

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 a maximum of \$7,500 per calendar year or the cost of patient co-pay in a 12 month period, whichever is less.
- 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.
- You must be 18 years of age or older to redeem the co-pay card.
- This co-pay card is not valid where prohibited by law.
- Co-pay card cannot be combined with any other savings, free trial or similar offer for the specified prescription.
- **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.**
- **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 5 days per patient.
- Co-pay card is limited to reimbursement of Pfizer-labeled CUTAQUIG® (Immune Globulin Subcutaneous (Human) - hipp) only.
- No other purchase is necessary.
- No membership fee.
- 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 12/31/2020.

For more information call 1-866-293-5922, visit <https://www.pfizer.com/products/product-detail/cutaquig> or write:

Cutaquig Co Pay Program
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Bridgewater, NJ 08807