For patients who need help paying for UDENYCA™ (pegfilgrastim-cbqv), Coherus provides support through the Coherus COMPLETE™ Patient Assistance Program.
UDENYCA™ (pegfilgrastim-cbqv) can be provided at no cost to uninsured and underinsured patients with financial hardship through the Patient Assistance Program (PAP).*

**Patient Eligibility Criteria**

- Uninsured or functionally underinsured†
- U.S. citizen or resident and must physically reside in the U.S. or a U.S. territory
- Be under the care of a U.S. licensed healthcare provider with an established practice located in the U.S.
- Patients who appear to be Medicaid eligible must have received a denial from Medicaid
- Diagnosis and dosing must be consistent with UDENYCA’s FDA approved label
- Adjusted annual household income of ≤ 500% of the federal poverty level

**Streamlined Enrollment Process**

- Electronic income verification (no income documents required)
- Electronic signatures for ease of submission

Visit www.CoherusCOMPLETE.com or call 1-844-4-UDENYCA (1-844-483-3692) today!

*Coherus BioSciences™ reserves the right, at its sole discretion, to discontinue the Patient Assistance Program or may revise, change, or terminate this program at any time.

†To be considered underinsured, the patient must not have coverage for any pegfilgrastim product.