



# SYNAGIS Copay Program

For Eligible Commercially Insured Individuals

## Program Description

The SYNAGIS Copay Program helps lessen the burden of out-of-pocket costs on eligible parents or caregivers of patients receiving SYNAGIS. Qualifying commercially insured individuals may have access up to **\$6,000** per SYNAGIS season to assist with out-of-pocket costs for SYNAGIS (paying as little as **\$0** per dose).

**SYNAGIS Copay Program**

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

**SYNAGIS**  
PALIVIZUMAB

**RxCrossroads**  
By McKesson

**sobi**

Disclaimer: Patients will not receive a physical copay card.

### Eligibility Requirements and Restrictions

Individual has out-of-pocket costs for SYNAGIS	Patient must be a resident of the United States or Puerto Rico	Patient must be commercially insured

There are no income requirements to participate in the program. Claims or transactions must be made within 180 days from the date of service.

Individuals are ineligible if prescriptions are paid for by any state or other federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, Department of Defense (DoD), Department of Veterans Affairs (VA), or TRICARE®, or where prohibited by law. Eligibility rules apply. Additional restrictions may apply.

The SYNAGIS Copay Program covers the cost of the drug only, and does not cover costs for administration of SYNAGIS, office visits, or any other associated costs.

**Call SYNAGIS CONNECT™ at 1-833-SYNAGIS (1-833-796-2447), Monday through Friday 8 AM to 8 PM EST, for more information or visit [SynagisHCP.com](http://SynagisHCP.com) for additional resources.**

## How the SYNAGIS Copay Program Works

- If you have an out-of-pocket cost for SYNAGIS and you meet the other program eligibility requirements, follow the steps below to enroll in the SYNAGIS Copay Program



Sign up for the Copay Program on [SynagisHCP.com](http://SynagisHCP.com)



Enroll in the Copay Program through [www.CoverMyMeds.com](http://www.CoverMyMeds.com)



Talk to someone at your specialty pharmacy who can enroll you in the Copay Program

- Your prescriber's office, specialty pharmacy, or home healthcare will use this program to cover your out-of-pocket costs for SYNAGIS up to **\$6,000** per SYNAGIS season (7/1-6/30)

## Terms of Use

Limitations apply. Valid only for those with private insurance. The program includes the copay card or payment card (if applicable) with a combined annual limit of \$6,000. Patient is responsible for any costs once the dollar limit is reached during the program term (July-June) calendar year. Program is not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, or (iii) where the patient's insurance plan reimburses the entire cost of the drug. The value of the program is exclusively for the benefit of patients and is not intended to be credited toward patient out-of-pocket obligations and maximums, including applicable copayments, coinsurance and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or healthcare savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the program. Valid only in the United States and Puerto Rico. This program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Sobi, Inc., reserves the right to rescind, revoke, or amend the program and discontinue support at any time without notice.

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



**SYNAGIS CONNECT™** is a patient support program created by Sobi to provide individualized support to help appropriate patients get access to SYNAGIS® (palivizumab). SYNAGIS CONNECT™ can help parents and caregivers understand the treatment process and their financial options, support providers in navigating insurance and reimbursement questions, and assist in the coordination of care and the specialty pharmacy process.

In order for the patient and their caregiver to take advantage of this program, consent/authorization must be obtained.

**SYNAGIS CONNECT™** representatives can answer questions related to

- Identifying prescription coverage
- Out-of-pocket costs
- Patient Assistance Program (for eligible patients)