

## **RabAvert (Rabies Vaccine)**

### **Patient Assistance Program**

<https://www.rxhope.com/PAP/info/PAPList.aspx?programid=1477&fieldType=programid>

#### **RabAvert Patient Assistance Program**

PO Box 42886

Cincinnati, OH 45242

**Phone:** (800) 589-0837

**Fax:** (513) 618-0056

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**Eligibility:** Patient must be a U.S. citizen. Patient must have no medical insurance and demonstrate financial need.

**Who May Apply:** Anyone may call to initiate application process.

**What Is Required:** An initial screening is required before an application is sent to the provider. Proof of Income and Proof of Insurance (if applicable) must be sent along with the signed application.

**Supply:** As requested by physician.

**Medication Will Ship To:** The physician's office.

**Please Note:** The completed application and attachments must be returned to the **RabAvert Patient Assistance Program** before the patient completes the RabAvert treatment.

**Program Includes Support For This Medication:** RabAvert (Rabies Vaccine)

**Printable Application Forms:** Patients can print, fill out, and give to their doctor.

*Link to Application Form:* <https://www.rxhope.com/PAP/pdf/chiron.pdf>

## **Imogam (HRIG) and Imovax (Rabies Vaccine)**

### **Patient Assistance Program**

<http://www.sanofipatientconnection.com/patient-assistance-connection>

#### **Sanofi Patient Connection**

PO Box 222138

Charlotte, NC 28222-2138

**Phone:** 1.888.847.4877

**Fax:** 1.888.847.1797

- Please visit the [Sanofi Patient Assistance Connection](http://www.sanofipatientconnection.com/patient-assistance-connection) website for more information regarding eligibility requirements.