AlbireoAssist™
Personalized Support Services
HELPING NAVIGATE THE WAY

Patient Assistance Program Application

You may be eligible for this program if you meet all of the following:

- You/your child does not have any prescription drug coverage for Bylvay™ (odevixibat)
- You/your child has been diagnosed with progressive familial intrahepatic cholestasis (PFIC)
- You/your child is a U.S. citizen or permanent resident of the United States
- You/your child has financial need based on income and can verify eligibility for assistance

Patient Information *(to be completed by the patient or parent/guardian)*

Name				
Date of birth / /		❍ Male ❍ Female		
Parent/guardian name *(if applicable)*		Relationship		
Address		City	State	Zip
Home phone	Cell phone	Work phone		
Email address		Preferred contact ❍ Email ❍ Phone ❍ OK to leave message		
Are you/your child a U.S. citizen? ❍ Yes ❍ No If no, are you/your child a permanent U.S. resident? ❍ Yes ❍ No				
Total household income		Number of people in your household		
Do you have private prescription insurance coverage? ❍ Yes ❍ No		Have you enrolled in Medicaid? ❍ Yes ❍ No		
Are you enrolled in Medicare Part A and/or Part B? ❍ Yes ❍ No		Medicare ID # *(if applicable)*		

Patient Declaration

I understand that the Patient Assistance Program is subject to eligibility criteria and that completing this application does not ensure that I will qualify for this program. I certify that all the information provided in this application, including household income, is complete and accurate. I understand that program assistance will terminate if the program becomes aware of any information in my application that is incorrect. If I receive free product, I will not seek reimbursement for it from any insurer, health plan, or government program. If I receive free product, I will not seek to have this prescription or any associated cost counted as part of my out-of-pocket cost for prescription drugs. I agree to provide Albireo proof of my income if requested.

Signature of Patient, Parent or Guardian	Date / /

By fax: 866-853-0479

By email: help@albireoassist.com

Albireo

albireoassist.com / 855-ALBIREO / Mon-Fri 8am-6pm ET