed patient portion of the Enrollment Form to the healthcare provider's office so that both the patient's and the provider's sections can be faxed or uploaded directly to VyndaLink.

Other Ways to Submit Documents:

Online: Upload/submit the fully completed form or required documents at patientsupportnow.org using patient support code: **8888788474** (Preferred web browsers for submitting documents are Safari, Microsoft Edge or Google Chrome).

Fax to: 1-888-878-8474

Mail to: VyndaLink
PO Box 221296
Charlotte, NC 28222