

August 19, 2024

**KEY MESSAGES:**

- **OUT-OF-POCKET COSTS WILL BE LOWER FOR MANY MEDICARE PART D PATIENTS IN 2025.**
- **AN IMPORTANT REMINDER OF THE PFIZER PATIENT ASSISTANCE PROGRAM\* ELIGIBILITY REQUIREMENTS.**

This letter is to inform you of important changes to the Medicare Part D Benefit in 2025 and to remind you that **you were granted a one-year grace period for re-enrollment in the Pfizer Patient Assistance Program in 2024** as a result of your pre-tax annual household income being between 301 and 500% of the Federal Poverty Level. Your current enrollment in the Pfizer PAP expires on December 31<sup>st</sup>, 2024.

**If you are currently insured through a Medicare Part D Plan or are eligible to enroll in a Medicare Part D plan, it is important to understand the following:**

- Changes to Medicare Part D in 2025 will likely reduce your out-of-pocket (OOP) costs for Part D drugs for many patients. These **patients will pay a total of \$2,000, which includes their deductible, for all branded prescriptions received for the entire year of 2025.**
- There is an option to spread these costs over the year by enrolling in the **Medicare Prescription Payment Plan**. There is no application fee required to join this program.
- **Enrollment in the Medicare Prescription Payment Plan will be required for all Medicare Part D patients who continue to need assistance in 2025 and choose to re-apply for the Pfizer Patient Assistance Program.**
- Enrollment in the Medicare Prescription Payment Plan **begins on October 15, 2024.**
- For more information on the Medicare Prescription Payment Plan and how to enroll, contact your health plan or visit: [www.Medicare.gov](http://www.Medicare.gov).
- You can visit: <https://www.medicare.gov/plan-compare/> to determine if the Pfizer product you have been prescribed is available under your current plan and/or you can research Medicare Prescription Plans that may be available in your area.

**After your healthcare provider obtains Prior Authorization from your insurer (if required) AND you have enrolled in the Medicare Prescription Payment Plan, you will need to work with your healthcare provider's office, insurance company, and/or your specialty pharmacy to understand your insurer required co-payment and out-of-pocket costs in 2025. If you determine you cannot afford this, you may choose to re-apply for assistance in the Pfizer Patient Assistance Program.**

If you may need assistance through the Pfizer Patient Assistance Program in 2025, you must complete/submit a new Enrollment Form (with updated proof of income documentation, as required) and meet the below PAP eligibility requirements to be considered for re-enrollment:

- **NEW: All Medicare Part D patients must enroll in the Medicare Prescription Payment Plan prior to being considered for re-enrollment in the PAP and must attest to:**

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- **Completed enrollment in the Medicare Prescription Payment Plan,**
- **Understanding the insurer required co-payment under the Medicare Prescription Payment Plan and being unable to afford this, AND, not having met their \$2,000 annual out-of-pocket maximum.**
- Have an adjusted gross annual **household (HH) income<sup>1</sup> at or below 300% of the Federal Poverty Level (FPL),<sup>2</sup>** adjusted for household size.
- Have a **valid prescription** for a Pfizer medicine available in the PAP.
- Have an **FDA-approved diagnosis** for the requested medicine(s).
- **Be uninsured or publicly insured** via government-provided insurance and unable to afford your copayment. Public insurance includes, but is not limited to, Medicare, Medicaid, Champus/TRICARE and VA. **Commercially insured (e.g., insurance through your job or through a Federal Employer Plan) patients regardless of insurance coverage are not eligible.**
- **Reside in the U.S. or a covered U.S. territory.**
- **Be treated by a healthcare provider licensed in the U.S. or a covered U.S. territory in an outpatient setting.**

*NOTE: All eligibility requirements are subject to change at any time.*

If you have questions regarding the Pfizer Patient Assistance Program, you may contact Pfizer Oncology Together at 1-877-744-5675. If you continue to need assistance in 2025 but do not believe you will be eligible for the Pfizer Patient Assistance Program after reviewing the eligibility criteria, please talk to your healthcare provider and/or your insurer to explore the options that best address your needs.

Thank you for your attention to these important changes.

Sincerely,  
The Pfizer Team

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<sup>1</sup> Household income is the adjusted gross income of all household members and includes wages, capital gains, dividends, and retirement distribution income, among other items. More information can be found at <https://www.irs.gov/e-file-providers/definition-of-adjusted-gross-income>.

<sup>2</sup> These guidelines are based on the Federal Poverty Level (FPL) set forth by the United States government for the 48 contiguous states and the District of Columbia (Federal Poverty Level amounts are higher in Alaska and Hawaii). For more information, please visit <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

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