



Eligible patients pay as little as \$4 per Rx*
Maximum savings up to \$175 per month

How to enroll in the LYRICA Co-Pay Savings Card program:

1. Patients can text “LSAVINGS” to LYRICA (597422) to get the co-pay card right on their phone[†]
2. Or, patients can download the co-pay card at LYRICA.com

Do not cut out the card. Please use the entire printout.

*See terms and conditions below for full eligibility requirements.

[†]Mobile terms and conditions apply. Message and data rates may apply. Message frequency varies and patients may receive up to 5 messages to enroll and recurring messages per month. For mobile and email terms and conditions, please see page 2 of this PDF. Text HELP for info, STOP to opt out.

TERMS AND CONDITIONS

Offer Terms & Conditions: By using the Co-Pay Savings Card, you acknowledge that you currently meet the eligibility criteria and will comply with the following terms and conditions: Patients are not eligible to use this card or participate in this program 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 card is limited to \$175 per month per prescription (“offering period”) or the amount of your co-pay, whichever is less (Maximum annual savings of \$2100). This program 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 received under this program 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 this program to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the program, as may be required. You should not use the program if your insurer or health plan prohibits use of manufacturer co-pay cards. You must be 18 years of age or older to accept this offer. This offer is not valid where prohibited by law.

For Massachusetts residents: This co-pay offer is not valid if an A/B generic is available for Massachusetts residents whose prescriptions are covered in whole or in part by third-party insurance.

For California residents: This co-pay offer is not valid if a generic is available for California residents whose prescriptions are covered in whole or in part by third-party insurance.

Please see additional Terms and Conditions on the following page.

TERMS AND CONDITIONS (cont'd)

Please check with your healthcare professional or insurer to confirm eligibility. This offer cannot be combined with any other savings, free trial or similar offer for the specified prescription. **The co-pay card will be accepted only at participating pharmacies. The co-pay card is not health insurance.** Offer good only in the U.S. and Puerto Rico. The co-pay card is limited to one per person during this offering period and is not transferable. A co-pay card may not be redeemed more than once per offering period 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. No membership fee. For more information, visit our website www.lyrica.com, call 1-866-954-1475, or contact us at 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560. Offer expires 12/31/2020.

For reimbursement when using a nonparticipating pharmacy/mail order: Pay for prescription, and mail copy of original pharmacy receipt (cash register receipt NOT valid) with product name, date, and amount circled to: Co-Pay Savings Card, 2250 Perimeter Park Drive, Suite 300, Morrisville, NC 27560. Be sure to include a copy of the front of your activated Co-Pay Savings Card, your name and mailing address.

†Mobile Terms & Conditions: By agreeing to the terms of the Pfizer LSAVINGS mobile program (the "Program"), you consent to receive autodialed text messages on behalf of Pfizer. Consent is not a condition of purchase or use of any Pfizer product or service. The Program is valid with most major U.S. carriers. There is no fee payable to Pfizer to receive text messages; however, your carrier's **message and data rates may apply**. T-Mobile is NOT liable for delayed or undelivered messages.

Data obtained from you in connection with your registration for, and use of, the Program may include your phone number, related carrier information, and elements of pharmacy claim information, such as name, date of birth, and prescription information. You agree that such data may be used to administer the Program and to provide Program benefits such as savings offers, information about your prescription, including refill reminders and new prescription requests, as well as Program updates and alerts sent directly to your device.

For information on data collection and use, please read our Privacy Policy, which is incorporated by reference into these Terms.

Participants may receive up to 5 messages to enroll in the Program and recurring messages per month during the course of the Program. You may unsubscribe from the Program at any time by texting STOP to 597422. Doing so will only opt you out of the LSAVINGS mobile program; you will remain opted in to any other Pfizer Inc. text message program(s) to which you separately opted in. For help, text HELP to 597422. For questions about the Program, call 1-877-822-7855. You understand that you are responsible for notifying Pfizer immediately if you change your mobile telephone number. You agree to opt-out if the phone number that you previously provided is no longer associated with you. Pfizer reserves the right to rescind, revoke, or amend the Program without notice. You agree to review these Mobile Terms and Conditions periodically to ensure that you are aware of any changes. Your continued consent to receive text messages will indicate your acceptance of those changes.

†E-mail Terms & Conditions: By agreeing to the terms of LSAVINGS E-mail program (the "E-mail Program"), you consent to receive e-mail messages on behalf of Pfizer. Consent is not a condition of purchase or use of any Pfizer product or service.

Data obtained from you in connection with your registration for, and use of, the E-mail Program may include your e-mail address and elements of pharmacy claim information, such as name, date of birth, and prescription information. You agree that such data may be used to administer the E-mail Program and to provide E-mail Program benefits such as savings offers, information about your prescription, including refill reminders and new prescription requests, as well as E-mail Program updates and alerts sent directly to your e-mail address.

You may unsubscribe from the E-mail Program at any time by clicking on the unsubscribe link at the bottom of any E-Mail Program e-mail. Please do not reply to E-mail Program e-mails as it is an unattended e-mail box. A link to contact Pfizer is at the bottom of every E-mail Program e-mail. Pfizer reserves the right to rescind, revoke, or amend the E-mail Program without notice.