

Pfizer Patient Assistance Program Eligibility

The Pfizer Patient Assistance Program* provides Pfizer medications for free to eligible patients who are having difficulty affording their prescribed Pfizer Oncology medications.

ELIGIBILITY CRITERIA[†]

Prior to completing the Patient Assistance Program Enrollment Form, patients must have an approved Prior Authorization (if required by their insurer), understand their out-of-pocket prescription costs and annual out-of-pocket maximum (if applicable), and be unable to afford these costs. Patients must:

- Be uninsured or insured through a government program and unable to afford their out-of-pocket prescription costs. Government insurance includes, but is not limited to, Medicare, Medicaid, Champus/TRICARE, and Veterans Affairs
 - **Patients with commercial insurance (eg, insurance through a job or through a Federal Employer Plan), regardless of insurance coverage, are not eligible**
- **For Medicare Part D/Advantage patients only:**
 - To attest to eligibility, patients must sign and date the Medicare Part D/Advantage Certification on the enrollment form, confirming that they meet the eligibility requirements listed above
 - Documentation of enrollment in the Medicare Prescription Payment Plan is required[‡] AND
 - Confirm that they have not met their annual out-of-pocket costs (and therefore do not yet have a \$0 co-payment for covered medicines)
- Work with their physician's office, pharmacy, and/or insurance company to understand their co-payment and total prescription costs for the year in which they are requesting assistance AFTER:
 - Prior authorization is obtained (if required by their insurer) AND
 - Medicare Part D/Advantage patients are enrolled in the Medicare Prescription Payment Plan
- Be unable to afford prescription costs and attest to this
- Meet the income requirements—annual household pre-tax income cannot exceed 300% of the Federal Poverty Level, adjusted for household size
 - Proof of household income is required and can be shown using:
 - Electronic Income Verification[§] OR
 - If taxes are filed, income documentation^{||} is required, such as the prior year's tax return, most recent W-2 forms, or the 3 most recent paycheck stubs for all household members
- Have an FDA-approved diagnosis for the Pfizer product(s) prescribed
- Be a resident of the United States (U.S.) or an applicable U.S. territory
- Have a valid prescription written by a healthcare provider licensed in the U.S. or an applicable U.S. territory and are being treated in the outpatient setting of care

*The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. Free medicines from Pfizer are provided through the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation™ is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

[†]Eligibility criteria are subject to change at any time.

[‡]The Pfizer Patient Assistance Program requires prior enrollment in the voluntary Medicare Prescription Payment Plan for applicable products covered and reimbursed by Medicare Part D Advantage. Centers for Medicare and Medicaid Services. (2024, February 29). Medicare Prescription Payment Plan: Final Part One Guidance. CMS. <https://www.cms.gov/files/document/medicare-prescription-payment-plan-final-part-one-guidance.pdf>

[§]Income is verified by signing and dating the Patient Authorization for Electronic Income Verification section on the enrollment form, confirming the accuracy of the income documentation provided, and authorizing electronic verification.

^{||}Pfizer Oncology Together reserves the right to request income documentation if the Electronic Income Verification is deemed inconclusive/requires further information.