

PATIENT ASSISTANCE PROGRAMS FOR PATIENTS WITH ASTHMA-DETAILED INFO

Prescription Assistance Program	Prescription Drugs Covered	Contact Information	Eligibility Criteria	Cost
Abbott Patient Assistance Program	Azmacort [®] (triamcinolone)	P.O. Box 270 Somerville, NJ 08876 Phone: 1-800-222-6885 www.abbottpatientassistancefoundation.org applications available at: http://www.rxassist.org/plus/out/1173809_75950468/abbott-frm.pdf	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription from US physician ▪ No prescription drug insurance or benefits ▪ Patient's income at or below 200% of the US Federal poverty level ▪ Eligibility is determined on a case-by-case basis based on economic & insurance criteria 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to healthcare provider's office ▪ Refills require a new prescription
AstraZeneca Patient Assistance Program	Accolate [®] (zafirlukast) Pulmicort [®] (budesonide) Respules or Flexhaler Symbicort [®] (budesonide/formoterol)	P.O. Box 66551 St. Louis, MO 63166-6551 Phone for patients with NO prescription coverage: 1-800-424-3727 Phone for Medicare D patients: 1-800-957-6285 http://www.astrazeneca-us.com/help-affording-your-medicines/	<ul style="list-style-type: none"> ▪ Have a social security number, green card or work visa ▪ Valid prescription for qualifying medication ▪ Do not have Rx coverage OR Medicare Part D enrollee and have spent at least 3% of your annual income on prescriptions this year ▪ Annual household income does not exceed <ul style="list-style-type: none"> ○ \$30,000 for a single person ○ \$40,000 for family of two ○ \$50,000 for family of three ○ \$60,000 for family of four 	<ul style="list-style-type: none"> ▪ Free for those with no coverage ▪ \$30-\$50 copay for 90 day supply (based on income) for Medicare D enrollees filled at retail pharmacy ▪ Free 90-day supply of medication mailed to patients' home ▪ Prescriber can request refills ▪ Remain enrolled for one year
Boehringer Ingelheim Cares Patient Assistance Program	Combivent [®] (ipratropium/albuterol) Atrovent [®] (ipratropium) Spiriva HandiHaler [®] (tiotropium)	P.O. Box 66555 St. Louis, MO 63166-6555 Phone: 1-800-556-8317 Fax: 1-866-851-2827 http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html	<ul style="list-style-type: none"> ▪ US citizen or legal resident ▪ Valid prescription ▪ Patient's income criteria approximately 200% of US Federal poverty level ▪ Patient must not have access to private, public or government insurer drug coverage 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to physician's office
Boehringer Ingelheim Cares Patient Assistance Program for Medicare Beneficiaries	Combivent [®] (ipratropium/albuterol) Atrovent [®] (ipratropium) Spiriva HandiHaler [®] (tiotropium)	P.O. Box 66745 St. Louis, MO 63166-6745 Phone: 1-800-556-8317 Fax: 1-866-727-5891 http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html	<ul style="list-style-type: none"> ▪ Must not be eligible for prescription drug coverage other than Medicare Part D ▪ Income less than 135% of FPL will not qualify unless they do not qualify for Medicare's Low Income Subsidy (LIS) ▪ Income at or below 200% of FPL <ul style="list-style-type: none"> ○ \$20,800 for single person ○ \$28,000 for family of two ▪ Must have spent @ least 3% of their annual household income on prescription medications for the current calendar year 	<ul style="list-style-type: none"> ▪ 90 day supply mailed to prescriber's office ▪ Prescriber's office must contact program to arrange for refills

Program	Drugs Covered	Contact Information	Eligibility Criteria	Cost
GlaxoSmithKline GSK Access	Ventolin HFA [®] (albuterol) Serevent Diskus [®] (salmeterol) Flovent HFA [®] (fluticasone) Advair Diskus [®] (fluticasone/salmeterol)	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-3994 http://www.gsk-access.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ Medicare Part D enrollee who has spent at least \$600 on medications this year ▪ Patient income at or below 250% of US Federal poverty level <ul style="list-style-type: none"> ○ \$27,582 for a single person ○ \$36,851 for a family of two ○ \$46,121 for a family of three ○ \$55,391 for a family of four 	<ul style="list-style-type: none"> ▪ Free ▪ Patient receives medication upon presentation of program card to retail pharmacy
GlaxoSmithKline GSK Bridges to Access	Ventolin HFA [®] (albuterol) Serevent Diskus [®] (salmeterol) Flovent HFA [®] (fluticasone) Advair Diskus [®] (fluticasone/salmeterol)	P.O. Box 29038 Phoenix, AZ 85038-9038 Phone: 1-866-728-4368 www.BridgesToAccess.com	<ul style="list-style-type: none"> ▪ US resident ▪ Have no Rx benefits through any insurer/payer/program ▪ Have a gross <u>monthly</u> income at or below: <ul style="list-style-type: none"> ○ \$2256.25 for a single person ○ \$3035.421 for a family of two ○ \$3814.58 for a family of three ○ \$4593.75 for a family of four ○ For each additional person add \$779.17 	<ul style="list-style-type: none"> ▪ Patient picks up first 60 day supply from a retail pharmacy for a \$10 copay ▪ 4 additional refills via mail order after first 60 day supply
GlaxoSmithKline Together Rx Access	Ventolin HFA [®] (albuterol) Serevent Diskus [®] (salmeterol) Flovent HFA [®] (fluticasone) Advair Diskus [®] (fluticasone/salmeterol)	P.O. Box 9426 Wilmington, ED 19809-9944 1-800-414-4106 www.togetherrxaccess.com	<ul style="list-style-type: none"> ▪ Do not qualify for Medicare ▪ Do not have prescription coverage ▪ Legal resident of US or Puerto Rico ▪ Household income equal to or less than: <ul style="list-style-type: none"> ○ \$30,000 for a single person ○ \$40,000 for a family of two ○ \$50,000 for a family of three ○ Etc. 	<ul style="list-style-type: none"> ▪ Together Rx Access card may help patient save 25-40% on medications ▪ Savings vary based on which drug, how much, where it is purchased
Graceway Pharmaceutical Patient Assistance Program	Maxair Autohaler [®] (pirbuterol)	P.O. Box 8202 Somerville, NJ 08876 Phone: 1-866-628-6498 ext. opt 2 www.gracewaypharma.com/pdf/GracewayPAP.pdf	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No public or private insurance ▪ Patient's income at or below 200% US Federal poverty level 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 3 autohalers (90 day supply) mailed to healthcare provider's office

Program	Drugs Covered	Contact Information	Eligibility Criteria	Cost
Merck Patient Assistance Program	Singulair [®] (montelukast) tablets & chewable tablets	P.O. Box 690 Horsham, PA 19044 Phone (pt): 1-800-727-5400 Phone (providers): 1-800-994-2111 www.merck.com/merckhelps/patientassistance/home.html	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ Do not have Rx coverage or any other type of assistance program ▪ Annual household income of <ul style="list-style-type: none"> ○ \$43,320 for a single person ○ \$58,280 for a family of two ○ \$88,200 for a family of three ▪ Note: If the patient does not meet the prescription drug coverage criteria, but their income meets the program criteria, and there are special circumstances of financial and medical hardship that apply to their situation, they can request that an exception be made for them. 	<ul style="list-style-type: none"> ▪ Free ▪ 90-day supply with 3 refills per application ▪ Mailed to patient's home address unless otherwise requested by the prescriber
Merck Prescription Discount Program for the Uninsured	Singulair [®] (montelukast) tablets & chewable tablets	P.O. Box 690 Horsham, PA 19044 Phone: 1-800-506-3725 www.merck.com/merckhelps/uninsured/home.html	<ul style="list-style-type: none"> ▪ US Resident ▪ Valid prescription ▪ All uninsured patients, regardless of age or income 	<ul style="list-style-type: none"> ▪ Instant savings certificate (without having to enroll for 10% off) to present at retail pharmacy ▪ Enrolling in the program gives 15-20% savings ▪ No annual membership fees
Schering-Plough Cares Patient Assistance Program	Proventil HFA [®] (albuterol) Foradil Aerolizer [®] (formoterol) 12mcg Asmanex Twisthaler [®] (mometasone) 220mcg (30,60 or 120 inhalations)	P.O. Box 52122 Phoenix, AZ 85072 Phone: 1-800-656-9485 Fax: 1-800-995-9620 http://www.schering-plough.com/products/we-care.aspx	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No commercial prescription drug coverage ▪ Income at or below 250% US Federal poverty level for single or couple ▪ Also helps Medicare beneficiaries who have spent 3% of household income out of pocket to purchase medications 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to healthcare provider's office ▪ 3 refills- physician must fill out a reorder form every 3 months to get refills
Sepracor Patient Assistance Program	Xopenex [®] and Xopenex HFA [®] (albuterol)		<ul style="list-style-type: none"> ▪ No longer accepting new applicants as of January 9, 2009 	
Teva Assistance Program (Teva also has a ProAir discount card for \$20 off copay on 5 refills)	ProAir HFA [®] (albuterol) Qvar [®] (beclomethasone)	Phone: 1-866-254-1039 www.tevausa.com	<ul style="list-style-type: none"> ▪ Resident of US, Puerto Rico, or the Virgin Islands ▪ Valid prescription ▪ No prescription drug coverage ▪ Total family income at or below 200% US Federal poverty level 	<ul style="list-style-type: none"> ▪ Free ▪ One per 90 days ▪ Meds will be shipped to prescriber's office directly ▪ Once approved- patient may be eligible for up to 6 months

Program	Drugs Covered	Contact Information	Eligibility Criteria	Cost
Xubex Pharmaceutical Services	albuterol nebulizer solution (180 ml) albuterol/ipratropium inhalation solution	P.O. Box 1244 White Park, FL 32790 Phone: 1-866-699-8239 Fax: 1-407-671-7960 www.xubex.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ Eligibility based on household income <ul style="list-style-type: none"> ○ \$24,672 for a single person ○ \$32,141 for a family of two ○ \$40,890 for a family of three ○ \$48,675 for a family of four 	<ul style="list-style-type: none"> ▪ Patient must pay via credit care <ul style="list-style-type: none"> ○ 90 day supply \$20 ○ Plus \$3.85 shipping & handling fee ▪ Rx mailed to patient's home ▪ Can order refills online