

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$1*

\$1

Your doctor has prescribed brand-name ZYVOX® (linezolid) for you. Give your brand-name ZYVOX prescription along with the Coupon to your pharmacist and, if eligible, you may pay as little as \$1.

Pay as little as \$1 for brand-name ZYVOX

\$1

To PHARMACIST: Process ZYVOX Savings Offer using BIN# 600428.

For Insured Patients: Process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for the PRIMARY claim. Submit SECONDARY claim to BIN# 600428.

For Uninsured Patients: Submit claim to BIN# 600428.

For help processing this offer, call 1-855-830-9257. Offer expires 12/31/2020.

This Coupon is not health insurance and will only be accepted at participating pharmacies.

BIN#: 600428
PCN#: 06780000
Group#: 06780017
ID#: ZYVOXASSIST03

ZYVOX[®]
(linezolid)



Follow these tips to help ensure you receive your savings at the pharmacy.



At the pharmacy

Remind your pharmacist that your doctor prescribed brand-name ZYVOX and that your Coupon does not work with a generic



At checkout

Check your bag and receipt at pick up—let your pharmacist know if you did not receive brand-name ZYVOX and your savings

*Terms and Conditions

By participating in the ZYVOX Savings Offer Program, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- » This Savings Offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, Tricare, or other federal or state healthcare programs (including any state prescription drug assistance programs) and the Government Health Insurance Plan available in Puerto Rico (formerly known as "La Reforma de Salud")
- » You must deduct the savings received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf
- » This one-time offer has a maximum benefit of \$1,000. If a patient's co-pay is \$1,001 or less, the patient is responsible for paying \$1. If a patient's co-pay is \$1,500, the patient is responsible for \$500 (\$1,500 - \$1,000 = \$500)
- » This Savings Offer is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plans or other health or pharmacy benefit programs
- » The Savings Offer is not valid for Massachusetts residents whose prescriptions are covered, in whole or in part, by third-party insurance
- » This Savings Offer is not valid where prohibited by law
- » The Savings Offer cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription
- » The Savings Offer may not be redeemed more than once per month per patient
- » **The Savings Offer will be accepted only at participating pharmacies**
- » **The Savings Offer is not health insurance**
- » This Savings Offer is good only in the U.S. and Puerto Rico
- » The Savings Offer is limited to 1 per person during this offering period and is not transferable
- » Pfizer reserves the right to rescind, revoke, or amend the program without notice
- » No membership fees. The Savings Offer and Program expire on 12/31/2020

Visit ZYVOX.com for more information about ZYVOX. For help with the ZYVOX Coupon, call 1-855-830-9257, or write: ZYVOX Coupon Program, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560. Be sure to include your name and mailing address.

ZYVOX[®]
(linezolid)