

Pfizer Oncology together™

Co-Pay Savings Program



Eligible, commercially insured patients may pay as little as \$0 per month* for the products listed below.

There are no income requirements, forms, or faxing to enroll.

For more information,
visit PfizerOncologyTogether.com.

*Limits, terms, and conditions apply. This card is not health insurance. There is no membership fee. See the following page for full Terms and Conditions.

Start Saving

- 1** Activate your Pfizer Oncology Together Co-Pay Savings Card by calling 1-855-612-1953.
- 2** Use this card to save on prescriptions for the covered treatments.
- 3** Keep this card and use it to save on future prescriptions for the covered treatments.

For help answering pharmacy process questions, call 1-855-612-1951.

This card can be used for the following products:

IBRANCE™
palbociclib | 125 mg capsules

TALZENNA™
talazoparib | 1 mg capsules

SUTENT®
sunitinib malate capsules

Inlyta®
axitinib
1mg and 5mg tablets

XALKORI™
CRIZOTINIB
ORAL CAPSULES

LORBRENA™
LORLATINIB | 100 mg tablets

VIZIMPRO™
DACOMITINIB
45mg, 30mg, 15mg tablets

Bosulif®
bosutinib tablets
500 mg | 400 mg | 100 mg

DAURISMO™
glasdegib tablets
100 mg | 25 mg

Please see SUTENT [Medication Guide and full Prescribing Information](#), including BOXED WARNING regarding serious liver problems, or visit SUTENT.com.
Please see DAURISMO [Medication Guide and full Prescribing Information](#), including BOXED WARNING regarding stillbirth or severe birth defects, or visit DAURISMO.com.

Finding resources for your day-to-day. *Together.*

At Pfizer Oncology Together, our Care Champions, who have social work experience, can offer you resources that may help with some of your day-to-day challenges*:

- Connections to emotional support resources
- Connections to an independent organization that helps eligible patients find rides and lodging for treatment-related appointments
- Educational information on topics such as nutrition
- Information to help you prepare for leaving or returning to work

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

GET PERSONALIZED SUPPORT TODAY

Call 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)

VISIT

PfizerOncologyTogether.com

Co-Pay Program Terms and Conditions

By using this co-pay card, you acknowledge that you currently meet the eligibility criteria and will comply with the Terms and Conditions described below:

- 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, Veteran 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”).
- Patient must have private insurance. Offer is not valid for cash-paying patients.
- With this card, eligible patients will pay a \$0 co-pay per eligible monthly prescription, subject to a maximum amount of \$25,000 per calendar year. The amount of any benefit is the difference between your co-pay and \$0. After the annual maximum of \$25,000 is reached, you will be responsible for the remaining monthly out-of-pocket costs. This card may not be redeemed more than once per 30 days.
- This co-pay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs.
- You must deduct the value of this co-pay card from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the co-pay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the co-pay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer co-pay cards.
- This co-pay card is not valid where prohibited by law.
- Card cannot be combined with any other savings, free trial, or similar offer for the specified prescription.
- **Card will be accepted only at participating pharmacies.**
- **This card is not health insurance.**
- Offer good only in the U.S. and Puerto Rico.
- Card is limited to 1 per person during this offering period and is not transferable.
- No other purchase is necessary.
- Data related to your redemption of the co-pay card 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 co-pay card redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke, or amend this offer without notice.
- Offer expires 12/31/2020.
- **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer.** Mail a copy of the patient’s pharmacy receipt indicating patient name, name of medication purchased, price paid, and date purchased, along with a copy of the patient’s Pfizer Oncology Together Co-Pay Savings Card, to:

Pfizer Oncology Together Co-Pay Savings Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560