



## Copay Program Terms & Conditions

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

- Eligible commercially insured patients may access ZAVZPRET at no cost while benefits are being verified **for up to 1 prescription fill**. If coverage has been approved by the payor, eligible patients may participate in the ZAVZPRET copay card program.
- 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/commercial insurance. Offer is not valid for cash paying patients.
- Eligible patients with commercial insurance and a script for ZAVZPRET may pay as little as \$0 out of pocket for a 30-day supply. The copay card may not be redeemed more than once per 30 days per patient.
- This copay card and rebate are not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private/commercial insurance plan or other private/commercial health or pharmacy benefit programs.
- You must deduct the value of this copay card from any reimbursement request submitted to your private/commercial insurance plan, either directly by you or on your behalf.
- You are responsible for reporting use of the copay card to any private/commercial insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the copay card if your insurer or health plan prohibits use of manufacturer copay cards.
- You must be 18 years of age or older to redeem the copay card under this program.
- This copay card is not valid where prohibited by law.
- The copay card cannot be combined with any other savings, free trial, or similar offer for the specified prescription (including any program offered by a third party payor 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).
- **Copay card will be accepted only at participating pharmacies.**
- **This copay card is not health insurance.**
- Offer good only in the US and Puerto Rico.
- Copay card is limited to 1 per person during this offering period and is not transferable.
- No other purchase is necessary.
- Data related to your redemption of the copay 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 copay card redemptions and will not identify you.
- Pfizer reserves the right to rescind, revoke, or amend this offer without notice.
- Offer expires 12/31/25.

If you had previously provided your consent for Pfizer to use your protected health information, you can opt out at [zavzpret.com/phi-consent](https://zavzpret.com/phi-consent).