

NOW AVAILABLE

\$4.00

Co-pay Card

AROMASIN® Savings Card

Your **AROMASIN**
Prescription for **only**
\$4

Now save even more.



See inside details and
how to start saving today.

AROMASIN®
exemestane tablets



AROMASIN® Savings Card

Your **AROMASIN** Prescription
for only **\$4** each

Affording AROMASIN treatment.

You and your doctor have made important choices about your care. At Pfizer we want to help you afford that treatment. The improved AROMASIN® (exemestane tablets) Savings Card may help. Your medicine may cost even less.

Save every month on AROMASIN.

With this FREE card, you will pay only \$4 for your AROMASIN prescriptions. Pfizer will help pay the rest of the cost. Up to \$1,200 for the life of the program. There are no membership fees. First activate your card. Then save when you fill your prescription. It is that simple.

The card is good for your AROMASIN prescriptions and expires December 31, 2011.

Start saving now!

- 1 Activate your card by calling 1-800-491-4554. Your card will now be ready to use
- 2 Use this card on your next prescription for AROMASIN
- 3 Pay only \$4 for AROMASIN. Pfizer will help pay the rest. Up to \$1,200 for the life of the program



Terms and conditions

By using the AROMASIN Savings Card (the "Card"), you acknowledge that you currently meet the eligibility criteria and will comply with the terms & conditions described below:

- The Card is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare or other federal or state healthcare programs (including any state prescription drug assistance programs and the Government Health Insurance Plan available in Puerto Rico [formerly known as "La Reforma de Salud."])
- The Card is not valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs.
- The card permits you to pay only \$4 per prescription of AROMASIN. The offer can be used once per month, for the life of the program. Patients can receive a maximum of \$1,200 savings during the life of the program.
- You must deduct the value received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf.
- The card is not valid for Massachusetts residents whose prescriptions are covered in whole or in part by third-party insurance, or where otherwise prohibited by law.
- This program cannot be combined with any other rebate/coupon, free trial or similar offer for the specified prescription.
- **The Card will be accepted only at participating pharmacies.** If your pharmacy does not accept the card, you can still save. Read how on the next page.
- **This card is not health insurance.** Offer good only in the U.S. and Puerto Rico. The Card is limited to 1 per person during this offering period and is not transferable.
- Pfizer reserves the right to rescind, revoke or amend the program without notice. Card and Program expires 12/31/2011.

You can still use the Savings Card with mail order or non-participating pharmacies.

Here is how to save if you get your prescriptions by mail. Follow the same steps if your pharmacy does not accept the card.

- Pay for your AROMASIN prescription
- Make a copy of the original pharmacy receipt (cash register receipt is not valid)
- The receipt must show the product name, date and cost. You must circle the amount you paid
- Include the receipt with a copy of the front of your AROMASIN Savings Card. Write your name and mailing address on the copy
- Mail to: AROMASIN Savings Card, 6501 Weston Parkway, Suite 370, Cary, NC 27513
- A check will be mailed to you within 3 weeks



AROMASIN[®]
exemestane tablets

Who may enroll?

- People who have prescription insurance and have a co-pay
- People who have an AROMASIN Savings Card and want to switch to the new and improved card

See inside flap
on how to enroll



Useful numbers to know

 1-877-787-0836

AROMASIN Savings Program

Call this toll-free number if you have questions or if you need help with the Savings Program.

 1-877-744-5675

FirstRESOURCE

This is a Pfizer program that offers help with AROMASIN and other drugs made by Pfizer. Some uninsured patients may qualify for free medicine. Call the toll-free number and a counselor will tell you if you qualify.

Visit www.Aromasin.com for more information about AROMASIN.

AROMASIN[®]
exemestane tablets

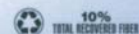


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**For more information or to enroll in the Aromasin Co-Pay Card Program,
please contact Garrett Hartley.**