Paxlovid Co-Pay Savings Program

PAXLOVID CO-PAY SAVINGS PROGRAM INSTRUCTIONS:

If your pharmacy does not accept or cannot process your PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets) Co-Pay Savings Card, use this rebate form to request reimbursement of your out-of-pocket co-pay costs for PAXLOVID.*

1. **Complete** the rebate form below.
2. **Circle** the medication name, the date, and the amount you paid for PAXLOVID on your original pharmacy receipt. (Cash register receipt is *not* valid.)
3. **Ensure** your pharmacy receipt includes the following information:
   - Patient name and address
   - Pharmacy name, address, and phone number
   - Doctor or healthcare provider name, address, and phone number
   - Prescription # (Rx #), fill date, drug name, strength, NDC #, and quantity
   - Overall prescription price and co-pay/out-of-pocket expense paid
4. **Send in** the completed rebate form along with your pharmacy receipt:

   By Mail: Attn: Claims Processing Department, IQVIA, Inc.
   77 Corporate Dr., Bridgewater, New Jersey 08807

   By Fax: 1-908-382-9209 (toll free)

COMPLETE AND RETURN THIS FORM:

NAME

ADDRESS

CITY

STATE ZIP CODE PHONE

EMAIL

DATE OF BIRTH

CO-PAY SAVINGS CARD MEMBER ID # DAYS SUPPLY

CLAIMANT MUST SIGN HERE

SIGNATURE DATE

By my signature, I certify that I meet and agree to the terms and conditions listed on this rebate form, as well as the eligibility requirements and restrictions that I receive when I activate my card.

To validate, you must sign and date this rebate form. The rebate check will arrive in 6-8 weeks. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.

QUESTIONS?

Please call 1-833-276-5380
Monday–Friday, 8:00 AM–8:00 PM ET

*Limits, terms and conditions apply, listed on this page.

PAXCESS™
Patient Support Program

PAXCESS™ CO-PAY SAVINGS CARD REBATE TERMS & CONDITIONS

By sending this rebate, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Eligible commercially insured patients prescribed PAXLOVID must be 12 years of age or older to redeem the rebate. The patient's primary diagnosis must be for an FDA-approved or FDA-authorized indication. Patients are not eligible to participate in this program 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"). This rebate 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. Rebate is not valid for cash-paying patients. The value of this prescription is limited to $1,500 per use or the amount of your prescription, whichever is less. Patient must submit a completed rebate request form and the original, dated store-identified receipt accompanying your prescription as proof of purchase to the address provided on this form. Receipt will not be returned. See instructions on rebate request form. Rebate will be mailed to patients approximately 6 to 8 weeks after receipt of required documentation or earlier, as required by law. You must deduct the value received under this rebate from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. Patient is responsible for reporting receipt of rebate to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription for which the patient receives a rebate, as may be required. You should not use this program if your private insurer or health plan prohibits use of manufacturer savings programs. This rebate is not valid where prohibited by law. The benefit under the rebate 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 rebate 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). **This rebate is not health insurance.** Offer good only in the U.S. and Puerto Rico. The rebate is limited to 1 per person during this offering period and is not transferable. The rebate may not be redeemed more than once per 30 days per patient. No other purchase is necessary. Data related to your redemption of the rebate 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 rebate redemptions and will not identify you. Pfizer reserves the right to rescind, revoke, or amend the program without notice. Rebate and Program expires [12/31/2024].

For questions or additional support, call 1-833-276-5380 or visit the PAXLOVID website at www.paxlovid.com.

