

# Pfizer Zero Cost Prescription Drug List for 2025



This document highlights the Pfizer prescription drugs when no generic is available that are covered at 100% when dispensed through a pharmacy under Pfizer-sponsored prescription drug coverage for eligible participants.

This list is subject to change as new medications are added and some are removed. If you have a question about coverage for a specific Pfizer medication, please contact your prescription drug administrator.

**Note:**

- Pfizer medications administered in your home or at a provider's office or facility are generally covered as a medical service under Pfizer's Medical Plan. Contact your medical plan administrator for coverage details.
- Pfizer medications that have a generic available (e.g., Accupril, Pristiq, and Protonix) are covered at the same cost-sharing level as non-Pfizer medications and therefore not covered at zero cost.
- **For U.S. Colleagues enrolled in the HSA Copay option or U.S. Non-Medicare Eligible Retirees enrolled in the HSA-Eligible PPO option:** All Pfizer medications are subject to the deductible, except those on the HSA Preventive Drug List.
- **For U.S. Retirees:** Certain U.S. retiree prescription drug options may not cover the medications on this list at no cost.

<b>Agents for Gaucher Disease</b>	<b>Anti-Inflammatory Steroids</b>	<b>Auto-Immune Conditions (cont'd)</b>	<b>Cancer Treatments (cont'd)</b>
Ellyso	Solu-Cortef	Ruxience	Ibrance
<b>Anticoagulants</b>	<b>Antivirals</b>	Velsipity	Inlyta
Eliquis	Paxlovid	Xeljanz	Lorbrena
<b>Anti-Infectives</b>	Viracept	<b>Cancer Treatments</b>	Mektovi
Bicillin C-R	<b>Atopic Dermatitis</b>	Adcetris	Orgovyx
Bicillin L-A	Cibinqo	Besponsa for Injection	Padcev
Cleocin Vaginal Ovules	Eucrisa	Bosulif	Talzenna
Eraxis	<b>Auto-Immune Conditions</b>	Braftovi	Tivdak
Pfizerpen	Abrilada	Daurismo	Tukysa
Silvadene	Inflectra	Docetaxel Injection	Trazimera
Trecator	IXIFI for Injection	Doxorubicin Hydrochloride	Vizimpro
	Litfulo	Elrexio	Xalkori
		Emcyt	Xtandi
			Zirabev

<b>Cardiovascular</b>	<b>Hemostatics</b>	<b>Immune Therapies</b>	<b>Oxytocics</b>
Norpace CR	Fragmin	Panzyga	Prepidil
Vyndamax	Gel-Flow NT	<b>Immunosuppressant Agents</b>	Prostin E2
Vyndaqel	Gelfoam	Atgam	<b>Smoking Cessation</b>
<b>Contraceptives</b>	Heparin Sodium Injection	<b>Impotence</b>	Nicotrol Inhaler
Depo-SubQ Provera 104	Thrombi-GEL	Caverject	Nicotrol NS
<b>Diabetic Therapy</b>	Thrombi-PAD	<b>Migraine Products</b>	<b>Vaccinations</b>
Segluromet	Thrombin-JMI	Nurtec ODT	Abrysvo
Steglatro	<b>Hormone (Misc.)</b>	Zavzpret	Comirnaty
Steglujan	R-Genex 10	<b>Neutropenia</b>	Penbraya
<b>Estrogen Replacement</b>	Somavert	Nyvepria	PFIZER-BIONTECH COVID-19 Vaccine
Depo-Estradiol	Synarel	<b>Ophthalmic</b>	Prenar 20
Estring	<b>Hormone Therapies</b>	Gelfilm	Ticovac
Menest	Duavee	<b>OTC Product</b>	Trumenba
<b>Growth Hormone</b>	Levoxyl	Lucira® by Pfizer COVID-19 & Flu Home Test*	
Genotropin	Myfembree		
Ngenla Injection	Premarin		
<b>Hematology/Oncology</b>	Premphase		
BeneFix	Prempro		
Nivestym	Synarel		
Retacrit Injection			
Xyntha			

\*Limited to 1 test per member per month

This list is current as of September 1, 2024, for coverage effective January 1, 2025. It does not reflect any changes (additions or removals) after September 1, 2024. The Pfizer Zero Cost Prescription Drug List is subject to change during the year as Pfizer may add or remove products from this list at any time, for any reason. If you have a question about coverage for a specific medication, please contact your prescription drug administrator.

The utmost care has been taken to provide accurate information. However, in the event there is a conflict between the information you read here and the official Plan document, the official Plan document will control.

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