

# VYNDAMAX Co-pay Savings Program: Terms & Conditions

**By using this co-pay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:**

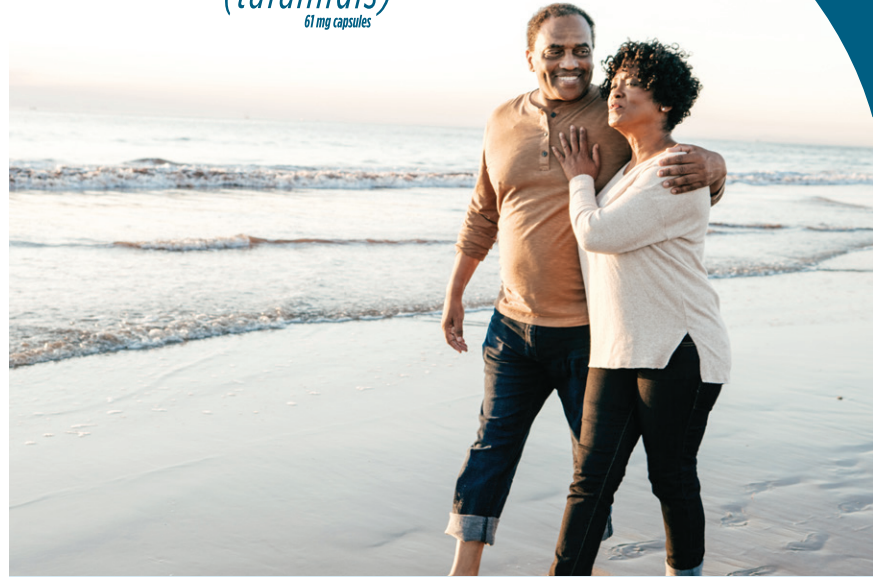
- Patients are not eligible to use this card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”).
- Patient must have private insurance. Offer is not valid for cash-paying patients.
- Patients are responsible for as little as a \$0 monthly copayment based upon program utilization.
- You will receive a maximum benefit of \$10,000–\$60,000 per calendar year, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum is reached, you will be responsible for paying the remaining monthly out-of-pocket costs.
- This co-pay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs.
- You must deduct the value of this co-pay card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the co-pay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the co-pay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer co-pay cards.
- You must be 18 years of age or older to redeem the co-pay card.
- This co-pay card is not valid where prohibited by law.
- The benefit under this co-pay card program is offered to, and intended for the sole benefit of, eligible patients and may not be transferred to or utilized for the benefit of third parties, including, without limitation, third party payers, pharmacy benefit managers, or the agents of either.
- This co-pay card cannot be combined with any other external savings, free trial or similar offer for the specified prescription (including any program offered by a third party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as “accumulator” or “maximizer” programs).
- Third party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the co-pay card program.
- **This co-pay card will be accepted only at participating pharmacies.**
- **This co-pay card is not health insurance.**
- Offer good only in the US and US Territories.
- This co-pay card is limited to 1 per person during this offering period and is not transferable.
- A co-pay card may not be redeemed more than once per 24 days per patient.
- No other purchase is necessary.
- Data related to your redemption of the co-pay card may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer’s programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other co-pay card redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke or amend this offer without notice.
- Offer expires 12/31/24

To contact **Vyndalink**, call **1-888-222-8475**, Monday-Friday, 8 AM-8 PM ET.

VYNDAMAX®, VYNDAQEL®, and **Vyndalink**® are trademarks of Pfizer Inc.  
PP-VDM-USA-1666 © 2024 Pfizer Inc. All rights reserved.  
Printed in USA/January 2024



**Vyndamax**<sup>®</sup>  
*(tafamidis)*  
61 mg capsules



**FOR ELIGIBLE PATIENTS WITH  
COMMERCIAL INSURANCE**

**Pay as little as \$0  
a month for your  
VYNDAMAX prescription\***

Please see back page for the full VYNDAMAX Co-pay Savings Program Terms & Conditions.

\*Month equals 30-day fill. \$10,000–\$60,000 maximum program benefit per calendar year. Not valid for patients 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 (formerly known as “La Reforma de Salud”).

# How to enroll in the VYNDAMAX Co-pay Savings Program

There are 2 ways to check your eligibility and activate the Co-pay Savings Card:



Self-enroll at  
[VYNDAMAX.com/financial-assistance](https://VYNDAMAX.com/financial-assistance)



Or scan this QR code to  
self-enroll at [VYNDAMAX.com](https://VYNDAMAX.com)



Call **VyndaLink** at **1-888-222-8475**



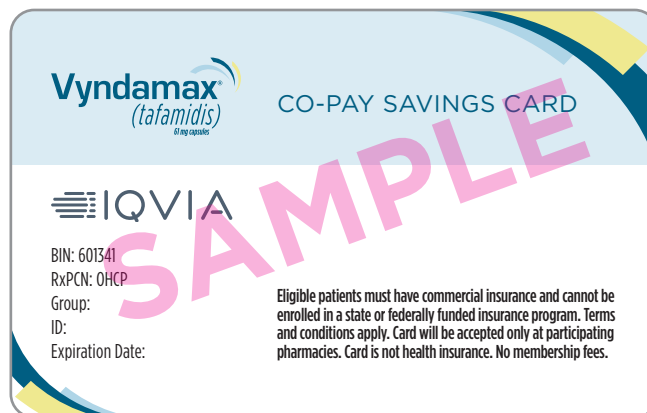
For more information  
on **VyndaLink**  
support offerings:

Visit [VyndaLink.com](https://VyndaLink.com)

OR

Speak with a member of the **VyndaLink** team by calling **1-888-222-8475**, Monday-Friday, 8 AM-8 PM ET

If eligible, you may pay as little as **\$0** a month for your **VYNDAMAX** prescription\*



Once the Co-pay Savings Card has been activated:

- Provide the card ID numbers to the specialty pharmacy for VYNDAMAX® (tafamidis)<sup>†</sup>
- Use your card to save on VYNDAMAX prescriptions<sup>‡</sup>

\*Month equals 30-day fill. \$10,000-\$60,000 maximum program benefit per calendar year. Not valid for patients 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 (formerly known as "La Reforma de Salud").

<sup>†</sup>The same **VyndaLink** support offerings available to patients prescribed VYNDAMAX are also available to patients prescribed VYNDAQEL® (tafamidis meglumine).

<sup>‡</sup>Patients must remain eligible to receive savings on future VYNDAMAX prescriptions.

