

# **ZITHROMAX (azithromycin)**

**Pharmaceutical Company** Pfizer

**Program Name** Pfizer Pfriends Application

**Program Address** PO Box 66585  
St. Louis, MO, 63166-6585

**Phone Number** 1-866-706-2400

**Website** <http://www.pfizerhelpfulanswers.com>

## **Eligibility Guidelines**

This application is for clients who are uninsured and have a household income over 200% FPL. The program provides a discount card of 15-25% on the medication.

**Forms can ONLY be mailed and there is no rush orders.**

### **Mail completed Pfizer Pfriends Application to:**

Pfizer Pfriends  
P.O. Box 66585  
St. Louis, MO 63166-6585