

# Pfizer Helpful Answers - Pfizer's Family of Patient Assistance Programs

## California



**Helping the Uninsured and Underinsured Get Access  
to the Medicines They Need**

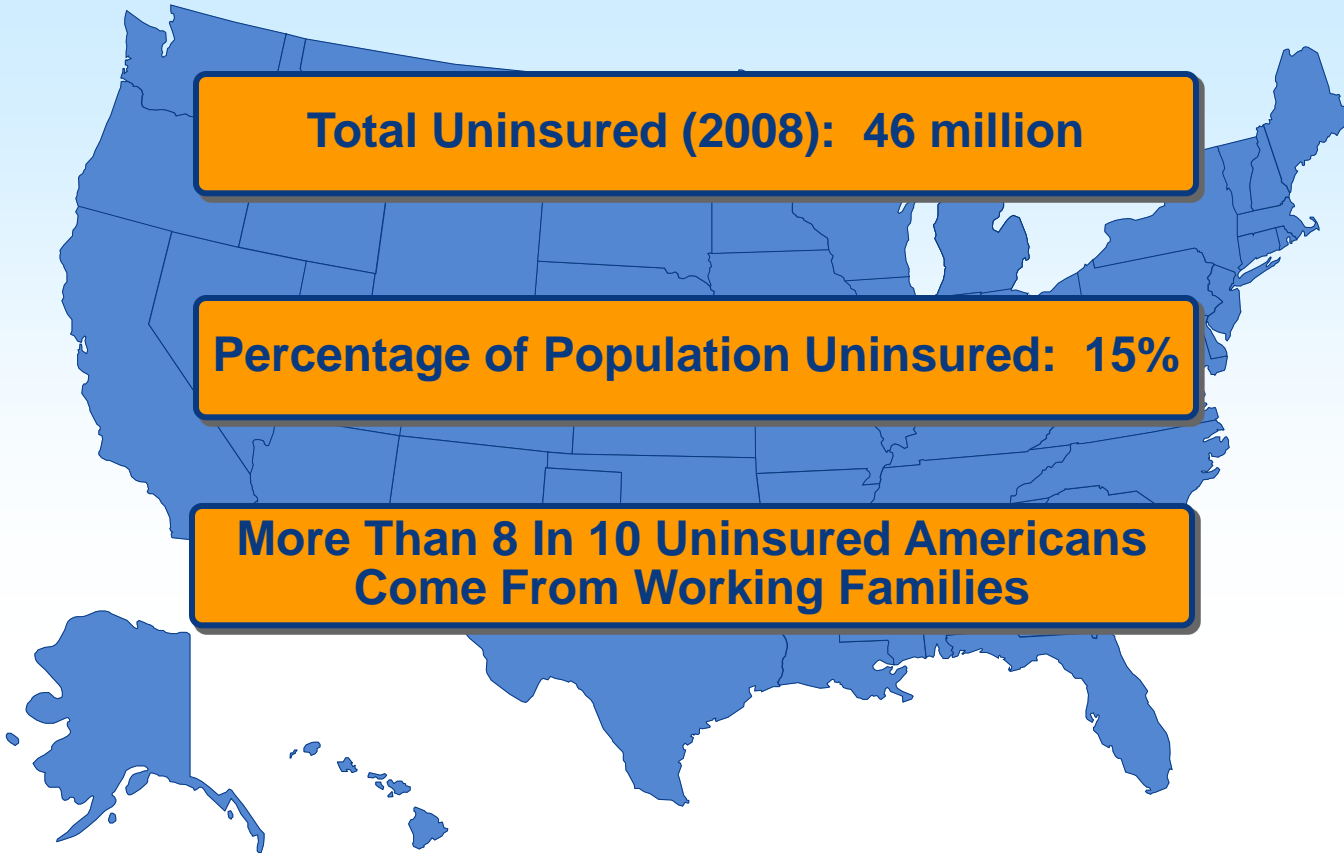
- Overview of the Uninsured
- Pfizer Helpful Answers & Industry Patient Assistance Programs
- Pfizer Helpful Answers Website Tour
- The Application Process
- Spreading the Word
- Online Tools
- Results
- Questions

**Total U.S. Population: 307 million**

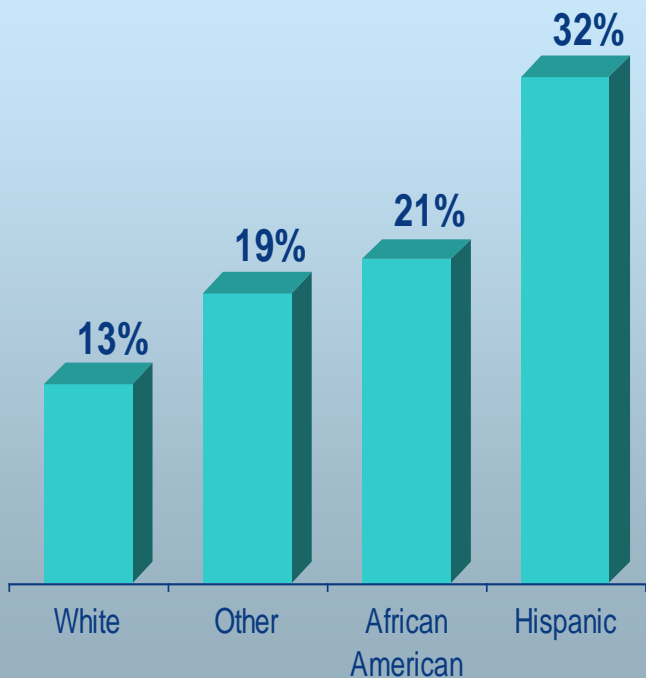
**Total Uninsured (2008): 46 million**

**Percentage of Population Uninsured: 15%**

**More Than 8 In 10 Uninsured Americans  
Come From Working Families**



**% Uninsured by Ethnicity;  
2008 Census Data**



**A disproportionate share of the uninsured are from minority groups, especially African Americans and Hispanics**

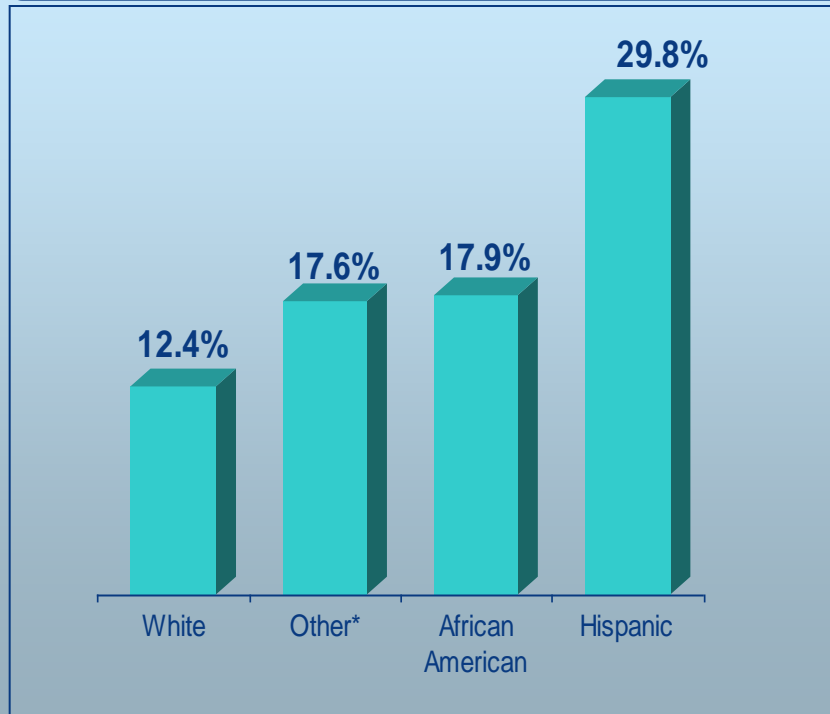
Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2008 and 2009 Current Population Survey (CPS: Annual Social and Economic Supplements).

"Other" includes Asian-Americans, Pacific Islanders, American Indians, Aleutians, Eskimos and persons of "Two or More Races".



Sources: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2007 and 2008 Current Population Survey (CPS: Annual Social and Economic Supplements). The state data represent 2-year averages.

## % Uninsured by Ethnicity; 2008 Census Data



**A disproportionate share of the uninsured are from minority groups, especially Hispanics**

\* "Other" includes Asian-Americans, Pacific Islanders, American Indians, Aleutians, Eskimos and persons of "Two or More Races"

Sources: US Census Bureau, Health Insurance Coverage 2008, Highlights, received September 2009; Health Insurance Coverage Status and Type of Coverage by Selected Characteristics: 2008, Asian Alone, received September 2009

## Health Impact

- About three-quarters of the uninsured (75%) have gone without coverage for more than one year
- Nearly half (45%) of the uninsured did not fill a prescription in the last year, and 6 in 10 (60%) had medical problems but did not see a doctor or visit a clinic in the last year
- 1 in 4 uninsured people don't fill their prescriptions due to costs
- 50% of people with chronic conditions skip medicines if uninsured

**Result: The Uninsured Wait Until Conditions Become Critical – and More Complicated and Costly to Treat**



## America's Uninsured Can Get Help Accessing Pfizer Medicines Through Pfizer Helpful Answers



- Pfizer Helpful Answers® is a family of assistance programs for the uninsured and underinsured who need help getting Pfizer medicines.
- These programs provide Pfizer medicines for free or at a savings to patients who qualify. Some programs also offer reimbursement support services for people with insurance.

- One phone number – one phone call
- Someone to talk to (English and Spanish)
- The largest and most extensive patient assistance program in the industry
- Available in Puerto Rico and US Virgin Islands
- Over 100 Pfizer medicines covered
- Best PAP image for 2 years in a row

**1-866-706-2400**  
**[www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com)**



## Free Pfizer Medicines



doctors' offices\*



participating  
community  
health centers



participating  
hospitals



home delivery

Eligibility†:

- No prescription coverage
- Meet income guidelines

MAINTAIN:

- Unemployed on or after 1/1/09
- No prescription coverage
- Existing Pfizer prescription
- Attest to financial hardship

\* Home delivery in Puerto Rico and US Virgin Islands

† All programs are available to US residents. Some programs are also available to residents of Puerto Rico and the US Virgin Islands. Contact Pfizer Helpful Answers for details.

## Reimbursement Support Services for Specialty Medicines + Free Pfizer Medicines



doctors' office or  
home delivery



doctors' office,  
home delivery,  
pharmacies



home delivery



Eligibility†:

- For free medicines must meet income guidelines

## Savings on Pfizer Medicines



pharmacies

Eligibility†:

- No prescription coverage

## Industry Programs

sponsored by several  
pharmaceutical companies



savings at  
pharmacies



Partnership for  
Prescription Assistance

links to 475+ programs  
at [pparx.org](http://pparx.org) or  
1-888-4PPA-NOW





Eligibility:

Together Rx Access:

- No prescription coverage
- Meet income guidelines
- Not eligible for Medicare
- Legal resident of the US or Puerto Rico

For more information on any of our programs,  
call 1-866-706-2400 or visit [PfizerHelpfulAnswers.com](http://PfizerHelpfulAnswers.com)

# Hardship Exceptions for Patients with Rx Coverage

	<i>Primary Care Medicines</i>	<i>Specialty Medicines</i>	<i>Oncology Medicines</i>
<b>Programs Offering Hardship Exceptions</b>		 	
<b>Who may be eligible for a Hardship Exception?</b>	<ul style="list-style-type: none"> <li>■ Medicare Part D, Medicaid, or private prescription coverage</li> <li>■ Meet income guidelines</li> <li>■ Experiencing financial hardship</li> </ul>		



- Alameda County Medical Center – Oakland
- San Mateo County Health System – San Mateo



- Arroyo Vista Family Health Center – Los Angeles
- Asian Health Services – Oakland
- Community Health Centers of the Central Coast – Nipomo
- Clinica Monsenor Oscar A Romero – Los Angeles
- Clinica Sierra Vista – Lamont
- Clinicas De Salud Del Pueblo – Brawley
- Comprehensive Health Center – San Diego
- Dept. of Health/Human Services-Sacramento County – Sacramento
- GFHN-2 St. James Health Center – San Jose
- GFHN-6 Gardner South County Health Center - Gilroy
- Golden Valley Health Centers/W Modesto – Modesto
- Golden Valley Health Centers/Childs Ave – Merced
- Inland Behavioral & Health Services – San Bernardino
- La Clinica De La Raza Health Project – Oakland
- La Maestra Family Clinic # 1 – San Diego
- Logan Heights Family Health Centers – San Diego
- Mendocino Comm. Health Clinic, Inc. – Ukiah
- Mission Neighborhood Health Centers – San Francisco
- National Health Services, Inc. – Wasco
- Nat'l Medical Assoc Comprehensive Health Centers – San Diego
- Neighborhood Healthcare – Escondido
- North County Health Services/San Marcos – San Marcos

- North County-Oceanside-Carlsbad Health Centers – Oceanside
- North East Medical Services -San Bruno – San Francisco
- North East Medical Services – San Francisco
- Northeast Valley Health Corporation – San Fernando
- Oildale Community Health Center
- San Ysidro H.C. – San Ysidro
- Santa Barbara County Health Center Services – Santa Barbara
- Santa Barbara CHS-2 – Santa Maria
- Santa Barbara -3- Lompoc Clinic – Lompoc
- Santa Clara Valley Medical Center – San Jose
- Santa Cruz County Health Services Agency – Santa Cruz
- Shafter Community Medical & Dental Center - Shafter
- Tiburcio Vasquez Health Center – Union City
- UCI Family Health Center – Santa Ana
- United Health Centers – Parlier
- United Health Centers – Orange Cove
- United Health Centers/San Joaquin Valley – Huron
- United Health Services-Mendota – Mendota
- United Health Centers – Kerman
- Venice Family Clinic – Venice
- Vista Community Clinic – Vista
- Vista Community Clinic Tri-City Community Health Centers – Vista
- Vista Community Clinic – Oceanside
- West Oakland Health Centers – Oakland





**Partnership for Prescription Assistance**

**1-888-4PPA-NOW • [www.pparx.org](http://www.pparx.org)**

- More than 475 prescription assistance programs covering over 2,500 medicines
- America's pharmaceutical research companies launched the program in partnership with health care, physician and patient advocacy groups
- 1,300 local and national member organizations, including: American Academy of Family Physicians, National Association of Chain Drug Stores, NAACP

## Public Prescription Programs

***For example:***

- Medicaid
- CHIP

## Private Prescription Assistance Programs

***For example:***



- + Over 180 Other

## Health Clinic Referrals

- Refers patients to free/low cost health clinics nearest to patient's zip code

[En Español](#)



Pfizer  
helpful  
answers®

Filling a need for prescription assistance.



Questions? Call 1-866-706-2400

Home

Find an Assistance Program

About Pfizer Helpful Answers

Applications

For Healthcare Providers

For Community Groups

## Welcome to Pfizer Helpful Answers®

 [E-mail this page](#)

Looking for help paying for your Pfizer medicines? We can lend a hand.

Pfizer Helpful Answers offers patient assistance programs to people without prescription coverage.

These programs provide:

- Savings on Pfizer medicines, regardless of age or income; or
- Free Pfizer medicines for people with limited incomes who qualify

We have many programs that may help you save on your Pfizer medicine, or get them for free.



### Program Finder

Answer a few questions.  
Find out which programs may be right for you.

[> Get started](#)

Other ways to search:

[> View all programs](#)

[> Search by medicine](#)

### Pfizer MAINTAIN™ Program



Learn about the new Pfizer MAINTAIN™ Program that can help eligible, newly unemployed Americans continue to take their Pfizer medicines.

[> Watch the video](#) [> Get program details](#)



> [Home](#)

> **Find an Assistance Program**

> [View all programs](#)

> [Search by medicine](#)

> [About Pfizer Helpful Answers](#)

> [Applications](#)

> [For Healthcare Providers](#)

> [For Community Groups](#)

## Find an Assistance Program

 [Print this page](#)

 [E-mail this page](#)

**Privacy:** The information you provide here will be used to identify program(s) that may be right for you. Your answers will not be stored or used for any other purpose.

### Step 1 of 3: Tell us about yourself

Step 1 of 3

To find the right program(s) for you, we just need a little information.

- Are you unemployed?  Yes  No
- If yes, did you become unemployed on or after January 1, 2009?  Yes  No
- Do you currently have [insurance coverage](#) for your prescription medicines?  Yes  No
- Are you eligible for Medicare?  Yes  No
- What is your marital status?  Single  Married
- What is your total yearly [household income](#)? \$   
ex: 20,000
- How many people are in your household? (Include yourself, your spouse, and any dependents you claim on your tax return.)
- In what state do you live?
- What is your date of birth?  /  /   
ex: 12 / 31 / 1955
- How did you learn about this Web site? (optional)

> [Go to Step 2](#)

Search Pfizer Patient Assistance Programs Listed by Prescription Medicine – Pfizer Helpful Answers ®

http://www.pfizerhelpfulanswers.com/pages/Find/find2.aspx?m=1

En Español

Filling a need for prescription assistance. Questions? Call 1-866-706-2400

Print this page | E-mail this page

### Search by medicine

Privacy: The information you provide here will be used to identify program(s) that may be right for you. Your answers will not be stored or used for any other purpose.

Selecting your medicines

- Click on the first letter of a medicine name and choose a medicine
- To select another medicine, click on the first letter of the next medicine name

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

**Z**

The medicines you selected	
Lipitor® (atorvastatin calcium)	<a href="#">Remove</a>
Zyvox® (linezolid)	<a href="#">Remove</a>

[Zarontin® \(ethosuximide\)](#)  
[Zincard® \(dexrazoxane for injection\)](#)  
[Zithromax® \(azithromycin\)](#)  
[Zithromax® for Oral Suspension \(azithromycin for oral suspension\)](#)  
[Zithromax® IV \(azithromycin for injection\)](#)  
[Zmax™ \(azithromycin extended release\)](#)  
[Zoloft® \(sertraline HCl\)](#)  
[Zoloft® Oral Concentrate \(sertraline hydrochloride\)](#)  
[Zyvox® \(linezolid\)](#)  
[Zyvox® for Oral Suspension \(linezolid\)](#)  
[Zyvox® IV Solution \(linezolid\)](#)

Are there any medicines you are not able to find?  Yes  No

[Get your results](#)

Aricept® (donepezil HCl tablets) is a registered trademark of Eisai Co., Ltd.  
 Rebi® (interferon beta-1a) is a registered trademark of EMD Serono, Inc.  
 Spiriva® HandiHaler® (tiotropium bromide inhalation powder) is a registered trademark of Boehringer Ingelheim Pharmaceuticals, Inc.

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Find an Assistance Program

http://www.pfizerhelpfulanswers.com/pages/find/findresult.aspx

Find an Assistance Program

En Español

<b>Connection To Care®</b> <a href="#">view details</a>	<b>Free Pfizer medicines through the doctor's office *</b>	<b>Lipitor® (atorvastatin calcium)</b>	<b>Download Application</b> <a href="#">C2C English version</a> <a href="#">C2C Spanish version</a> <b>Call: 1-866-706-2400</b>
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[For Healthcare Providers](#)  
[For Community Groups](#)

<b>Connection To Care®</b> <a href="#">view details</a>	<b>Free Pfizer medicines through the doctor's office *</b>	<b>Lipitor® (atorvastatin calcium)</b>	<b>Download Application</b> <a href="#">C2C English version</a> <a href="#">C2C Spanish version</a> <b>Call: 1-866-706-2400</b>
<b>Pfizer Pfriends®</b> <a href="#">view details</a>	<b>Savings on branded Pfizer medicines at the pharmacy</b>	<b>Lipitor® (atorvastatin calcium)</b> <b>Zyvox® (linezolid)</b>	<b>Download Application</b> <a href="#">English version</a> <a href="#">Spanish version</a> <b>Call: 1-866-706-2400</b>
<b>Partnership for Prescription Assistance</b> <a href="#">view details</a>	<b>Access to more than 475 patient assistance programs</b>	<b>Vary by program</b>	<b>Go to the web site</b> <b>Call: 1-888-4PPA-NOW (1-888-477-2669)</b>
<b>Medicaid</b>		<b>Program covers most prescription medicines</b>	<b>Go to the web site</b> <b>Call: 1-800-541-2831</b>
<b>Family Health Plus</b> <a href="#">view details</a>		<b>Program covers most prescription medicines</b>	<b>Go to the web site</b> <b>Call: 1-800-332-3742</b>

> [New search](#)

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PHA00258



## MAINTAIN™

Medicines Assistance for  
Those who Are In Need



### ■ What is the Pfizer MAINTAIN Program?

- A patient assistance program for unemployed Americans without prescription coverage
- MAINTAIN offers more than 70 Pfizer primary care medicines to eligible patients

### ■ Who is eligible for the Pfizer MAINTAIN Program?

Individuals and their immediate family members are eligible for this program if they:


- Became unemployed on or after January 1st, 2009
- Were prescribed and taking Pfizer medicines for at least 3 months prior to becoming unemployed and enrolling in the program
- Lack prescription coverage
- Can attest to financial hardship

## ■ How can patients apply for MAINTAIN?

- Visit [PfizerHelpfulAnswers.com](http://PfizerHelpfulAnswers.com) to download an application, or request it by calling our toll-free number at 866-578-7995
- Complete the easy, one-page application
- Gather the required documents (proof of unemployment)
- Mail in all documents with the completed application

## ■ Where and when will enrolled patients receive their medicines?

- Pfizer will typically process the application within 2 to 3 weeks
- If approved, Pfizer medicines will be sent directly to the patients' home
- Enrolled patients will receive a 90-day supply of medicine for up to one year, or until they become insured, whichever comes first



**MAINTAIN™**  
Medicines Assistance for  
Those who Are In Need

**Form A: Unemployed Person Applying For Self**  
*For continuation of Pfizer medicines during unemployment*  
Enrollment accepted until December 31, 2010

**Program Criteria:**

- You reside in the United States AND became unemployed starting on or after January 1, 2009.
- You are currently taking a Pfizer medicine and have been for at least 3 months prior to your unemployment and enrollment in program.
- You have no insurance coverage or benefits for prescription medicines.
- You are unable to pay for your medicines without this program.
- You have proof of unemployment. Examples include: State Unemployment Benefits Confirmation Letter, Unemployment Benefit Check Stub, Previous Employer Termination Letter or similar document(s).

Your previously covered adult (e.g., spouse) or dependents may also qualify. Please call 866-706-2400 for instructions. If accepted, your medicines will ship in 90-day supplies directly to your home address for up to one year or until you become insured, whichever occurs first. Please allow 2-3 weeks for processing. Please call 866-706-2400 if you have any questions.

**STEP 1** Fill in all shaded areas of this application form.      **STEP 2** Place the completed and signed application and copy of your proof of unemployment in a stamped envelope. Also include an original prescription if medicine is a controlled substance, or if you have less than 3 refills remaining on your current prescription.      **STEP 3** Mail to: Pfizer MAINTAIN, PO BOX 66549, St. Louis, MO 63166-6549

Patient Name:		Date of Job Loss: ____/____/____	
Patient Street Address (No PO Box):			
City:	State:	Zip Code:	
Telephone: (____) _____ - _____	Date of Birth: (MM/DD/YY): ____/____/____		
E-Mail:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

**PRESCRIPTION TRANSFER INFORMATION**  
Please attach original prescriptions for controlled substances and include a copy of your identification (e.g. driver's license). For all other medicines, please fill out the prescription transfer information below.

Pharmacy Name:		Pharmacy Telephone: (____) _____	
Doctor Name:		Doctor Telephone: (____) _____	
2 Drug Name:	Strength:	Prescription #:	# of Refills Remaining:
Drug Name:	Strength:	Prescription #:	# of Refills Remaining:

Allergies:  No Known Allergy  Penicillin Allergy  Aspirin Allergy  Sulfa Allergy  Other \_\_\_\_\_

Health Conditions:  Diabetes  Epilepsy  Heart Condition  Glaucoma  High Blood Pressure  
 Thyroid  Ulcer  Other \_\_\_\_\_

List other prescription and over-the-counter medications:

**Patient Declaration** – By signing below, I affirm that my answers are complete, true and accurate to the best of my knowledge. I understand that:

- Pfizer MAINTAIN is a temporary program and enrollment will be accepted until December 31, 2010.
- Completing this application form does not ensure that I qualify for Pfizer MAINTAIN.
- Pfizer may verify the accuracy of the information I have provided and may ask for more information.
- Any medications supplied as part of the Pfizer MAINTAIN program shall not be sold, traded, bartered or transferred.
- Pfizer reserves the right to change or cancel the Pfizer MAINTAIN program at any time.
- The support provided in this program is not contingent on any future purchase.

I certify and attest that if I receive medicine(s) provided by the Pfizer MAINTAIN program:

- I currently do not have any prescription drug coverage and would have not been able to pay for my medicines and continue my therapy, due to my unemployment and uninsured status, without this program.
- I have had a valid prescription for a Pfizer medicine for at least 3 months prior to my unemployment and program enrollment.
- I will promptly contact the Pfizer MAINTAIN program if my unemployment status or insurance coverage changes.

Pfizer Patient Assistance Foundation (PPAF) understands your personal and health information is private. The information you provide will only be used by PPAF and parties acting on its behalf to send you the materials you requested and other helpful information and updates on the Pfizer MAINTAIN program.

By checking this box, I also agree that Pfizer, PPAF or companies acting on their behalf may send me materials about other health conditions, use my information to develop or improve products and services, or contact me in the future about my experience with the Pfizer MAINTAIN program or other health-related topics.

Original Patient's Signature	X	Date:
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Pfizer MAINTAIN™ is part of Pfizer Helpful Answers®, a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation.  
Pfizer MAINTAIN PO BOX 66549 St. Louis, MO 63166-6549 Customer Service Phone: 866-706-2400  
PIA00583AA FRMMTN-0509

**Patients**  
**Health care professionals**  
**Third-party groups**  
**Community groups**  
**Other influencers**

## Earned Media



## PHA Print Ads

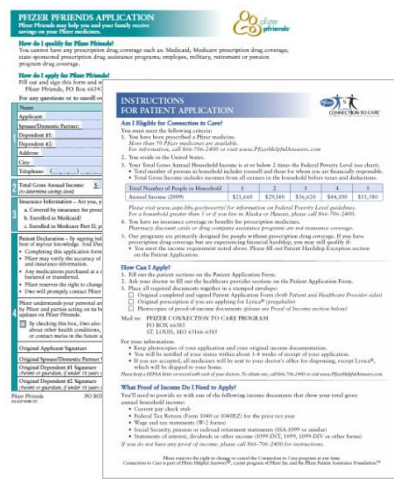


## Events



# Spreading the Word About Help Tools You Can Find Online

## Program Applications



**Pfizer Friends APPLICATION**  
 How do you qualify for Pfizer Friends?  
 You cannot have any prescription drug coverage such as Medicaid, Medicare prescription drug coverage, state-sponsored prescription drug assistance programs, employer, military, retirement or pension prescription drug coverage.

**How do I apply for Pfizer Friends?**  
 Fill out and sign this form and e-mail Pfizer Friends, PO Box 60141.

**For any questions or to enroll in:**

**INSTRUCTIONS FOR PATIENT APPLICATION**  
 Are I Eligible for Coverage in Case?

You must meet the following criteria:

- You have been prescribed a Pfizer medicine.
- You are a U.S. resident and are a resident of the state in which you are applying.
- Your Total Gross Annual Household Income is as set below. 2 times the Federal Poverty Level (see chart).
- Total number of persons in household includes yourself and those for whom you are financially responsible.
- Total Gross Income includes income from all sources in the household before state and federal deductions.

Total Number of People in Household:

Annual Income (2009)	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000
1 person	\$12,000	\$24,000	\$36,000	\$48,000	\$60,000
2 people	\$16,000	\$32,000	\$48,000	\$64,000	\$80,000
3 people	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
4 people	\$24,000	\$48,000	\$72,000	\$96,000	\$120,000
5 people	\$28,000	\$56,000	\$84,000	\$112,000	\$140,000

How Can I Apply?  
 1. Fill out the patient section on the Patient Application Form.  
 2. Ask your doctor or pharmacist to provide you with a copy of your application.  
 3. Mail your completed application to a covered location.  
 4. Upload completed and signed Patient Application Form (with Patient and Healthcare Provider initials) to the online application system at [www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com).  
 5. Upload verification of your application for Special Circumstances.  
 6. Print a copy of your application and send it to your doctor or pharmacist.  
 7. Print a copy of your application and send it to your doctor or pharmacist.  
 8. Print a copy of your application and send it to your doctor or pharmacist.

## Materials Order Forms



**Community Outreach Kit Order Form**

**Materials Order Form**

Pfizer Helpful Answers has developed this Community Outreach Kit to help you spread the word about Help Tools You Can Find Online.

**Customer Materials:**

- 1. Pfizer Helpful Answers Information Card
- 2. Pfizer Helpful Answers Patient Application Form
- 3. Pfizer Helpful Answers Patient Application Form (with Patient and Healthcare Provider initials)
- 4. Pfizer Helpful Answers Patient Application Form (with Patient and Healthcare Provider initials)
- 5. Pfizer Helpful Answers Patient Application Form (with Patient and Healthcare Provider initials)

**Where should the materials be sent?**

Print and mail to the following address:

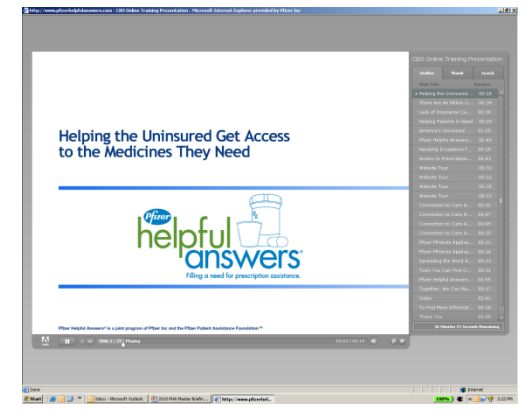
Pfizer Helpful Answers, 1000 Proctor Drive, PO Box 60141, St. Louis, MO 63161-0141

**What proof of income do I need to apply?**

You must provide a copy of one of the following income documents that show your total gross annual household income:

- W-2 form
- 1099 form
- State or federal income tax return
- State or federal unemployment insurance claim
- State or federal disability claim
- State or federal child support claim
- State or federal pension claim
- State or federal Social Security claim
- State or federal Medicaid claim
- State or federal Medicare claim
- State or federal Veterans Affairs claim
- State or federal Supplemental Security Income claim
- State or federal Temporary Assistance for Needy Families claim
- State or federal Food Stamp claim
- State or federal Housing Assistance claim
- State or federal Energy Assistance claim
- State or federal Transportation Assistance claim
- State or federal Child Care Assistance claim
- State or federal Job Training Assistance claim
- State or federal Career Development Assistance claim
- State or federal Adult Education Assistance claim
- State or federal Adult Literacy Assistance claim
- State or federal Adult Basic Education Assistance claim
- State or federal Adult Secondary Education Assistance claim
- State or federal Adult High School Assistance claim
- State or federal Adult College Assistance claim
- State or federal Adult Vocational Assistance claim
- State or federal Adult Job Placement Assistance claim
- State or federal Adult Job Training Assistance claim
- State or federal Adult Career Development Assistance claim
- State or federal Adult Adult Education Assistance claim
- State or federal Adult Adult Literacy Assistance claim
- State or federal Adult Adult Basic Education Assistance claim
- State or federal Adult Adult Secondary Education Assistance claim
- State or federal Adult Adult High School Assistance claim
- State or federal Adult Adult College Assistance claim
- State or federal Adult Adult Vocational Assistance claim
- State or federal Adult Adult Job Placement Assistance claim
- State or federal Adult Adult Job Training Assistance claim
- State or federal Adult Adult Career Development Assistance claim
- State or federal Adult Adult Career Development Assistance claim

## Online Training Tool



**Helping the Uninsured Get Access to the Medicines They Need**

**helpful answers**  
 Filling a need for prescription assistance

**Online Training Presentation**

1. Introduction  
 2. How to Find the Right Medicine  
 3. How to Find the Right Doctor  
 4. How to Find the Right Pharmacy  
 5. How to Find the Right Insurance  
 6. How to Find the Right Prescription  
 7. How to Find the Right Prescription  
 8. How to Find the Right Prescription  
 9. How to Find the Right Prescription  
 10. How to Find the Right Prescription

**Community Advocates**

**Health Care Providers**

[www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com)

[www.PfizerPro.com](http://www.PfizerPro.com)

## 2009 Data\*

Region	People Helped	Pfizer Prescriptions	Value
US National	1.1 million	7 million	\$1.1 billion
CA	113 thousand	718 thousand	\$ 106 million

## 5 Year Data\* (2005 – 2009)

Region	People Helped	Pfizer Prescriptions	Value
US National	5.9 million	48.1 million	\$5.7 billion
CA	418 thousand	3.4 million	\$ 406 million

### Results of Survey Conducted for Pfizer by Roper Public Affairs:

- 9 in 10 Pfizer Helpful Answers participants surveyed say they “always” or “usually” take their medicines as prescribed by their doctor
- 6 in 10 report that since enrolling in the program, they visit their doctor more often for regular check-ups
- 6 in 10 indicate that they keep informed about the latest health information
- 9 in 10 indicate that participating in the program makes them feel more optimistic about their health



*Here Is One  
Person Making  
a Difference  
Every Day...*



# Questions?





## Contacts to Remember



**1-866-706-2400**  
**[www.PfizerHelpfulAnswers.com](http://www.PfizerHelpfulAnswers.com)**  
**Pfizer Patient Assistance Programs**



**Partnership for  
Prescription Assistance**

**1-888-4PPA-NOW**  
**[www.PPARx.org](http://www.PPARx.org)**  
**A gateway to all programs**



**1-800-444-4106**  
**[www.TogetherRxAccess.com](http://www.TogetherRxAccess.com)**  
**Patient Savings program**

**Thank you**