

Prescription Assistance Programs for Patients with Asthma

These websites are also available to further assist patients and to download applications for patient assistance programs:

- www.pparx.org
- www.needymeds.org
- www.internetdrugcoupons.com

Prescription Drug	Prescription Assistance Program	Contact Information Website	Eligibility Criteria	Cost
Short Acting Beta-Agonists				
Albuterol nebulizer solution (180 ml)	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 www.xubex.com/PAP.aspx	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No proof of income required 	<ul style="list-style-type: none"> ▪ No enrollment fee ▪ Patient must pay via credit card <ul style="list-style-type: none"> • 90-day supply: \$20 (\$30 for Tier 2) • 180-day supply: \$40 (\$60) • 360-day supply: \$80 (\$120) • Plus \$3.85 shipping & handling fee ▪ Prescriptions mailed to patient's home
Maxair Autohaler®	Graceway Discount Card	PO Box 8202 Somerville, NJ 08876 Phone: 1-866-628-6498 www.maxairautohaler.com www.gracewaypharma.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No private, federal or state prescription drug coverage and no Medicare Part D ▪ Patient's income at or below 200% of the US Federal Poverty Level ▪ \$19,600 for a single person 	<ul style="list-style-type: none"> ▪ Free ▪ Up to three months supply mailed to healthcare provider's office ▪ -OR- ▪ Download \$25 coupon

ProAir HFA [®]	Teva Specialty Pharmaceuticals Patient Assistance Program	Phone: 1-877-254-1039 Fax: 1-888-782-6157 www.proairhfa.com/PatientAssistance.aspx	<ul style="list-style-type: none"> ▪ US, Puerto Rico, Virgin Island resident ▪ No prescription drug coverage ▪ Patient income at or below 200% of 2007 US Federal poverty level <ul style="list-style-type: none"> • \$20,420 for a single person • \$27,380 for a family of two • \$34,340 for a family of three 	<ul style="list-style-type: none"> ▪ Free ▪ Three inhalers per 90 days ▪ Medication is mailed to physician's office ▪ Four refills allowed per year
	Teva Discount Card	Phone: 1-877-254-1039 Fax: 1-888-782-6157 www.proairhfa.com/PatientAssistance.aspx	<ul style="list-style-type: none"> ▪ US, Puerto Rico, Virgin Island resident ▪ No prescription drug coverage ▪ Patient income at or below 200% of 2009 US Federal poverty level <ul style="list-style-type: none"> • \$21,660 for a single person • \$29,140 for a family of two • \$36,620 for a family of three 	<ul style="list-style-type: none"> ▪ Free ▪ \$20 off now -or- ▪ Up to \$100 off next five ProAir prescription refills
Proventil HFA Inhaler [®]	Schering Plough CARES Patient Assistance Program	P.O. Box 52122 Phoenix, AZ 85072 Phone: 1-800-656-9485 Fax: 1-800-995-9620 www.schering-plough.com/products/we-care.aspx	<ul style="list-style-type: none"> ▪ US resident ▪ No commercial prescription drug coverage ▪ Low income ▪ Patient eligibility is determined on a case-by-case basis based on economic & insurance criteria Low income Medicare beneficiaries who have spent 3% of income out-of-pocket to purchase prescription medications this year 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to healthcare provider's office

Ventolin HFA®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 www.BridgesToAccess.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug coverage (including Medicare Part D) or benefits ▪ Patient income at or below 250% of 2007 US Federal poverty level (monthly) <ul style="list-style-type: none"> • \$2,256 for a single person • \$3,035 for a family of two • \$3,814 for a family of three • \$4,593 for a family of four • 	<ul style="list-style-type: none"> ▪ \$10 initial 60-day prescription if sign-up by phone <ul style="list-style-type: none"> • Available from retail pharmacy with patient voucher once patient is enrolled by phone ▪ Free Refills <ul style="list-style-type: none"> • Mailed to the Patient ▪ Order at 1-866-PATIENT ▪ Free 90 day supply if initial fill by mail
	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 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 the following: <ul style="list-style-type: none"> • \$27,581 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 30 day supply of medication upon presentation of program card to retail pharmacy
	GSK Access Coupon	P.O. Box 52046 Phoenix, AZ 85072 Phone: 1-866-518-4357 Fax: 1-866-518-3994 http://www.gsk-access.com	<ul style="list-style-type: none"> ▪ If third party reimburses part of prescription cost ▪ No Medicare or Medicaid coverage ▪ Does not receive benefit from a former employer 	<ul style="list-style-type: none"> ▪ Patient receives \$15 off coupon

Long Acting Beta- Agonists				
Foradil Aerolizer®	Schering Plough CARES Patient Assistance Program	P.O. Box 52122 Phoenix, AZ 85072 Phone: 1-800-656-9485 Fax: 1-800-995-9620 www.schering-plough.com/products/we-care.aspx	<ul style="list-style-type: none"> ▪ US resident ▪ No commercial prescription drug coverage ▪ Low income ▪ Patient eligibility is determined on a case-by-case basis based on economic & insurance criteria ▪ Low income Medicare beneficiaries who have spent 3% of income out-of-pocket to purchase prescription medications this year 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to healthcare provider's office
Serevent Diskus®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 www.BridgesToAccess.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug coverage (including Medicare Part D) or benefits ▪ Patient income at or below 250% of 2007 US Federal poverty level (monthly) <ul style="list-style-type: none"> • \$2,256 for a single person • \$3,035 for a family of two • \$3,814 for a family of three • \$4,593 for a family of four 	<ul style="list-style-type: none"> ▪ \$10 initial 60-day prescription if sign-up by phone <ul style="list-style-type: none"> • Available from retail pharmacy with patient voucher once patient is enrolled by phone ▪ Free Refills <ul style="list-style-type: none"> • Mailed to the Patient ▪ Order at 1-866-PATIENT ▪ Free 90 day supply if initial fill by mail
	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 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 the following: <ul style="list-style-type: none"> • \$27,581 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 30 day supply of medication upon presentation of prog card to retail pharmacy

Leukotriene Modifiers				
Accolate [®] tablets	AstraZeneca Patient Assistance Program	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-424-3727 Fax: 1-888-810-5282 www.astrazeneca-us.com/help-affording-your-medicines/	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription from US physician ▪ No prescription drug insurance or benefits ▪ Income eligibility based on US Federal poverty level adjusted for household size <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 • \$60,000 for a family of four • \$70,000 for a family of five ▪ Spend 3% of household income on prescription medications 	<ul style="list-style-type: none"> ▪ Free ▪ 90-day supply of medication mailed to patients' home
Singulair [®] tablets & chewable tablets	Merck Patient Assistance Program	P.O. Box 690 Horsham, PA 19044 Phone (pts): 1-800-727-5400 Phone (hcp): 1-800-994-2111 www.merck.com/merckhelps/patientassistance/home.html	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription from US physician ▪ No prescription drug insurance or benefits <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 four 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to patient's home unless otherwise indicated on application ▪ Refills <ul style="list-style-type: none"> • Call 1-800-496-1365
Singulair [®] tablets & chewable tablets	Merck Prescription Discount Program for the Uninsured	P.O. Box 690 Horsham, PA 19044 Phone (patients): 1-800-506-3725 www.merck.com/merckhelps/uninsured/home.html	<ul style="list-style-type: none"> ▪ US residents ▪ Valid prescription from US physician ▪ No prescription drug insurance or benefits ▪ No age or income limits 	<ul style="list-style-type: none"> ▪ Free ▪ 15-20% discount on Merck medicine ▪ Apply by Phone or Internet and receive active membership ID ▪ Present membership card to retail pharmacies for discount

Cortico-steroids				
Asmanex Twisthaler®	Schering Plough CARES Patient Assistance Program	P.O. Box 52122 Phoenix, AZ 85072 Phone: 1-800-656-9485 Fax: 1-800-995-9620 www.schering-plough.com/products/we-care.aspx	<ul style="list-style-type: none"> ▪ US resident ▪ No commercial prescription drug coverage ▪ Low income ▪ Patient eligibility is determined on a case-by-case basis based on economic & insurance criteria ▪ Low income Medicare beneficiaries who have spent 3% of income out-of-pocket to purchase prescription medications 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to healthcare provider's office
Flovent HFA ®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 www.BridgesToAccess.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug coverage (including Medicare Part D) or benefits ▪ Patient income at or below 250% of 2007 US Federal poverty level (monthly) <ul style="list-style-type: none"> • \$2,256 for a single person • \$3,035 for a family of two • \$3,814 for a family of three • \$4,593 for a family of four 	<ul style="list-style-type: none"> ▪ \$10 initial 60-day prescription if sign-up by phone <ul style="list-style-type: none"> • Available from retail pharmacy with patient voucher once patient is enrolled by phone ▪ Free Refills <ul style="list-style-type: none"> • Mailed to the Patient ▪ Order at 1-866-PATIENT ▪ Free 90 day supply if initial fill by mail
	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 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 the following: <ul style="list-style-type: none"> • \$27,581 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 30 day supply of medication upon presentation of prog card to retail pharmacy

Pulmicort Respules, Turbuhaler & Flexhaler®	AstraZeneca Patient Assistance Program	P.O. Box 66551 St. Louis, MO 63166 Phone: 1-800-424-3727 Fax: 1-888-810-5282 www.astrazeneca-us.com/help-affording-your-medicines/	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription from US physician ▪ No prescription drug insurance or benefits ▪ Income eligibility based on US poverty level adjusted for household size <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 • \$60,000 for a family of four • \$70,000 for a family of five 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90 days supply depending on how physician writes prescription ▪ Medication is mailed directly to patient's home address
Qvar®	Teva Specialty Pharmaceuticals Patient Assistance Program	PO Box 52028 Pheonix, AZ 85072 Phone: 1-866-482-9633 Fax: 1-877-254-1039 www.qvar.com/PatientAssistance.aspx	<ul style="list-style-type: none"> ▪ US, Puerto Rico, Virgin Islands resident ▪ No prescription drug coverage ▪ Patient income at or below 200% of 2009 US Federal poverty level <ul style="list-style-type: none"> • \$21,660 for a single person • \$29,140 for a family of two • \$36,620 for a family of three 	<ul style="list-style-type: none"> ▪ Free for up to one year ▪ Two per 90 days ▪ Supply must be sent directly to Dr. office

Combination Therapies				
Advair Diskus ®	Bridges to Access GlaxoSmithKline	P.O. Box 29038 Phoenix, AZ 85038 Phone: 1-866-728-4368 www.BridgesToAccess.com	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug coverage (including Medicare Part D) or benefits ▪ Patient income at or below 250% of 2007 US Federal poverty level (monthly) <ul style="list-style-type: none"> • \$2,256 for a single person • \$3,035 for a family of two • \$3,814 for a family of three • \$4,593 for a family of four 	<ul style="list-style-type: none"> ▪ \$10 initial 60-day prescription if sign-up by phone <ul style="list-style-type: none"> • Available from retail pharmacy with patient voucher once patient is enrolled by phone ▪ Free Refills <ul style="list-style-type: none"> • Mailed to the Patient ▪ Order at 1-866-PATIENT ▪ Free 90 day supply if initial fill by mail
	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 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 the following: <ul style="list-style-type: none"> • \$27,581 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 30 day supply of medication upon presentation of prog card to retail pharmacy
Combivent Inhalation Aerosol®	Boehringer Ingelheim CARES Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 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 resident ▪ Valid prescription ▪ No prescription drug assistance ▪ Income level approximately 200% of the US Federal poverty level ▪ Patient eligibility is determined on a case-by-case basis 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to physician's office

Anti-cholinergics				
Atrovent Inhalation Aerosol®	Boehringer Ingelheim Cares Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 Phone: 1-800-556-8317 http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug assistance ▪ Income level approximately 200% of the US Federal poverty level ▪ Patient eligibility is determined on a case-by-case basis 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to physician's office
Spiriva HandiHaler®	Boehringer Ingelheim Cares Patient Assistance Program	P.O. Box 66555 St. Louis, MO 63166 Phone: 1-800-556-8317 http://us.boehringer-ingelheim.com/about-us/philanthropy/patient-assist.html	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ No prescription drug assistance ▪ Income level approximately 200% of the US Federal poverty level ▪ Patient eligibility is determined on a case-by-case basis 	<ul style="list-style-type: none"> ▪ Free ▪ Up to 90-day supply of medication mailed to physician's office
Accolate® tablets, Advair Diskus®, Azmacort Inhalation Aerosol®, Flovent HFA Inhalation Aerosol®, Serevent Diskus®, Ventolin HFA®	Together Rx Access	P.O. Box 9426 Wilmington, DE 19809 Phone: 1-800-444-4106 Fax: 1-888-743-7214 http://www.togetherrxaccess.com/home.html	<ul style="list-style-type: none"> ▪ US resident ▪ Valid prescription ▪ Not eligible for Medicare ▪ No prescription drug coverage ▪ Household income equal to or less than the following <ul style="list-style-type: none"> • \$45,000 for a single person • \$60,000 for a family of two • \$75,000 for a family of three • \$90,000 for a family of four • \$105,000 for a family of five 	<ul style="list-style-type: none"> ▪ Free ▪ 25-40% discounts on covered medications ▪ Patients receive upon presentation of program card to retail pharmacy ▪ Up to 35 days supply