

## Prescription Assistance, New York

Age Requirements

No Age Requirement

Available 24/7

No

Other Eligibility Criteria

Income must not exceed 125% of the federal poverty level. Cannot be enrolled in or qualify for any form of reimbursement.

Intake Process

Contact the office for more information.

Self Refer

Yes

Sanofi-aventis Pharmaceuticals

<http://www.sanofi.us/l/us/en/index.jsp>

Main

(212) 551-4400

55 Corporate Dr

08807 NJ

United States

Fee Structure

Call for Information

Languages Spoken

English

Sanofi-Aventis offers [Patient Assistance Program](#) to provide low income patients and Medicare beneficiaries with access to its products . [Visit Say Hello](#) to view an assistance programs for a particular drug.

Check the [Traditional Patient Assistance Program](#) to see a list of all medications available.

Service Area(s)

Nationwide