



## Prescription Assistance Programs for Patients with Asthma

### Responsibilities of the patient:

1. Obtain and fill out forms from the prescription assistance program
2. Gather income documentation
  - Provide a copy of the most recently filed federal income tax return forms (Forms 1040, 1040A or 1040EZ)
3. Schedule an appointment with a health care provider. Ask him/her to:
  - Fill out the prescription (medication and dose) on the application form
  - Sign the application form
4. Submit application and income documentation by mail

### Responsibilities of the health care provider:

1. Write the prescription (medication and dose) on the application form
  - If applicable, write prescriptions for a one-year supply, **90-day supply with 3 refills**
2. Sign application form
3. The following medications require being *sent to a physician's office* for the patient to pick up
  - Qvar®
  - ProAir HFA®
  - Combivent Inhalation Aerosol®
  - Spiriva HandiHaler®
  - Atrovent Inhalation Aerosol®
  - Zyflo CR®

### How long is turnaround time?

- It generally takes 3-4 weeks for patients to get approved for a prescription assistance program and get their medication in the mail.
- If the medication is needed immediately, the health care provider will need to write a separate prescription for the patient to fill immediately (at regular cost) and have the remaining course of medication provided by prescription assistance programs.

## Prescription Assistance Hotlines

If a patient needs help identifying a prescription assistance program for their medication:

- Partnership for Prescription Assistance 1-888-477-2669
- RxConnect Utah 1-866-221-0265

Patients who need help filling out an application should *contact the prescription assistance program directly*:

Merck: 1-800-727-5400

- Asmanex Twisthaler®, Dulera®, Proventil®, Singulair®, Foradil Aerolizer®

GSK: 1-866-728-4368

- Advair Diskus®, Flovent HFA®, Serevent Diskus®, Ventolin HFA®

AstraZeneca: 1-800-292-6363

- Accolate® tablets, Pulmicort Respules, Turbuhaler, & Flexhaler®, Symbicort®

Boehringer Ingelheim: 1-800-556-8317

- Atrovent Inhalation Aerosol®, Combivent Inhalation Aerosol®, Spiriva HandiHaler®

Teva Specialty: 1-888-782-6157

- Qvar®, ProAir HFA®

Cornerstone Cares: 1-888-278-9198

- Zyflo CR®

## Prescription Assistance Programs for Patients with Asthma

The following list of prescription assistance programs was created to assist patients in receiving needed asthma medications. Additional websites available to further assist patients and download applications include:

- [www.pparx.org](http://www.pparx.org)
- [www.needymeds.org](http://www.needymeds.org)
- [www.rxassist.org](http://www.rxassist.org)
- <http://health.utah.gov/rxconnectutah>

### Quick-relief medications (short-acting beta agonists, anticholinergics)

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Albuterol nebulizer solution (180 ml)</b>	Xubex Pharmaceutical Services	P.O. Box 1244 White Park, FL 32790 Phone: 1-866-699-8239 (M-F 9 AM – 5 PM) Fax: 1-407-671-7960 <a href="http://www.xubex.com/PAP.aspx">www.xubex.com/PAP.aspx</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No proof of income required</li> </ul>	<ul style="list-style-type: none"> <li>• No enrollment fee</li> <li>• Patient must pay via credit card               <ul style="list-style-type: none"> <li>• 90-day supply: \$20 (\$30 - Tier 2)</li> <li>• 180-day supply: \$40 (\$60 - Tier 2)</li> <li>• 360-day supply: \$80 (\$120 - Tier 2)</li> </ul> </li> <li>• Plus \$3.85 shipping &amp; handling fee for standard shipping</li> <li>• Prescriptions mailed to patient's home</li> </ul>
<b>Atrovent Inhalation Aerosol®</b>	Boehringer Ingelheim Cares Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 Phone: 1-800-556-8317 <a href="http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html">http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug assistance</li> <li>• Income level approximately 200% of the US Federal poverty level</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to physician's office</li> </ul>
<b>ProAir HFA®</b>	Teva Specialty Pharmaceuticals Patient Assistance Program	Phone: 1-877-254-1039 Fax: 1-888-782-6157 <a href="http://www.proairhfa.com/PatientAssistance.aspx">www.proairhfa.com/PatientAssistance.aspx</a>	<ul style="list-style-type: none"> <li>• US, Puerto Rico, Virgin Island resident</li> <li>• No prescription drug coverage</li> <li>• Patient annual income at or below:               <ul style="list-style-type: none"> <li>• \$21,660 for a single person</li> <li>• \$29,140 for a family of two</li> <li>• \$36,620 for a family of three</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Three inhalers per 90 days</li> <li>• Medication is mailed to physician's office</li> <li>• Four refills allowed per year</li> </ul>
	Teva Discount Card	Phone: 1-877-254-1039 Fax: 1-888-782-6157 <a href="http://www.proairhfa.com/PatientAssistance.aspx">www.proairhfa.com/PatientAssistance.aspx</a>	<ul style="list-style-type: none"> <li>• US, Puerto Rico, Virgin Island resident</li> <li>• No prescription drug coverage</li> <li>• Patient annual income below:               <ul style="list-style-type: none"> <li>• \$21,660 for a single person</li> <li>• \$29,140 for a family of two</li> <li>• \$36,620 for a family of three</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• \$20 off now</li> <li>-OR-</li> <li>• Up to \$100 off next five ProAir prescription refills</li> </ul>

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Adapted and updated by Kellie Baxter, Utah Department of Health Asthma Program

**Quick-relief medications (short-acting beta agonists, anticholinergics), *continued***

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Proventil HFA Inhaler®</b>	Merck Helps	P.O. Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 8:00 AM–8:00 PM ET, Monday through Friday <a href="http://www.merck.com/merck/khelps/">http://www.merck.com/merck/khelps/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• No commercial prescription drug coverage</li> <li>• Low income                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to healthcare provider's office or to the patient's home address (check box on application for preference)</li> </ul>
<b>Spiriva HandiHaler®</b>	Boehringer Ingelheim Cares Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 Phone: 1-800-556-8317 <a href="http://us.boehringer-ingelheim.com/our_responsibility/patients_families.html">http://us.boehringer-ingelheim.com/our_responsibility/patients_families.html</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug assistance</li> <li>• Income level approximately 200% of the US Federal poverty level</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to physician's office</li> </ul>
<b>Symbicort®</b>	AstraZeneca Patient Assistance Program	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-292-6363 Fax: 1-800-961-8323 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/">http://www.astrazeneca-us.com/help-affording-your-medicines/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription from US physician</li> <li>• No prescription drug insurance or benefits</li> <li>• Income eligibility based on US poverty level adjusted for household size                             <ul style="list-style-type: none"> <li>• \$30,000 for a single person</li> <li>• \$40,000 for a family of two</li> <li>• \$60,000 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply depending on how physician writes prescription</li> <li>• Medication is mailed directly to patient's home address</li> </ul>
	AstraZeneca Patient Assistance Program (patients with Medicare Part D)	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-292-6363 Fax: 1-800-961-8323 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/">http://www.astrazeneca-us.com/help-affording-your-medicines/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription from US physician</li> <li>• Medicare Part D enrollee</li> <li>• Individual annual income at or below \$30,000, or if a couple, at or below \$40,000</li> <li>• Spend 3% of household income on prescription medications</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply depending on how physician writes prescription</li> <li>• Medication is mailed directly to patient's home address</li> </ul>

**Quick-relief medications (short-acting beta agonists, anticholinergics), *continued***

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Ventolin HFA Inhaler<sup>®</sup></b>	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 <a href="http://www.BridgesToAccess.com">www.BridgesToAccess.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug coverage (including Medicare Part D) or benefits</li> <li>• Patient monthly income below:                             <ul style="list-style-type: none"> <li>• \$2,269 for a single person</li> <li>• \$3,035 for a family of two</li> <li>• \$3,860 for a family of three</li> <li>• \$4,656 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free initial 30-day prescription if health provider enrolls patient by phone                             <ul style="list-style-type: none"> <li>• Available from retail pharmacy with patient voucher</li> </ul> </li> <li>• Free 90-day supply sent by mail if enrolled by mail</li> <li>• Up to four 90-day free refills mailed to the patient</li> <li>• Order at 1-866-PATIENT</li> <li>• New application and financial documentation required every 12 months</li> </ul>
	GSK Access GlaxoSmithKline (patients with Medicare Part D)	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-4357 Fax: 1-866-518-3994 <a href="http://www.gsk-access.com">http://www.gsk-access.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• Medicare Part D enrollee who has spent at least \$600 on medications this year                             <ul style="list-style-type: none"> <li>• Must provide copy of front and back of Medicare Part D card</li> </ul> </li> <li>• Patient annual income below:                             <ul style="list-style-type: none"> <li>• \$28,000 if single</li> <li>• \$37,700 if a couple</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply will be mailed to patient's address</li> <li>• New application and financial documentation required every 12 months</li> </ul>
<b>Xopenex HFA<sup>®</sup></b>	Sunovion Coupon	Sunovion Customer Assistance Center 1-888-394-7377 84 Waterford Drive Marlborough, MA 01752	<ul style="list-style-type: none"> <li>• US resident</li> <li>• No government, state, or federally funded medical or prescription drug benefits or coverage</li> <li>• May or may not have prescription drug coverage that covers part of the cost of treatment</li> <li>• Income is not a factor for eligibility</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>	<ul style="list-style-type: none"> <li>• Coupon</li> <li>• \$20 off Xopenex<sup>®</sup> HFA prescription</li> <li>• Call 1-888-204-1754 to activate                             <ul style="list-style-type: none"> <li>• Activate coupon and take it to pharmacy with prescription</li> </ul> </li> </ul>

**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
Accolate® tablets	AZ & Me Prescription Assistance Program	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-424-3727 Fax: 1-888-810-5282 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/">http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/</a>	<ul style="list-style-type: none"> <li>• Have a social security number or are a green card or work visa holder</li> <li>• Valid prescription from US physician</li> <li>• No prescription drug insurance or benefits</li> <li>• Income eligibility based on US Federal poverty level adjusted for household size                             <ul style="list-style-type: none"> <li>• \$30,000 for a single person</li> <li>• \$40,000 for a family of two</li> <li>• \$60,000 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply of medication mailed to patients' home</li> </ul>
	AstraZeneca Patient Assistance Program (patients with Medicare Part D)	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-292-6363 Fax: 1-800-961-8323 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/">http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription from US physician</li> <li>• Medicare Part D enrollee</li> <li>• Individual annual income at or below \$30,000, or if a couple, at or below \$40,000</li> <li>• Participate in Medicare Part D</li> <li>• Spend 3% of household income on out-of-pocket costs on prescription medications</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply of medication mailed to patients' home</li> </ul>
Advair Diskus®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 <a href="http://www.BridgesToAccess.com">www.BridgesToAccess.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug coverage (including Medicare Part D) or benefits</li> <li>• Patient income at or below 250% of 2007 US Federal poverty level (monthly)                             <ul style="list-style-type: none"> <li>• \$2,269 for a single person</li> <li>• \$3,035 for a family of two</li> <li>• \$4,656 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• \$10 initial 60-day prescription if sign-up by phone                             <ul style="list-style-type: none"> <li>• Available from retail pharmacy with patient voucher once patient is enrolled by phone</li> </ul> </li> <li>• Free refills, mailed to the patient</li> <li>• Order at 1-866-PATIENT</li> <li>• Free 90-day supply if initial fill by mail</li> </ul>
	GSK Access GlaxoSmithKline (patients with Medicare Part D)	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-4357 Fax: 1-866-518-3994 <a href="http://www.gsk-access.com">http://www.gsk-access.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• Medicare Part D enrollee who has spent at least \$600 on medications this year</li> <li>• Patient income at or below the following per month:                             <ul style="list-style-type: none"> <li>• \$2,333 for a single person</li> <li>• \$3,142 for a family of two</li> <li>• \$4,758 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply will be mailed to address provided on application</li> <li>• Patient receives 30-day supply of medication upon presentation of program card to retail pharmacy for some medications</li> <li>• Refills are free through Dec. 31 of calendar year</li> </ul>

**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Aerobid®</b> (flunisolide)	HealthWell Foundation	P.O. Box 4133 Gaithersburg, MD 20878 <a href="mailto:info@healthwellfoundation.org">info@healthwellfoundation.org</a> (800) 675-8416 9:00 am to 5:00 pm ET Monday through Friday Fax: (800) 282-7692 <a href="http://healthwellfoundation.org/">http://healthwellfoundation.org/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Must have prescription drug coverage that covers part of the treatment cost</li> <li>• Must contact the manufacturer of the medication to ask about possible assistance <i>before</i> applying to HealthWell for assistance</li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Provides financial assistance with copayments, coinsurance, and premiums for medical treatments</li> <li>• New application and financial documentation required every 12 months</li> </ul>
<b>Alvesco®</b>	Alvesco Instant Rebate Program	Sunovion Pharmaceuticals Inc. Customer Service Phone: 888-394-7377 84 Waterford Drive Marlborough, MA 01752 <a href="https://secure.alvesco.us/alvescoPromos/alvesco-loyalty-program.cfm">https://secure.alvesco.us/alvescoPromos/alvesco-loyalty-program.cfm</a>	<ul style="list-style-type: none"> <li>• US Resident</li> <li>• Valid prescription for Alvesco Inhalation Solution, no substitutions permitted</li> <li>• May or may not have prescription drug coverage that covers part of the cost of treatment</li> <li>• Income is not a factor for eligibility</li> <li>• May not be a participant in any state or federally funded healthcare programs (Medicare, Medicaid, etc)</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>	<ul style="list-style-type: none"> <li>• Co-pay assistance program</li> <li>• Up to \$75 off per prescription for 12 prescriptions fills</li> <li>• New application required every 12 months</li> </ul>
<b>Asmanex Twisthaler®</b>	Merck Patient Assistance Program	P.O. Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 8:00 AM–8:00 PM ET, Monday through Friday <a href="http://www.merck.com/merckhelps/">http://www.merck.com/merckhelps/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• No commercial prescription drug coverage</li> <li>• Low income                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to healthcare provider's office or to the patient's home address (check box on application for preference)</li> </ul>

**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Combivent Inhalation Aerosol®</b>	Boehringer Ingelheim CARES Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 Phone: 1-800-556-8317 Fax: 1-866-851-2827 <a href="http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html">http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html</a> <a href="https://www.rxhope.com/home.aspx">https://www.rxhope.com/home.aspx</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug assistance</li> <li>• Income level approximately 200% of the US Federal poverty level</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to physician's office</li> </ul>
<b>Dulera®</b>	Merck Patient Assistance Program	P.O. Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 8:00 AM–8:00 PM ET, Monday through Friday <a href="http://www.merck.com/merckhelps/">http://www.merck.com/merckhelps/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• No prescription drug coverage</li> <li>• Medicare Part D patients might be eligible but must go through an appeals process</li> <li>• Low income                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to healthcare provider's office or to the patient's home address (check box on application for preference)</li> <li>• Up to 3 refills available if prescribed by physician</li> <li>• New application and financial documentation required every 12 months</li> </ul>



**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
Flovent HFA®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 <a href="http://www.BridgesToAccess.com">www.BridgesToAccess.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug coverage (including Medicare Part D) or benefits</li> <li>• Patient income at or below 250% of 2007 US Federal poverty level (monthly)                             <ul style="list-style-type: none"> <li>• \$2,269 for a single person</li> <li>• \$3,035 for a family of two</li> <li>• \$4,656 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• \$10 initial 60-day prescription if sign-up by phone                             <ul style="list-style-type: none"> <li>• Available from retail pharmacy with patient voucher once patient is enrolled by phone</li> </ul> </li> <li>• Free refills mailed to the Patient</li> <li>• Order at 1-866-PATIENT</li> <li>• Free 90-day supply if initial fill by mail</li> </ul>
	GSK Access GlaxoSmithKline (patients with Medicare Part D)	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-4357 Fax: 1-866-518-3994 <a href="http://www.gsk-access.com">http://www.gsk-access.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• Medicare Part D enrollee who has spent at least \$600 on medications this year</li> <li>• Patient income at or below the following per month:                             <ul style="list-style-type: none"> <li>• \$2,333 for a single person</li> <li>• \$3,142 for a family of two</li> <li>• \$4,758 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply will be mailed to address provided on application</li> <li>• Patient receives 30-day supply of medication upon presentation of program card to retail pharmacy for some medications</li> <li>• Refills are free through Dec. 31 of calendar year</li> </ul>
Foradil Aerolizer®	Merck Helps	P.O. Box 690 Horsham, PA 19044-9979 Phone: 1-800-727-5400 8:00 AM–8:00 PM ET, Monday through Friday <a href="http://www.merck.com/merckhelps/">http://www.merck.com/merckhelps/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• No commercial prescription drug coverage</li> <li>• Low income                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to healthcare provider's office or to the patient's home address (check box on application for preference)</li> </ul>
Kenacort®, Kenalog® (triamcinolone)	HealthWell Foundation	P.O. Box 4133 Gaithersburg, MD 20878 <a href="mailto:info@healthwellfoundation.org">info@healthwellfoundation.org</a> (800) 675-8416 9:00 am to 5:00 pm ET Monday through Friday Fax: (800) 282-7692 <a href="http://healthwellfoundation.org/">http://healthwellfoundation.org/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Must have prescription drug coverage that covers part of the cost of treatment</li> <li>• Must contact the manufacturer of the medication to ask about possible assistance <i>before</i> applying to HealthWell for assistance</li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Provides financial assistance with copayments, coinsurance, and premiums for medical treatments</li> <li>• New application and financial documentation required every 12 months</li> </ul>

### Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Nasacort AQ<sup>®</sup></b> (triamcinolone nasal spray)	HealthWell Foundation	P.O. Box 4133 Gaithersburg, MD 20878 <a href="mailto:info@healthwellfoundation.org">info@healthwellfoundation.org</a> (800) 675-8416 9:00 am to 5:00 pm ET Monday through Friday Fax: (800) 282-7692 <a href="http://healthwellfoundation.org/">http://healthwellfoundation.org/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Must have prescription drug coverage that covers part of the cost of treatment</li> <li>• Must contact the manufacturer of the medication to ask about possible assistance <i>before</i> applying to HealthWell for assistance</li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Provides financial assistance with copayments, coinsurance, and premiums for medical treatments</li> <li>• New application and financial documentation required every 12 months</li> </ul>
<b>Pulmicort Respules, Turbuhaler &amp; Flexhaler<sup>®</sup></b>	AZ & Me Prescription Assistance Program	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-424-3727 Fax: 1-888-810-5282 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/">http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/</a>	<ul style="list-style-type: none"> <li>• Have a social security number or are a green card or work visa holder</li> <li>• Valid prescription from US physician</li> <li>• No prescription drug insurance or benefits</li> <li>• Income eligibility based on US Federal poverty level adjusted for household size                             <ul style="list-style-type: none"> <li>• \$30,000 for a single person</li> <li>• \$40,000 for a family of two</li> <li>• \$60,000 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Free</li> <li>▪ 90-day supply of medication mailed to patients' home</li> </ul>
	AstraZeneca Patient Assistance Program (patients with Medicare Part D)	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-292-6363 Fax: 1-800-961-8323 <a href="http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/">http://www.astrazeneca-us.com/help-affording-your-medicines/prescription-saving-program/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription from US physician</li> <li>• Medicare Part D enrollee</li> <li>• Individual annual income at or below \$30,000, or if a couple, at or below \$40,000</li> <li>• Spend 3% of household income on prescription medications</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply depending on how physician writes prescription</li> <li>• Medication is mailed directly to patient's home address</li> </ul>
<b>Qvar<sup>®</sup></b>	Teva Specialty Pharmaceuticals Patient Assistance Program	PO Box 52028 Pheonix, AZ 85072 Phone: 1-866-482-9633 Fax: 1-877-254-1039 <a href="http://www.qvar.com/PatientAssistance.aspx">www.qvar.com/PatientAssistance.aspx</a>	<ul style="list-style-type: none"> <li>• US, Puerto Rico, Virgin Islands resident</li> <li>• No prescription drug coverage</li> <li>• Patient income at or below 200% of 2009 US Federal poverty level                             <ul style="list-style-type: none"> <li>• \$21,660 for a single person</li> <li>• \$29,140 for a family of two</li> <li>• \$36,620 for a family of three</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free for up to one year</li> <li>• Two per 90 days</li> <li>• Supply must be sent directly to doctor's office</li> </ul>

**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
<b>Serevent Diskus®</b>	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 <a href="http://www.BridgesToAccess.com">www.BridgesToAccess.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• No prescription drug coverage (including Medicare Part D) or benefits</li> <li>• Patient income at or below 250% of 2007 US Federal poverty level (monthly)                             <ul style="list-style-type: none"> <li>• \$2,269 for a single person</li> <li>• \$3,035 for a family of two</li> <li>• \$3,860 for a family of three</li> <li>• \$4,656 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• \$10 initial 60-day prescription if sign-up by phone                             <ul style="list-style-type: none"> <li>• Available from retail pharmacy with patient voucher once patient is enrolled by phone</li> </ul> </li> <li>• Free refills mailed to the patient</li> <li>• Order at 1-866-PATIENT</li> <li>• Free 90-day supply if initial fill by mail</li> </ul>
	GSK Access GlaxoSmithKline (patients with Medicare Part D)	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-4357 Fax: 1-866-518-3994 <a href="http://www.ask-access.com">http://www.ask-access.com</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription</li> <li>• Medicare Part D enrollee who has spent at least \$600 on medications this year</li> <li>• Patient income at or below the following per month:                             <ul style="list-style-type: none"> <li>• \$2,333 for a single person</li> <li>• \$3,142 for a family of two</li> <li>• \$3,950 for a family of three</li> <li>• \$4,758 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 90-day supply will be mailed to address provided on application</li> <li>• Patient receives 30-day supply of medication upon presentation of program card to retail pharmacy for some medications</li> <li>• Refills are free through Dec. 31 of calendar year</li> </ul>
<b>Singular® tablets &amp; chewable tablets</b>	Merck Patient Assistance Program	P.O. Box 690 Horsham, PA 19044 Phone (patients): 1-800-727-5400 Phone (health care providers): 1-800-994-2111 <a href="http://www.merck.com/merckhelps/patientassistance/home.html">www.merck.com/merckhelps/patientassistance/home.html</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Valid prescription from US physician</li> <li>• No prescription drug insurance or benefits                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Up to 90-day supply of medication mailed to patient's home unless otherwise indicated on application</li> <li>• Refills, call 1-800-496-1365</li> </ul>
	Merck Prescription Discount Program for the Uninsured	P.O. Box 690 Horsham, PA 19044 Phone (patients): 1-800-506-3725 <a href="http://www.merck.com/merckhelps/uninsured/home.html">www.merck.com/merckhelps/uninsured/home.html</a>	<ul style="list-style-type: none"> <li>• US residents</li> <li>• Valid prescription from US physician</li> <li>• No prescription drug insurance or benefits</li> <li>• No age or income limits</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• 15-20% discount on Merck medicines</li> <li>• Apply by Phone or Internet and receive active membership ID</li> <li>• Present membership card to retail pharmacies for discount</li> </ul>

**Control medications (long-acting beta agonists, corticosteroids, combination, leukotriene modifiers, theophylline)**

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
Zyflo CR®	Cornerstone Cares	P.O. Box 7 Somerville, NJ 08876 Phone: 1-888-278-9198 Fax: 1-866-325-8234 <a href="http://www.crtx.com/">http://www.crtx.com/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Must not have insurance that covers Zyflo CR</li> <li>• Cannot qualify for federal, state or private insurance reimbursement for Zyflo</li> <li>• Annual income below:                             <ul style="list-style-type: none"> <li>• \$64,980 for a single person</li> <li>• \$87,420 for a family of two</li> <li>• \$132,300 for a family of four</li> </ul> </li> <li>• Patient eligibility and shared cost is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free for income below:                             <ul style="list-style-type: none"> <li>• \$43,560 for a single person</li> <li>• \$58,840 for a family of two</li> <li>• \$89,000 for a family of four</li> </ul> </li> <li>• Shared cost for income below:                             <ul style="list-style-type: none"> <li>• \$64,980 for a single person</li> <li>• \$87,420 for a family of two</li> <li>• \$132,300 for a family of four</li> </ul> </li> <li>• Up to 90-day supply of medication mailed to healthcare provider's office</li> </ul>

## For allergy-induced asthma

Prescription Drug	Prescription Assistance Program	Contact Information and Website	Eligibility Criteria	Cost
Xolair®	HealthWell Foundation	P.O. Box 4133 Gaithersburg, MD 20878 <a href="mailto:info@healthwellfoundation.org">info@healthwellfoundation.org</a> (800) 675-8416 9:00 am to 5:00 pm ET Monday through Friday Fax: (800) 282-7692 <a href="http://healthwellfoundation.org/">http://healthwellfoundation.org/</a>	<ul style="list-style-type: none"> <li>• US resident</li> <li>• Must have prescription drug coverage that covers part of the treatment cost</li> <li>• Must contact the manufacturer of the medication to ask about possible assistance <i>before</i> applying to HealthWell for assistance</li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Provides financial assistance with copayments, coinsurance, and premiums for medical treatments</li> <li>• New application and financial documentation required every 12 months</li> </ul>
	Xolair Co-pay Card Program	Customer Interaction Center Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080 1-877-411-8641 <a href="http://www.xolair.com/xolair/financial_copay.html">http://www.xolair.com/xolair/financial_copay.html</a>	<ul style="list-style-type: none"> <li>• Must have prescription drug coverage that covers part of the treatment cost</li> <li>• Must be 12 years or older</li> <li>• May not be a participant in any state or federally funded healthcare programs (Medicare, Medicaid, etc)</li> <li>• Patient eligibility is determined on a case-by-case basis based on economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Xolair Co-pay Card Program provides co-pay assistance of up to \$4000 over 12 consecutive months for eligible patients</li> <li>• New application and financial documentation required every 12 months</li> </ul>
	Xolair Access Solutions	XOLAIR Access Solutions 1 DNA Way, Mail Stop #858a South San Francisco, CA 94080-4990 Phone: (800) 704-6610 Fax: (800) 704-6612 <a href="http://www.genentechaccessolutions.com/">http://www.genentechaccessolutions.com/</a>	<ul style="list-style-type: none"> <li>• Must not have insurance that covers Xolair therapy</li> <li>• Household annual gross income must be below \$100,000</li> <li>• Must prove medical need for Xolair by allowing Xolair Access Solutions access to health records</li> <li>• Patient eligibility is determined on a case-by-case basis based on medical need, economic &amp; insurance criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Free</li> <li>• Xolair Access Solutions will contact the patient by phone once appropriate forms are filled out and submitted by patient and physician</li> <li>• Xolair Access Solutions will work with patient and physician to determine eligibility and ship medication</li> </ul>