

Co-Pay Assistance for TRAZIMERA™ (trastuzumab-qyyp) Available Through Pfizer Oncology Together

Pfizer Oncology Together Co-Pay Savings Program for Injectables: TRAZIMERA*

- Eligible patients may pay as little as \$0 for each TRAZIMERA treatment. Please see [full Terms and Conditions](#)
- Provides eligible, commercially insured patients with assistance of up to **\$25,000** per patient, per calendar year
- Applies to out-of-pocket costs associated with TRAZIMERA, including co-pays and coinsurances



Making your patients' support needs a priority. Together.

At Pfizer Oncology Together, patient support is at the core of everything we do. We've gathered resources and developed tools to help patients and their loved ones throughout TRAZIMERA treatment. From helping to identify financial assistance options to connecting patients to resources for emotional support, your patients' needs are our priority.†

How to Get Started With Pfizer Oncology Together

The healthcare provider (HCP) and patient can complete and sign the Pfizer Oncology Together Support Services and Patient Assistance Enrollment Form available at www.pfizeroncologytogether-portal.com.

- 1 Patients need to read the Enrollment Form and assign the benefit based on whether they or the HCP will receive the co-pay payment from the Pfizer Oncology Together Co-Pay Program for Injectables.**

 - The HCP or patient submits the completed Enrollment Form to Pfizer Oncology Together.
- 2 Pfizer Oncology Together Access Counselors can complete a benefit verification and will communicate if the patient is eligible for the co-pay program or other financial assistance programs if requested.**

 - Eligible patients will be enrolled into the Pfizer Oncology Together Co-Pay Savings Program for Injectables. The patient and HCP will receive a co-pay program approval letter, including the identification card with instructions for submitting co-pay claims.
 - After treatment and receipt of the Explanation of Benefits (EOB) from the patient's insurance, the HCP completes the TRAZIMERA Co-Pay Savings Program Claim Form and submits it with the EOB to the Pfizer Oncology Together Co-Pay Savings Program for Injectables.
- 3 If the patient has assigned their TRAZIMERA Co-Pay Savings Program payment to their HCP, the HCP will receive reimbursement via check or electronic funds transfer after the claim is approved.**
- 4 If the patient does not assign benefits to the HCP and the HCP does not submit a TRAZIMERA co-pay claim (or if a specialty pharmacy dispensed TRAZIMERA), then the patient (or pharmacy) can submit a TRAZIMERA co-pay claim to the Pfizer Oncology Together Co-Pay Savings Program for Injectables and receive payment via check after the claim is processed.**

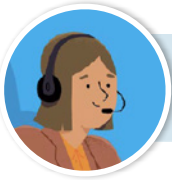
To learn more or to obtain enrollment and claim forms, go to www.pfizeroncologytogether-portal.com

*The Pfizer Oncology Together Co-Pay Savings Program for Injectables covers only drug costs, not procedures, administration fees, or office visits. Please see full Terms and Conditions on the next page.

†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.

Please see [full Prescribing Information for TRAZIMERA](#), including **BOXED WARNINGS**, at TRAZIMERAhcp.com.

To learn about Pfizer Oncology Together, including the Co-Pay Savings Program for Injectables for TRAZIMERA™, please contact Pfizer Oncology Together



FOR LIVE, PERSONALIZED SUPPORT

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

VISIT

PfizerOncologyTogether.com

HCPs can also visit the Pfizer Oncology Together Provider Portal, a secure interactive portal, to download a writeable Pfizer Oncology Together Support Services and Patient Assistance Enrollment Form to enroll for co-pay assistance and other resources at www.pfizeroncologytogether-portal.com.



Pfizer Oncology Together Co-Pay Savings Program for Injectables: TRAZIMERA

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 Oncology Together Co-Pay Savings Program for Injectables for TRAZIMERA is not valid for patients who 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. With this program, eligible patients may pay as little as \$0 co-pay per TRAZIMERA treatment, subject to a maximum benefit of \$25,000 per calendar year for out-of-pocket expenses for TRAZIMERA including co-pays or coinsurances. The amount of any benefit is the difference between your co-pay and \$0. After the maximum of \$25,000 you will be responsible for the remaining monthly out-of-pocket costs. Patient must have private insurance with coverage of TRAZIMERA. 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. **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. 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. For more information about the Pfizer Oncology Together Co-Pay Savings Program for Injectables, call 1-877-744-5675, or write to Pfizer Oncology Together Co-Pay Savings Program for Injectables, P.O. Box 220366, Charlotte, NC 28222. Program terms will expire at the end of each calendar year. Before the calendar year ends, you will receive information and eligibility requirements for continued participation.

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