

# Explore cost saving options with the **PAXCESS™ Patient Support Program**

**If you have been prescribed PAXLOVID (nirmatrelvir tablets; ritonavir tablets), you may be eligible for support resources through PAXCESS so you can get treated with prescription PAXLOVID as soon as possible.**

**PAXCESS** aims to provide you with resources including insurance verification, help with identifying financial assistance, and support with program enrollment, if eligible, and live **PAXCESS** representatives who can help you understand your insurance benefits and program eligibility.

**If you are commercially insured, pay as little as \$0\* for your PAXLOVID prescription.**

For eligible patients, the **PAXCESS Co-Pay Savings Program** offers personalized resources to help you get your prescribed PAXLOVID. In order to be eligible, commercially insured patients must meet the eligibility criteria and comply with the program's terms and conditions.

\*Eligible commercially insured patients can save up to \$1,500 per prescription. Maximum annual savings up to \$1,500. Full terms and conditions apply. Please see back cover or visit [www.PAXLOVID.com/paxcess-terms-and-conditions](http://www.PAXLOVID.com/paxcess-terms-and-conditions) for full terms and conditions.

**Beginning December 1, 2023, for those who don't have commercial insurance, PAXCESS may be able to help with the U.S. Government Patient Assistance Program (USG PAP)<sup>†</sup> operated by Pfizer.**

For patients who don't meet the requirements for the **PAXCESS Co-Pay Savings Program**, other resources may be available.

If you rely on Medicare or Medicaid\*\* for your health insurance coverage or if you are uninsured, you may qualify for help through the USG PAP operated by Pfizer.

**To qualify for free PAXLOVID through the program until December 31, 2024, patients must be:**

- Uninsured and do not have a prescription drug benefit at the time they fill their prescription
- Medicare beneficiaries
- Medicaid beneficiaries

<sup>†</sup>With a focus on ensuring access for patients, the U.S. Government Patient Assistance Program (USG PAP) operated by Pfizer will continue to provide patients on Medicare, Medicaid, TRICARE, VA Community Care Network, and those who are uninsured access to PAXLOVID for free through December 31, 2024. PAXLOVID through the USG PAP is not available to patients who have commercial prescription drug health insurance. The USG PAP operated by Pfizer is an independent program with separate eligibility requirements offered by the United States Department of Health and Human Services and is not owned by Pfizer.

\*\*Medicaid beneficiaries eligible through December 31, 2024.

Simply call **1-877-219-7225** or visit [PAXLOVID.com](http://PAXLOVID.com) for more information.

Please see full [Prescribing Information](#), including **BOXED WARNING** and **Important Facts**, at [www.PAXLOVID.com](http://www.PAXLOVID.com).

**PAXCESS™**  
Patient Support Program

**Paxlovid™**  
(nirmatrelvir 150 mg tablets | ritonavir 100 mg tablets)

# PAXCESS 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, Veteran 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. The value of this Co-Pay Card is limited to \$1,500 per use or the amount of your co-pay, whichever is less.
- You must be 12 years of age or older to redeem the co-pay card.
- The patient’s primary diagnosis must be for an FDA-approved or FDA-authorized indication.
- 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.
- This co-pay card is not valid where prohibited by law.
- The benefit under the 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.
- 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.
- **Co-pay card will be accepted only at participating pharmacies.**
- **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer.** The rebate form can be found at [PAXLOVID.com/rebate](https://PAXLOVID.com/rebate).
- **This co-pay card is not health insurance.**
- Offer good only in the U.S. and Puerto Rico.
- 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 30 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 12/31/2024.

Please see full [Prescribing Information](#), including **BOXED WARNING** and **Important Facts**, at [www.PAXLOVID.com](https://www.PAXLOVID.com).

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