

SYNAGIS

PATIENT Savings Program

**Pay no more than
\$30 per SYNAGIS dose**

To find out if you're eligible call 1-844-275-2360.

Eligible commercially insured patients may have access to up to \$2000 to assist with SYNAGIS out-of-pocket costs.

Card not required to receive savings.

SYNAGIS[®]
PALIVIZUMAB

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Savings Program**

To find out if you're eligible call 1-844-275-2360.

Program Description

The SYNAGIS Patient Savings Program assists qualified SYNAGIS patients with their out-of-pocket costs for SYNAGIS. **Eligible patients may have access to up to \$2000** per SYNAGIS season to assist with SYNAGIS out-of-pocket costs. Patients are responsible for the first \$30 of each SYNAGIS dose.

There are no income requirements to participate in the program.

Eligibility Requirements

- Have a co-pay/coinsurance greater than \$30
- Be commercially insured
- Must be a resident of the United States or Puerto Rico

Patients are ineligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA or TRICARE, or where prohibited by law. Eligibility rules apply. Additional restrictions may apply.

How the Program Works

- **You may be contacted by a pharmacy, home care clinic, or your doctor's office** informing you that you have an out-of-pocket cost for your SYNAGIS dose
- **If you are told that your out-of-pocket costs are more than \$30**, and you meet the other program eligibility requirements, **ask to be enrolled in the SYNAGIS Patient Savings Program** by calling AstraZeneca Access 360 at **1-844-ASK-A360 (1-844-275-2360)**
- **If you meet the program's eligibility criteria**, a *SYNAGIS Patient Savings Program* account will be created for you
- **Pay the first \$30 of your SYNAGIS out-of-pocket costs (per dose)**, and your pharmacy, home care clinic, or prescriber's office will use the Program to cover the balance, up to \$2000 per program year (7/1-6/30)

TERMS OF USE

Patient 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 AstraZeneca Access 360 at **1-844-ASK-A360 (1-844-275-2360)**. Other restrictions may apply.

Non-transferable, limited to one per person, cannot be combined with any other offer. Void where prohibited by law, taxed or restricted. 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 offer. AstraZeneca reserves the right to rescind, revoke, or amend this offer, eligibility 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 the time of purchase.

The program does not cover costs associated with a patient visit including prescriber, staff, or administrative charges associated with administering the applicable AstraZeneca product.

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.



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