

QUALIFICATIONS FOR VACCINE REPLACEMENT PROGRAM: RABIES⁽³⁻²⁶⁻¹²⁾

	VACCINES COVERED	QUALIFIERS	INCOME		FAX TO	RESPONSE TIME	REPLACEMENT
NOVARTIS	Rabies (RabAvert) Pre- and Post Exposure	<ul style="list-style-type: none"> • U.S. Citizen or resident alien • Uninsured • Underinsured • Income-no proof 	Family size	Yearly gross income	1-513-618-0056	24 hours notified by phone	Ships doses overnight express Monday-Thursday receive before giving vaccine
			1	\$21,780.00			
			2	\$29,420.00			
			3	\$37,060.00			
			4	\$44,700.00			
			5	\$52,350.00			
			6	\$59,980.00			
SANOFI PASTEUR	Imogam (rabies immune globulin) Rabies (Imovax) Pre- and Post Exposure	<ul style="list-style-type: none"> • U.S. Citizen • Uninsured only • Income-no proof 	Family size	Yearly gross income	1-866-734-7371	48 hours notified by fax	Shipped before giving
			1	\$27,075.00			
			2	\$36,425.00			
			3	\$45,775.00			
			4	\$55,125.00			
			5	\$64,475.00			
			6	\$73,825.00			