

## Prescription Assistance

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Medical and financial need determined on a case-by-case basis.

Family

No

Intake Process

Contact your physician.

Self Refer

Yes

Sanofi-Aventis

<http://www.sanofi-aventis.com/>

Main

(908) 231-4000

Toll-Free

(866) 325-8233

300 Somerset Corporate Blvd.

NJ

United States

Languages Spoken

English

Sanofi-aventis U.S. sponsors many prescription assistance programs in the United States and is a member of the Partnership for Prescription Assistance. For oncology products, call 1.800.996.6626 or [Visit PACT Plus](#) for information.

For other prescription products, including skin care call 1-800.221.4025 or visit [Patient Assistance](#)

Service Area(s)

Nationwide