

Prescription Assistance Programs

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Have no prescription coverage and live in the United States

Intake Process

Request must be submitted by the physician. Application completed. Patients are required to submit their tax return and supporting financial documentation.

Self Refer

Yes

Pfizer, Inc.

<http://www.pfizerhelpfulanswers.com/pages/misc/Default.aspx>

Main

(866) 766-3700

Toll-Free

(866) 706-2400

235 East 42nd Street

10017 NY

United States

Fee Structure

No Fee

Languages Spoken

English

(1) [Sharing the Care](#) provides Pfizer medicines for free to eligible patients through participating community health centers. Sharing the Care is part of Pfizer Helpful Answers, a family of programs to help people without prescription coverage save on many Pfizer medicines. Call 1-800-984-1500 for more information.

(2)[Pfizer Pfriends](#) provides savings on 88 Pfizer medicines at participating pharmacies to qualified patients without prescription coverage, regardless of age or income. Pfizer Pfriends is part of [Pfizer Helpful Answers](#), a family of programs to help people without prescription coverage save on many Pfizer medicines. Call 1-866-706-2400 for information about Pfizer Pfriends and other patient assistance programs.

Service Area(s)

Nationwide