



SYNAGIS Copay Assistance Program

Eligible Patients May Pay as Little as \$0 per Dose

Program Description

The SYNAGIS Copay Assistance Program helps eligible patients with commercial insurance manage out-of-pocket costs. Patients may save up to a maximum of **\$6,000** per calendar year.

DISCLAIMER: The SYNAGIS Copay Assistance Program only covers the cost of the medication, not the cost of administration.

SYNAGIS Copay Assistance Program

RxBIN: **610524**
RxPCN: **Loyalty**
RxGRP: **50777916**
ISSUER: **(80840)**
ID: **XXXXXXXXXX**

RxCrossroads
By McKesson

sobi

Eligibility Requirements and Restrictions



In order to participate in the SYNAGIS Copay Assistance Program, a patient must have commercial insurance for SYNAGIS® (palivizumab) and must be a resident of the United States or Puerto Rico.



The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. This offer is not valid for cash-paying patients. The Program is void where prohibited by law. Certain rules and restrictions apply.

There are no income requirements to participate in the Program. This Program is not valid for pharmacy claims and transactions submitted more than 180 days from the date SYNAGIS was administered or for medical claims and transactions submitted more than 270 days from the date SYNAGIS was administered. Eligibility rules apply. Additional restrictions may apply.

How to Enroll

A patient can be enrolled in the SYNAGIS Copay Assistance Program through any of the following options:



A **parent/caregiver** can enroll online through [SYNAGIS.com](https://www.synagis.com), or by electing to enroll on the Universal Enrollment and Prescription Form.



A **healthcare professional (HCP) or specialty pharmacy** can enroll a patient at [SYNAGISHCP.com](https://www.synagishcp.com). An HCP can also elect to enroll a patient on the Universal Enrollment and Prescription Form.



A **parent/caregiver, HCP, or specialty pharmacy** can call **SYNAGIS CONNECT®** for assistance with enrolling in the SYNAGIS Copay Assistance Program at **1-833-SYNAGIS (1-833-796-2447)**.

Call **SYNAGIS CONNECT** at **1-833-SYNAGIS (1-833-796-2447)**, Monday through Friday 8 AM to 8 PM ET, for more information or visit [SYNAGISHCP.com](https://www.synagishcp.com) for additional resources.



Terms of Use

In order to participate in the SYNAGIS Copay Assistance Program (Program), a patient must have commercial insurance for SYNAGIS® (palivizumab). The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program. This offer is not valid for cash-paying patients. The Program is void where prohibited by law. Certain rules and restrictions apply. Sobi reserves the right to revoke, rescind, or amend this offer without notice. This Program is not insurance.

This Program is not valid for pharmacy claims and transactions submitted more than 180 days from the date SYNAGIS was administered or for medical claims and transactions submitted more than 270 days from the date SYNAGIS was administered. Patients, pharmacists, and prescribers cannot seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this Program. This Program is not conditioned on any past, present, or future purchase, including refills.

The Program covers the cost of the drug only, and does not cover costs for administration of SYNAGIS, office visits, or any other associated costs. When SYNAGIS is covered under the medical benefit, an itemized explanation of benefits from the insurance provider that identifies the insurance provider's payment for the drug must be submitted.

BY USING THIS PROGRAM, YOU UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.

SYNAGIS CONNECT® offers access and reimbursement support to help patients access SYNAGIS. SYNAGIS CONNECT provides information regarding patient healthcare coverage options and financial assistance information that may be available to help patients with financial needs. SYNAGIS CONNECT can:

- Evaluate a patient's prescription coverage, including benefits investigation, prior authorization, and appeal assistance support
- Provide financial assistance information
- Identify potential financial assistance options that may be available to help eligible patients with financial needs
- Answer logistical questions and provide information and coordination around the specialty pharmacy fulfillment process