SYNAGIS Copay Program
For Eligible Commercially Insured Individuals

Program Description

The SYNAGIS Copay Program helps lessen the burden of out-of-pocket costs to parents or guardians of patients receiving SYNAGIS by assisting qualified individuals with their out-of-pocket costs. Eligible individuals may have access to up to $6000 per SYNAGIS season to assist with out-of-pocket costs for SYNAGIS (paying as little as $0 per dose).

Talk to your doctor or pharmacist, who can help you enroll in this program and file claims on your behalf.

Eligibility Requirements and Restrictions

To be eligible for the SYNAGIS Copay Program

- 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 120 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 Veterans Affairs 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 1-866-285-8419, Monday through Friday 8 AM to 8 PM EST, for more information or visit SYNAGISCONNECT.com for additional resources.
How the SYNAGIS Copay Program Works

• If you are told that you have an out-of-pocket cost for SYNAGIS and you meet the other program eligibility requirements, a SYNAGIS Copay Program account will be created for you.

• Your prescriber’s office, specialty pharmacy, or home health care will use this program to cover your out-of-pocket costs for SYNAGIS up to $6000 per SYNAGIS season (7/1-6/30)

Terms of Use

This offer is not insurance. Use of this program may be prohibited under the terms of your health insurance plan or the program benefits may not count toward any plan deductible requirements. Consult with your insurer if you have questions about your plan requirements. Individual is responsible for applicable taxes, if any. Patient must be enrolled in the program before use. If you have any questions regarding this offer, please call SYNAGIS CONNECT at 1-866-285-8419. Other restrictions may apply.

This offer is non-transferable, limited to one per person, and cannot be combined with any other offer. Void where prohibited by law, taxed, or restricted. Parents or guardians, 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 offer. Sobi reserves the right to rescind, revoke, or amend this offer, its eligibility requirements, and terms of use at any time without notice. This offer is not conditioned on any past, present, or future purchase, including refills. Offer must be presented along with a valid prescription at time of purchase.

The program does not cover costs associated with patient visits, including prescriber, staff, or administrative charges associated with administering SYNAGIS.

Offer is invalid for claims or transactions more than 120 days from the date of service.

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

SYNAGIS® is a registered trademark of Arexis AB c/o Swedish Orphan Biovitrum AB (publ).

© 2019 Swedish Orphan Biovitrum. All rights reserved. PP-6472 9/19