

Prescription Assistance

Age Requirements

0-5

,

6-12

,

13-21

,

22-55

,

56-60

,

60+

Available 24/7

No

Other Eligibility Criteria

Determined on a case-by-case basis.

Family

No

Intake Process

Complete application, physician required to authorize

Self Refer

No

Roche Laboratories, Inc.

<http://www.rocheusa.com>

Main

(877) 757-6243

Toll-Free

(888) 477-2669

340 Kingsland Street

07110 NJ

United States

Fee Structure

No Fee

Languages Spoken

English

Pharmaceutical company offering prescription assistance program for Roche product line with some exceptions. Offered to patients who lack prescription coverage and the means to pay for the medications they need.

To learn more about the Roche Patient Assistance Foundation and our individual product programs, call our toll-free number 1-877-75ROCHE (877-757-6243). To learn more about the extensive list of pharmaceutical industry-sponsored patient assistant programs, access [Partnership for Prescription Assistance](#)

Service Area(s)

Nationwide