

AROMASIN[®]
exemestane tablets
25mg

Savings
Card

Eligible patients save up to \$300
and may pay as little as \$4 per fill

This Card is not health insurance.

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Use These Tips + Your Savings Card to Help Save on Brand-Name AROMASIN*

*Terms and conditions apply. See reverse side.



AT THE DOCTOR'S OFFICE

- If your doctor has prescribed brand-name AROMASIN for you, check that the prescription states "AROMASIN," not the generic
- Remind your doctor to write "AROMASIN" with "Dispense As Written" (or "DAW"), "No Substitutions" or "Brand Medically Necessary," depending on the state you live in



DROPPING OFF AT THE PHARMACY

- **Check in with your pharmacist** and let him or her know that you have an AROMASIN Savings Card that only works on brand-name AROMASIN
- Ask if your pharmacy has brand-name AROMASIN. If your pharmacy doesn't have it, they can order it



PICKING UP AT THE PHARMACY

- **Check your bag and bottle at the pharmacy counter** to make sure you received brand-name AROMASIN and check your receipt for your savings
- If you think you've received a generic medication by mistake, talk to your doctor and pharmacist about your options

Terms and conditions

By using the AROMASIN (exemestane tablets) Savings Card (the "Card"), you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- The Card is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma de Salud"])
- The Card is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs
- With the Card you may pay as low as \$4 per prescription of AROMASIN for a maximum savings of \$300 per 30-day fill. The offer can be used once per month. Patients can receive a maximum savings of \$3,600 per year
- You must deduct the value received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf
- The Card is not valid for Massachusetts residents whose prescriptions are covered in whole or in part by third-party insurance, or where otherwise prohibited by law

Please see Full Prescribing Information, including Patient Information at www.AROMASIN.com.

Terms and conditions (continued)

- This program cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription
- **The Card will be accepted only at participating pharmacies**
- **This Card is not health insurance.** Offer good only in the U.S. and Puerto Rico. The Card is limited to 1 per person during this offering period and is not transferable
- Pfizer reserves the right to rescind, revoke, or amend the program without notice. No membership fees. Card and Program expire 12/31/2018
- To learn more about the AROMASIN Savings Card, visit www.AROMASIN.com, call 1-866-562-6151 or write to: Pfizer Inc, PO Box 29387, Mission, KS 66201-9618

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Please see Full Prescribing Information, including Patient Information at www.AROMASIN.com.