Cost savings options are available with the PAXCESS™ Patient Support Program

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

FOR PATIENTS PRESCRIBED PAXLOVID, THE PAXCESS PATIENT SUPPORT PROGRAM PROVIDES:

- Insurance verification
- Live PAXCESS representatives who can help with understanding insurance coverage and program eligibility
- Help with identifying financial assistance, including:

PAXCESS Co-Pay Savings Program*

for eligible, commercially insured patients

U.S. Government Patient Assistance Program (USG PAP)†

operated by Pfizer for Medicare, Medicaid, and uninsured patients

QUALIFYING NATIONAL DRUG CODES (NDC)

- Standard dose: 0069-5321-30 (carton); 0069-5321-03 (blister card)
- Reduced dose: 0069-5317-20 (carton); 0069-5317-02 (blister card)

ENROLLMENT DETERMINES ELIGIBILITY FOR COST SAVINGS OPTIONS

WHAT INFORMATION IS REQUIRED TO ENROLL?

1. Prescription for PAXLOVID: Select yes or no
2. Patient demographics: Name, DOB, address
3. Prescriber information: Prescriber name, city, state, ZIP code
4. Insurance information: Select from Commercial, Medicare, Medicaid, uninsured, or unknown

HOW LONG DOES IT TAKE?

- Enrollment takes about 5 minutes
- Upon enrollment, the co-pay card or USG PAP voucher can be generated in real time for use by eligible patients

WHO CAN ENROLL THE PATIENT?

- Patients can self-enroll, OR
- A caregiver or HCP can enroll the patient prior to arriving at the pharmacy, OR
- A pharmacist can enroll the patient at pick-up

WHERE CAN YOU ENROLL?

- Enroll online or by phone with a live representative
- **VISIT:** PAXCESSPatientPortal.com
- **CALL:** 1-877-C19-PACK (1-877-219-7225)
  Mon-Fri 9 AM-9 PM ET | Sat-Sun 9 AM-5 PM ET

*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 last page for full Co-Pay Savings Program terms and conditions or visit www.PAXLOVID.com/terms-and-conditions.

†With a focus on ensuring access for patients, the 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 only. Full terms and conditions apply. Please see last page for full USG PAP terms and conditions or visit www.PAXLOVID.com/usg-terms-and-conditions. 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.

Please see Full Prescribing Information, including BOXED WARNING and Patient Information here or at www.PAXLOVID.com.

Eligible commercially insured patients may pay as little as $0* for PAXLOVID

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

WHEN A PATIENT PRESENTS A PAXCESS CO-PAY SAVINGS PROGRAM CARD:

If the co-pay card is active, run the card as secondary insurance to the patient's primary insurance. If the patient's commercial plan covers PAXLOVID, the charge to the patient may be reduced to $0.*

If the co-pay card is inactive, advise them to call 1-877-C19-PACK (1-877-219-7225) or visit https://www.PAXLOVID.com/activate-copay-card to activate the card so that it can be applied to the charge to the patient.

WHEN AN ELIGIBLE COMMERCIALLY INSURED PATIENT IS SEEKING FINANCIAL ASSISTANCE:

Provide and activate a printed co-pay card (if available), OR

Help enroll the patient in the PAXCESS Co-Pay Savings Program (pending eligibility). Please note that when patients self-enroll, the co-pay cards do not require activation (unlike co-pay cards issued to patients by their HCPs).

WHEN AN ELIGIBLE COMMERCIALLY INSURED PATIENT WANTS TO APPLY FOR FINANCIAL ASSISTANCE AFTER PHARMACY VISIT:

If a patient needs to request a rebate in connection with this offer, they can **submit for reimbursement of charges** for their PAXLOVID prescription. The rebate can be found at PAXLOVID.com/rebate, where the patient can follow program instructions and include a copy of the original pharmacy receipt with product name, date, and amount.

Note: At pharmacies with a RelayHealth switch operator, an automatic buy-down eVoucher will apply for eligible commercially insured patients to reduce the out-of-pocket cost to the patient to $25. Patients who receive the automatic buy-down eVoucher for $25 are also eligible to apply for the PAXLOVID Co-Pay Savings Program card to further reduce the out-of-pocket cost.

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Help Medicare, Medicaid, and uninsured patients access PAXLOVID for free*

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THE U.S. GOVERNMENT PATIENT ASSISTANCE PROGRAM (USG PAP)* FOR PATIENTS WHO DON'T HAVE COMMERCIAL INSURANCE

Patients who do not meet the requirements of the PAXCESS Co-Pay Savings Program may still qualify for other financial assistance resources. The USG PAP operated by Pfizer provides patients who rely on Medicare or Medicaid for health insurance coverage,[†] or those who are uninsured, access to PAXLOVID for free through December 31, 2024.

IF YOUR PHARMACY PARTICIPATES IN USG PAP:

When a patient has a USG PAP voucher, process it as the primary payer, and dispense

When a patient is without a USG PAP voucher, offer to enroll the patient or direct them to self-enroll at PAXCESSPatientPortal.com or call PAXCESS at 1-877-C19-PACK (1-877-219-7225)

Reminder: Retroactive reimbursement or reversing a claim to bill USG PAP with a retrospective date of service is currently not possible.

Paxlovid (nirmatrelvir | ritonavir) **PAXCESS™** Patient Support Program

US GOVERNMENT PATIENT ASSISTANCE PROGRAM, OPERATED BY PFIZER

BIN: 123456
GROUP: 123456789
PCN: 1234
ID: PAX123456

This patient assistance program voucher is not health insurance. Restrictions apply.

Pfizer

IF YOUR PHARMACY DOES NOT PARTICIPATE IN USG PAP OR DOES NOT HAVE PAXLOVID SUPPLY:

- **Use the Locator Tool** to identify a nearby pharmacy participating in the USG PAP and transfer the prescription to that location, OR

- **Arrange overnight mail order delivery[‡]** for the patient by transferring the prescription to AssistRx Patient Solutions Pharmacy (1-877-450-4412), OR

- **Dispense Emergency Use Authorization (EUA) supply** (if available)

For retail pharmacies that would like to learn more about participating in the USG PAP, please contact AssistRx:

VISIT: https://pharmacy.iassist.com/
CALL: 1-407-794-8778
EMAIL: PharmacyNetworkContract102101@assistrx.com

*With a focus on ensuring access for patients, the 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 only. Full terms and conditions apply. Please see last page for full USG PAP terms and conditions or visit www.PAXLOVID.com/usg-terms-and-conditions. 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.

[†]Patients may be eligible for the USG PAP if they are dually enrolled in multiple insurance programs, as long as one is a form of eligible government insurance: Medicare, Medicaid, TRICARE, or VA Community Care Network.

[‡]Exceptions include but may not be limited to: 3 PM ET cutoff for overnight orders Monday-Friday; delivery and order processing not available on Sunday; Saturday delivery available in select metropolitan areas.

Please see Full Prescribing Information, including BOXED WARNING and Patient Information here or at www.PAXLOVID.com.

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.

- **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.

US Government Patient Assistance Program, Operated by Pfizer—Terms & Conditions

- The USG Patient Assistance Program is not health insurance and is available for Medicare, Medicaid, TRICARE and uninsured patients only. Commercially insured patients are not eligible.

- Patient must be 12 years of age or older to redeem the USG PAP voucher.

- The patient's primary diagnosis must be for an FDA-approved or FDA-authorized indication.

- This offer does not require, nor will it be made contingent on, purchase requirements of any kind.

- This program can be amended at any time without notification.

- Offer good only in the U.S. and U.S. Territories.

- Patient must reside in the U.S. or a U.S. Territory.

- Prescription must be provided by a healthcare provider licensed in the U.S. or a U.S. Territory.

- The USG PAP Voucher is not transferable.

- Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other PAP voucher redemptions and will not identify you.

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