

## **Prescription Assistance Program for Patients**

Available 24/7

No

Other Eligibility Criteria

Patients must meet income and insurance criteria. Call hotline for further information regarding eligibility.

Intake Process

Registered physicians may enroll their patients.

Provider Refer

Yes

Self Refer

Yes

Astellas Pharma US, Inc.

<https://www.astellas.com/us/>

<https://www.astellas.com/us/patients-and-caregivers>

Main

(800) 477-6472

Toll-Free

(800) 727-7003

1 Astellas Way

60062 IL

United States

Fee Structure

Call for Information

Languages Spoken

English

Astellas Pharma has helped provide prescription assistance program to uninsured patients who have to experience financial hardship. Physicians must first register for the program. The patient can call to pre-qualify.

If you would like to learn more, call the Reimbursement Hotline (1-800-477-6472) opens from 9 AM until 8 PM EST. The patient has to be pre-qualified over the telephone; the application is sent to the provider's office, both provider and patient complete application and forwards it to Astellas.

Visit [Patients & Caregivers](#) for more information.

Service Area(s)

Nationwide