

## Introduction

Welcome to PfizerIandICopay.com. This guide will help you with the Pfizer Inflammation & Immunology (I&I) Co-Pay Portal by showing you how to:

- Register and enroll in a Pfizer I&I co-pay program
- Access and use the SmartCard, a virtual co-pay card
- Submit co-pay claims
- See claim/payment status and history
- See your account details, and get help

*Scan this code to get started*



## How a Patient Can Register and Enroll

You will need to register to get started. To register:

- 1 Visit [www.PfizerIandICopay.com](http://www.PfizerIandICopay.com) and click "Patient"
- 2 Click "Create Account"
  1. If you have already enrolled in a co-pay program, choose your RxGrp and enter your RxID. This information can be found on your co-pay card. If you are not already enrolled, select "I don't have a card," then select the name of your medication from the drop-down list

You will need the following information in order to register and enroll:

- Co-pay card, if you are enrolled
- Personal information (name, date of birth, gender, and contact information)

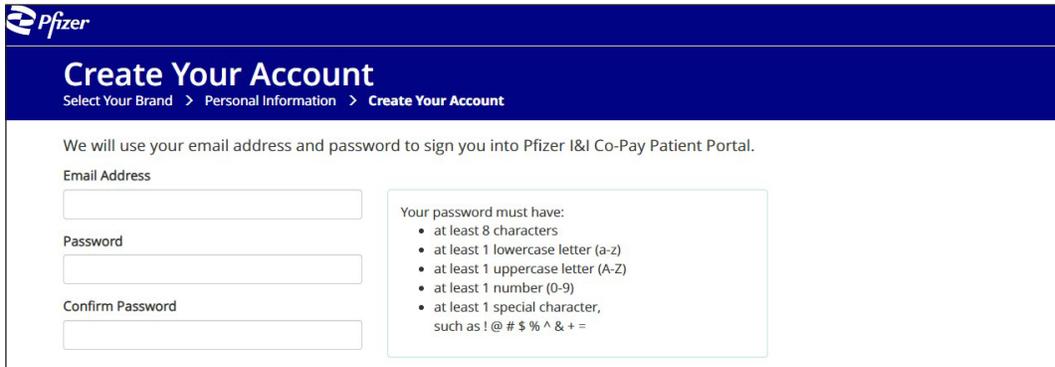
2. Enter your name, date of birth, gender, phone number, and address



Please confirm that your mailing address and email address listed in the co-pay portal and on any forms you submit are correct

## 3 Next, to create your account on the patient portal:

1. Enter your email address and create a password
2. Review and agree to all program requirements, and answer the questions
3. Click “Finish” to create your account. You will receive an email from [noreply@pfizeriandicopay.com](mailto:noreply@pfizeriandicopay.com) with a link to activate your account
4. Once activated, you will receive your SmartCard information. If you have already enrolled, you can now access your SmartCard. See SmartCard section below for more information



**Create Your Account**  
Select Your Brand > Personal Information > Create Your Account

We will use your email address and password to sign you into Pfizer I&I Co-Pay Patient Portal.

Email Address

Password

Confirm Password

Your password must have:

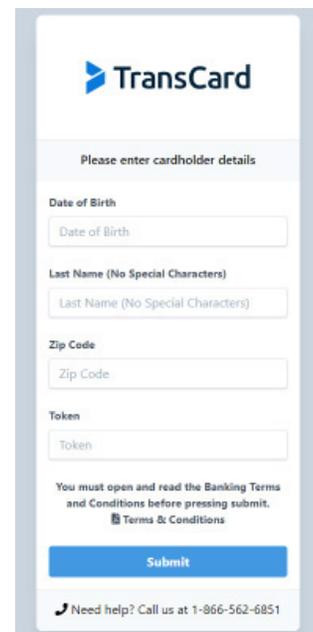
- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

## How a Patient Can Access and Use Their SmartCard

Once you are approved for co-pay support, you can pay your co-pay using the SmartCard. The SmartCard will be emailed to you.

If you need another copy of your SmartCard, you can access it through your co-pay portal account.

1. Go to “My Account”
2. Select SmartCard in the “My Cards” section
3. A pop-up will provide you with a one-time security token; please copy token for later use
4. Click “View SmartCard,” and a new window will open
5. Enter date of birth, last name, ZIP code, security token, and select “Submit”
6. Your SmartCard will open, and you will be able to export as a PDF and save on your computer



**TransCard**

Please enter cardholder details

Date of Birth

Last Name (No Special Characters)

Zip Code

Token

You must open and read the Banking Terms and Conditions before pressing submit.  
[Terms & Conditions](#)

**Submit**

Need help? Call us at 1-866-562-6851



If applicable, you will receive a notification through your preferred method of communication (email, text) identifying the amount loaded on the payment card each time the co-pay card is used



## How a Patient Can Submit a Claim

On the Home Page of the patient co-pay portal, you can submit a new claim or check the status of a claim you already submitted. To submit a new claim, you will need electronic copies of your original pharmacy receipt. (A cash register receipt is not valid.)

- 1 Click "Submit a Claim" on the portal Home Page
- 2 If you have more than one co-pay card through a Pfizer I&I co-pay program, select the card associated with the product for which you are submitting a claim
- 3 If your prescription was filled at the pharmacy, click "Pharmacy," and click "Attach File" to upload the receipt given to you by your pharmacist. The receipt should show:
  1. Your name and address
  2. The pharmacy's name, address, and phone number
  3. The prescription number, fill date, drug name, strength, NDC number, and quantity
  4. The price and/or co-pay amount you paid for the drug
  5. Date of purchase

**Submit a Claim**

To process your claim, we need to verify what you purchased and how much you paid.

Select the co-pay card to use for this claim

Abrilada Card  
 Velsipity Card  
 Xeljanz Card

Is this claim for a prescription filled at your pharmacy or a visit to your prescriber's office for a procedure?

Pharmacy  Prescriber's Office

**Please provide your original pharmacy receipt**  
Must include:

Patient name and address  
Pharmacy name, address and phone number  
Prescription number (RX#) and fill date  
Drug name, strength, NDC and quantity  
Price and/or co-pay amount paid

**Please provide your register receipt**  
Must include:

Payment amount  
Date of purchase

**Need help?**  
Call Customer Support  
(866) 562-6851  
8:00 AM-8:00 PM ET Mon-Fri  
Please make sure your images are legible and clearly show the product purchased and the amount paid.  
Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each.  
Other ways to submit a claim

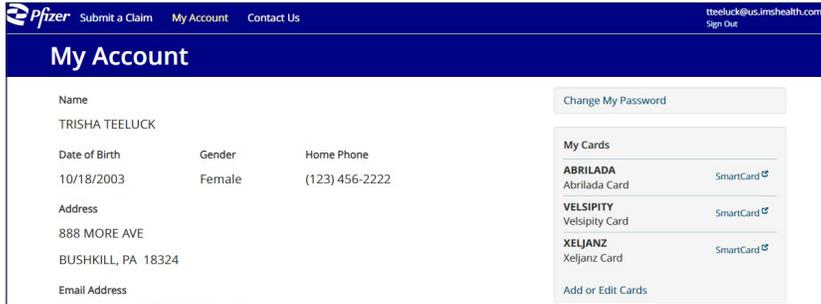
- 4 Click "Submit." You will receive a confirmation number  
If you have already paid for your drug, you will receive a check to reimburse you for your co-pay amount. You should receive the check within 6 to 8 weeks of claim submission

**Claim Submitted**

✓ Thanks! Your claim has been successfully submitted.  
Your confirmation number is 137061.  
Once your claim has been approved, you should expect to receive your rebate payment in 6-8 weeks.

[Back to home page](#)

## How a Patient Can Review Account Details



On the “My Account” page, you can see your personal information, and co-pay card details. You can change your information by clicking the “Edit” option at the bottom of the page.

You can change your password by clicking “Change Your Password” on the “My Account” page.

## Help for the Patient Portal

If you have problems uploading claim forms, you can also submit claims by:



Mail:  
P.O. Box 6875  
Bridgewater, NJ 08807



Fax: (888) 668-8137

When mailing or faxing claims, you will need to download and complete the Pfizer I&I Co-Pay Rebate Form and include a copy of your dated pharmacy receipt.

For help, contact Pfizer I&I Co-Pay Patient Support:

Phone number: (866) 562-6851, Monday–Friday, 8 AM–8 PM ET

