

BROAD ACCESS. PERSONALIZED SUPPORT.

Pfizer is committed to supporting patients prescribed IBRANCE® (palbociclib). We offer access and reimbursement support, patient financial assistance resources, and personalized patient support.

Pfizer Oncology together™

IBRANCE®
palbociclib

Support **MADE PERSONAL**

Pfizer is committed to supporting your patients throughout their treatment journey. With Pfizer Oncology Together™, patients prescribed IBRANCE® (palbociclib) get personalized support, including help identifying financial assistance options and connections to resources that may help with some of their day-to-day challenges.

Personalized patient support



Call us for live support:
1-844-9-IBRANCE



Visit us online:
PfizerOncologyTogether.com

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Call **1-844-9-IBRANCE**

for live support or visit PfizerOncologyTogether.com

M-F 8AM-8PM ET

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NAVIGATING access and reimbursement

Access and reimbursement support

If patients prescribed IBRANCE® (palbociclib) need access or reimbursement support, Pfizer Oncology Together is here to help with:



Benefits verification:

We can help determine a patient's coverage and out-of-pocket costs



Prior authorization (PA) assistance:

We can coordinate with a patient's insurer to determine the PA requirements. After your office submits a PA request, we'll follow up with the payer until a final outcome is determined



Appeals assistance:

We can review the reasons for a denied claim and provide information on payer requirements. After your office submits an appeal, we'll follow up with the payer until a final outcome is determined



Specialty pharmacy coordination:

To help your patients access the medication you've prescribed, we can identify specialty pharmacy options. If you prefer, you and your staff can also continue to work directly with specialty pharmacies



Dedicated local support:

Pfizer Oncology Account Specialists can provide detailed information on Pfizer Oncology medications and access resources. In addition, they can help you and your office staff contact a Pfizer Oncology Field Reimbursement Manager (FRM) in your area

FRMs are trained to help address specific access issues—in person or over the phone. They can help educate your staff on our access and reimbursement resources and help address challenging or urgent Pfizer Oncology patient cases you have sent to Pfizer Oncology Together

FINDING financial support options

Pfizer Oncology Together can help patients understand their benefits and connect them with financial assistance resources, regardless of their insurance coverage.



Commercially Insured

Resources for eligible patients with commercial, private, employer, and state health insurance marketplace coverage:



Co-pay assistance: Eligible, commercially insured patients **may pay as little as \$0 per month** for IBRANCE® (palbociclib), regardless of income. Limits, terms, and conditions apply*

*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, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico. Patients may receive up to \$25,000 in savings annually. **The offer will be accepted only at participating pharmacies. This offer is not health insurance.** No membership fees apply. Pfizer reserves the right to rescind, revoke, or amend this offer without notice. For full Terms and Conditions, please see PfizerOncologyTogether.com/terms. For any questions, please call 1-844-9-IBRANCE, visit PfizerOncologyTogether.com/terms or write: Pfizer Oncology Together Co-Pay Savings Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560.

IBRANCE is covered by 98% of commercial plans^{1†}

IBRANCE[®]
palbociclib

[†]Data current as of September 2019.¹



Medicare/Government Insured

Help identifying resources for eligible patients with Medicare/Medicare Part D, Medicaid, and other government insurance plans:

- Assistance for patients with searching for financial support that may be available from independent charitable foundations. These foundations exist independently of Pfizer and have their own eligibility criteria and application processes. Availability of support from foundations is determined solely by the foundations
- Financial assistance through Extra Help, a Medicare Part D Low-Income Subsidy (LIS) program
- Free medication*

IBRANCE® (palbociclib) is covered by 100% of Medicare Part D plans†



Uninsured

Help identifying resources for eligible patients without any form of healthcare coverage:

- Help finding coverage
- Free medication through the Pfizer Patient Assistance Program, or at a savings through Pfizer Savings Program†

Enroll patients in 2 easy steps

Visit **PfizerOncologyTogether.com** to download an enrollment form. Fax completed forms to **1-877-736-6506**.

*If support from independent charitable foundations or Medicare Extra Help is not available, Pfizer Oncology Together will provide eligible patients with IBRANCE for free through the Pfizer Patient Assistance Program. The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

†Data current as of September 2019.

The Pfizer Savings Program is not health insurance. For more information, call the toll-free number 1-877-744-5675. There are no membership fees to participate in this program. Estimated savings are 50% and depend on such factors as the particular drug purchased, amount purchased, and the pharmacy where purchased.

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GETTING STARTED with IBRANCE

Pfizer is committed to helping eligible patients who have been prescribed IBRANCE® (palbociclib) receive their therapy quickly.



Free 1-month (21-day) trial is available for new patients

- To get patients started with a trial voucher, call **1-844-9-IBRANCE** or speak with your local IBRANCE representative*
- To obtain free samples, speak with your local IBRANCE representative†

*Limits, terms, and conditions apply. Please see full Terms and Conditions for the trial voucher program in pocket.

†Available at 125 mg, 100 mg, and 75 mg doses.

IBRANCE ANSWERS

Delivers insights, facts, and resources to help throughout treatment. Patients can sign up on **IBRANCE.com** for support and free resources like a starter kit.

IBRANCE AMBASSADORS

A community of support with inspiration and straight talk from those who've been there.

IBRANCE AMBASSADOR MENTOR PROGRAM

The IBRANCE Ambassador Mentor Program offers patients taking IBRANCE—or their caregivers—the opportunity to have private, one-on-one phone conversations with an ambassador to share personal stories and experiences. Learn more at **ambassador.ibrance.com**.

QUESTIONS?
Contact your local representative

Our team is happy to address any of your questions or concerns.

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PATIENT SUPPORT beyond access

When your patients need support for their day-to-day challenges, we want to be a place they can turn to for help. At Pfizer Oncology Together™, our Care Champions, who have social work experience, can connect patients prescribed IBRANCE® (palbociclib) to resources that may help with some of their daily needs.*



Emotional Support

We can connect patients to diagnosis-specific support groups, an independent organization that offers short-term counseling, and a free app, developed by Pfizer Oncology, to help patients connect with loved ones and ask for the support they need



Educational Support

To help support patients' overall health and well-being, we've created resources about physical and mental health, as well as nutritional tips and healthy recipes developed in partnership with dietitians who specialize in oncology nutrition. We can also provide patients with information to help them understand their prescribed IBRANCE



Practical Support

If patients need assistance with transportation or lodging for treatment-related appointments, we'll connect them to independent organizations that offer these services for free to qualifying patients

And if your patients are leaving work for a period of time during treatment, or preparing to return to work, we can send them information to help make the transition easier

*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.

IBRANCE[®]
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BROAD ACCESS AND PERSONALIZED SUPPORT— DELIVERED

Pfizer is committed to supporting your patients throughout their treatment journey

Extensive coverage

IBRANCE is covered by 98% of commercial plans and 100% of Medicare Part D plans^{1*}

Getting started

Committed to getting patients started with a free 1-month (21-day) voucher or sample[†]

Patient financial assistance resources

Help patients understand their benefits and connect them with financial assistance resources, regardless of insurance coverage

Personalized patient support

Resources to help patients with some of their day-to-day challenges

^{*}Data current as of September 2019.¹

[†]Limits, terms, and conditions apply. Please see full Terms and Conditions for the trial voucher program in pocket.



Get live support

1-844-9-IBRANCE

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Terms and conditions for the IBRANCE® (palbociclib) trial voucher program

AVAILABLE IN 125 mg, 100 mg, AND 75 mg CAPSULES OR TABLETS

This 1-month (21-day) voucher is not a prescription for IBRANCE.

To continue a patient on therapy, a separate prescription must be written to be filled at a participating pharmacy.

TERMS AND CONDITIONS

By redeeming this voucher you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

1. You will receive a 1-month (21-day) supply of IBRANCE.
2. Only new patients may use this voucher. By redeeming this voucher, you certify that you are not currently using IBRANCE.
3. An original voucher and a valid prescription must be presented to the pharmacy.
4. **This voucher will be accepted only at participating pharmacies.**
5. **You must not submit any claim for reimbursement for product dispensed pursuant to this voucher to any third party payor, including Medicare, Medicaid, or any other federal or state health care program. You cannot apply the value of the free product received through this voucher toward any government insurance benefit out-of-pocket spending calculations, such as Medicare Part D True Out-of-Pocket Costs (TrOOP).**
6. You must be 18 years of age or older to redeem this voucher.
7. This voucher is not valid for Massachusetts residents whose prescriptions are covered in whole or in part by third party insurance.
8. This voucher is not valid where prohibited by law.
9. This voucher cannot be combined with any other savings, free trial or similar offer for the specified prescription. This voucher should not be combined with samples for the specified prescription.
10. **This voucher is not health insurance.** This free trial voucher is not intended to address delays or gaps in health insurance coverage for the specified prescription.
11. Offer good only in the United States and Puerto Rico.
12. No purchase is necessary.
13. No membership fees.
14. Patients have no obligation to continue to use IBRANCE.
15. Pfizer reserves the right to rescind, revoke, or amend this offer without notice.
16. This voucher expires 12/31/2021.
17. For questions, please call Pfizer Oncology Together at 1-844-9-IBRANCE, visit PfizerOncologyTogether.com or write Pfizer Inc., 235 E. 42nd Street, New York, NY 10017.

**For more access and coverage details,
please visit IBRANCEhcp.com.**

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