

# PAXCESS™

Patient Support Program

## Access your PAXLOVID™ (nirmatrelvir tablets; ritonavir tablets) prescription for as little as \$0\* with the PAXCESS Patient Support Program

\*Individual out-of-pocket cost will vary depending on the patient and program enrollment. Through the Co-Pay Savings Program, 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 <https://www.PAXLOVID.com/terms-and-conditions> for full terms and conditions. The U.S. Government Patient Assistance Program (USG PAP) operated by Pfizer is separate from the Co-Pay Savings Program. Through the USG PAP, Medicare, Medicaid, TRICARE, VA Community Care Network, and uninsured patients can access PAXLOVID for free through December 31, 2024. 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. Full terms and conditions apply. Please see third page or visit <https://www.PAXLOVID.com/usg-terms-and-conditions> for full terms and conditions.



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

## Your PAXLOVID savings start here



**PAXCESS offers personalized support resources to help you get your prescribed PAXLOVID by providing:**

- Insurance verification
- Help with identifying financial assistance
- Support with program enrollment, if eligible
- Live PAXCESS representatives who can help you understand your insurance benefits and program eligibility

Enrollment in the PAXCESS Patient Support Program can be completed by the patient or caregiver. Enrollment can take approximately 5 minutes.\*

## Medicare, Medicaid, and uninsured patients may access their PAXLOVID prescription for free<sup>†</sup> through the U.S. Government Patient Assistance Program (USG PAP)<sup>‡</sup> operated by Pfizer



**Medicare and uninsured patients** can enroll in the USG PAP to access PAXLOVID for free. Simply:

- Visit [PAXCESSPatientPortal.com](https://www.PAXCESSPatientPortal.com) and complete the enrollment form online.  
If you are eligible, download your voucher
- Call 1-877-219-7225

**Medicaid patients** can present their prescription and Medicaid card at the pharmacy to access PAXLOVID for free, or can enroll in the USG PAP using the same steps as above.

Once enrolled and when approved, the patient will be provided a voucher that can be presented in electronic or printed form to the pharmacist when picking up the PAXLOVID prescription.

If you seek to fill the prescription at a pharmacy not participating in the USG PAP or at a pharmacy without PAXLOVID inventory, overnight shipping to the patient's home may be available. To find a pharmacy participating in the USG PAP or to arrange overnight shipping, please call 1-877-219-7225.

\*Actual times may vary.

<sup>†</sup>Full terms and conditions apply. Please see the third page or visit <https://www.PAXLOVID.com/usg-terms-and-conditions> for full terms and conditions.

<sup>‡</sup>The U.S. Government Patient Assistance Program (USG PAP) operated by Pfizer provides patients on Medicare, Medicaid, TRICARE, VA Community Care Network, and those who are uninsured access to PAXLOVID for free through December 31, 2024. 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. Full terms and conditions apply. Please see the next page or visit <https://www.PAXLOVID.com/usg-terms-and-conditions> for full terms and conditions.

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## US GOVERNMENT PATIENT ASSISTANCE PROGRAM, OPERATED BY PFIZER—TERMS AND CONDITIONS

- The USG Patient Assistance Program is not health insurance and is available for Medicare, Medicaid, TRICARE, VA Community Care Network 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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## Eligible commercially insured patients may pay as little as \$0<sup>§</sup> for their PAXLOVID prescription through the PAXCESS Co-Pay Savings Program



**Commercially insured patients** can enroll online by simply:

- Visiting [PAXCESSPatientPortal.com](https://www.PAXCESSPatientPortal.com) and completing the enrollment form online. If you are eligible, download an activated card
- Texting "PAXCESS" to 87161

**Commercially insured patients** can activate a co-pay card by simply:

- Enrolling using [PAXCESSPatientPortal.com](https://www.PAXCESSPatientPortal.com), which automatically activates your co-pay card
- Visiting [www.PAXLOVID.com](https://www.PAXLOVID.com) or calling 1-877-219-7225 to activate physical co-pay cards

Once enrolled and when approved, the patient should present their electronic or printed card to the pharmacist when picking up the PAXLOVID prescription.

<sup>§</sup>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 <https://www.PAXLOVID.com/terms-and-conditions> for full terms and 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.
- Patient 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.

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