

PEGASYS (peginterferon)

Pharmaceutical Company Roche Pharmaceuticals

Program Name Roche Patient Assistance Program

Program Address PO Box 66763
St. Louis, MO, 63166-6763

Phone Number 1-866-247-5084

Eligibility Guidelines

Case managers or clients must call the patient assistance program to be prescreened. Basic information required is:

1. Patient demographics
2. Household size
3. Household income
4. Medication strength and dosage
5. Insurance information

If the client meets the eligibility criteria an application will be sent. The application with proof of income must be completed and faxed or mailed back with a prescription.

There is no citizenship or residency requirements for the medication.

Approvals take a few business days.

Medications can be received for up to 1 year.