

PEG-INTRON (peginterferon alfa-2b)

Pharmaceutical Company Schering-Plough

Program Name Commitment to Care Program

Program Address 6900 College Blvd., Ste. 1000
Overland Park, KS 66211

Phone Number 1-800-521-7157

Fax Number 1-800-683-7855

Website <http://www.rxassist.org>

Eligibility Guidelines

1. Client must not have prescription drug coverage.
2. Client must reside in the United States.
3. Current proof of income is required for household. Proof of income includes copies one of the following:
 - a. Current pay check stub
 - b. Federal Tax Return (Form 1040 or 1040 EZ) for the prior tax year
 - c. Wages and tax statement (W-2 forms)
 - d. Social Security, Pension, or Railroad Retirement statements (SSA-1099 or similar)
 - e. Statements of interest, dividends, or other income (1099-IND, 1099, 1099-DIV or other forms)
 - f. If the client has no income the doctor must submit on his letterhead a letter stating how patient is supported or a notarized letter of support indicating zero income from family.
4. Income criteria is not published

Once application is approved the physician will receive an approval letter and prescription form to complete.

Fax completed Enrollment form (2 pages) and income documents to:

1-800-683-7855

OR

Mail completed Enrollment forms (2 pages) and income documents to:

Commitment to Care
c/o AccessMed
6900 College Blvd., Ste. 1000
Overland Park, KS 66211