

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

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.