

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 ZYVOXassist 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: 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 coupon, call 1-855-830-9257. Offer expires 12/31/2018.

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 ZYVOXassist 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 using the ZYVOXassist Coupon ("The Coupon"), you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

- » The Coupon is **not** valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state health care 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")
- » The Coupon is **not** valid for prescriptions that are eligible to be reimbursed by private insurance plans or other health or pharmacy benefit programs which reimburse you for the entire cost of your prescription drugs
- » **This one-time coupon has a maximum benefit of \$1000.** If a patient's co-pay is \$1001 or less, the patient is responsible for paying \$1. If a patient's co-pay is \$1500, the patient is responsible for \$500 (\$1500 - \$1000 = \$500)
- » You must deduct the value received under this program from any reimbursement request submitted to your insurance plan, either directly by you or on your behalf
- » Coupon is not valid for Massachusetts residents whose prescriptions are covered in whole or in part by third-party insurance, or where otherwise prohibited by law
- » The Coupon cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription
- » **The Coupon will be accepted only at participating pharmacies**
- » **The Coupon is not health insurance**
- » This Coupon is good only in the US and Puerto Rico
- » The Coupon 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 Coupon and program expire 12/31/2018

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

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