

Prescription Assistance

Age Requirements

0-5

,

6-12

,

13-21

,

22-55

,

56-60

,

60+

Available 24/7

No

Family

No

Intake Process

Application forms are available by accessing the toll free number. Talk to a reimbursement specialist.

Self Refer

No

Ortho Biotech, Inc.

<https://www.procritline.com/>

Main

(800) 553-3851

999 Bayhill Drive

94066 CA

United States

Monday: 9:00 am-8:00 pm

Tuesday: 9:00 am-8:00 pm

Wednesday: 9:00 am-8:00 pm

Thursday: 9:00 am-8:00 pm

Friday: 9:00 am-8:00 pm

Saturday: Closed

Sunday: Closed

Fee Structure

Call for Information

Languages Spoken

English

Pharmaceutical company with prescription assistance program for Procrit and/or Leustatin for patients who meet specific medical criteria, and lack financial resources and third-party coverage. A reimbursement specialist determines eligibility.

Reimbursement information can be seen at [Patient Assistance and Resources](#).

Service Area(s)

Nationwide