

# Pfizer Oncology together™ Co-Pay Savings Program



Eligible, commercially insured patients may pay as little as \$0 per month for their prescribed medicine. Limits, terms, and conditions apply.\*

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

**For more information,**  
visit [PfizerOncologyTogether.com](http://PfizerOncologyTogether.com).

\*Patients may receive up to \$25,000 per product in savings annually. This card is not health insurance. There is no membership fee. See the Terms and Conditions below.

## 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:



**FOR LIVE, PERSONALIZED SUPPORT**  
Call 1-877-744-5675 (Monday–Friday 8 AM–8 PM ET)

**VISIT**  
[PfizerOncologyTogether.com](http://PfizerOncologyTogether.com)

## Making your support needs a priority. *Together.*

Our Care Champions, who have social work experience, can provide you free resources that may help with some of your day-to-day challenges\*:

- Connections to emotional support resources
- Educational information about physical and mental health, nutrition, and your prescribed Pfizer Oncology medicine
- Connections to independent organizations that help eligible patients find free rides and lodging for treatment-related appointments
- 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 or by mailing in this rebate, 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 or participate in the rebate program if they 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”).
- 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 product per calendar year. The amount of any benefit is the difference between your co-pay and \$0. After the annual maximum of \$25,000 per product 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 and rebate are 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 or value received under this rebate 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 or receipt of rebate 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 or which the patient receives a rebate, as may be required. You should not use the co-pay card or rebate program if your private insurer or health plan prohibits use of manufacturer coupons, co-pay cards, debit cards or similar savings programs.
- This co-pay card and rebate are not valid where prohibited by law.
- This card and rebate 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 and rebate are not health insurance.**
- Offer good only in the U.S. and Puerto Rico.
- For SUTENT® (sunitinib malate) patients, this copay card and rebate are not valid for Massachusetts or California residents whose prescriptions are covered in whole or in part by third party insurance.
- 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 and/or rebate 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 and rebate program without notice.
- Offer and rebate program expires 12/31/2023.
- **If your pharmacy does not participate in the co-pay program, you may be able to submit a request for a rebate in connection with this offer:**
  - Mail a copy of the patient’s original pharmacy receipt indicating patient name, name of medication purchased, price paid, and date purchased, accompanying your prescription, as proof of purchase, 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. Receipt will not be returned.
  - The patient will receive a maximum of \$25,000 per product per calendar year or the amount of the co-pay paid, whichever is less.
  - Rebate will be mailed to patients approximately 6 to 8 weeks after receipt of required documentation or earlier, as required by law.

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