### Advair Diskus®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Fluticasone and salmeterol</th>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Long acting beta-agonist and corticosteroids</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td>Bridges to Access® (GlaxoSmithKline)</td>
</tr>
</tbody>
</table>

#### Contact information and website

Phone: (866) 728-4368  
Hours: Monday-Friday 8:30a.m. - 5:30p.m. ET  
Fax: (855) 474-3063  
Mailing address:  
The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590  
[https://www.gskforyou.com/](https://www.gskforyou.com/)

### Eligibility criteria

- US resident
- No prescription drug benefits through any insurer, payer or program
- Not eligible for Medicaid
- Monthly household gross income at or below
- Monthly household gross income at or below (48 states and DC)
  - $2,602.08 for a single person
  - $3,522.92 for a family of two
  - $4,443.75 for a family of three
  - $5,364.58 for a family of four
  - For each additional person, add $920.83
- Monthly household gross income at or below (Alaska residents)
  - $3,250.00 for a single person
  - $4,402.08 for a family of two
  - $5,554.17 for a family of three
  - $6,706.25 for a family of four
  - For each additional person, add $1,152.08
- Monthly household gross income at or below (Hawaii)
  - $2,995.83 for a single person
  - $4,054.17 for a family of two
  - $5,112.50 for a family of three
  - $6,170.83 for a family of four
  - For each additional person, add $1,058.33
- Monthly household gross income at or below (Puerto Rico)
  - $2,000.00 for a single person
  - $2,500.00 for a family of two
  - $3,000.00 for a family of three
  - $3,500.00 for a family of four
  - For each additional person, add $500.00
Cost and enrollment

- Qualified patients receive prescription medicines for up to 12 months at no cost
- To enroll, use link provided
- Click on “Get assistance” located on the top of the website
- Choose uninsured assistance and click on enrollment
- Complete all required sections of the enrollment application that is provided on the website above
- Need to include a valid prescription and copies of proof of household income documents
- Completed and signed application with required documents may be faxed or mailed to:
  - The GSK Patient Assistance Program
  - P.O. Box 220590
  - Charlotte, NC 28222-0590
  - Fax: (855) 474-3063
- Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application
- If medication is needed right away or same day then an advocate (health care worker, social worker, case manager, etc) must call and enroll the patient
- Refill order at (866) 728-4368
- Patients need to reapply to Bridges to Access every 12 months
- This program does not constitute as health insurance

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<td><strong>For Patients with Medicare Part D</strong></td>
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  Mailing address:  
  The GSK Patient Assistance Program  
  P.O. Box 220590  
  Charlotte, NC 28222-0590  
  [http://www.gsk-access.com](http://www.gsk-access.com) |
| **Eligibility criteria** | • US resident |
Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year

Total monthly household gross income at or below:

Monthly household gross income at or below (48 states and DC)
- $2,602.08 for a single person
- $3,522.92 for a family of two
- $4,443.75 for a family of three
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- $2,000.00 for a single person
- $2,500.00 for a family of two
- $3,000.00 for a family of three
- $3,500.00 for a family of four
- For each additional person, add $500.00

Cost and enrollment

- Prescription medications provided at no charge to qualified patients
- To enroll, use link provided
- Select the “Get assistance” located on the top of the website
- Choose Medicare part D and click on enrollment
- Complete all required sections of the GSK Access enrollment application that is provided on the website above
- Need to include the following documents:
  - A copy of your Medicare Part D Prescription Plan ID Card
  - Proof of prescription expenses and income
  - Original signed prescription for medicine

Last update February 2021
Completed and signed application with required documents may be faxed or mailed to:
  - The GSK Patient Assistance Program
    P.O. Box 220590
    Charlotte, NC 28222-0590
    Fax: (855) 474-3063

Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application.

Refills are sent at no cost through December 31 of the current calendar year. To refill call (866) 728-4368.

Medicines received from this program do not count toward true out-of-pocket spending costs.

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**Prescription assistance program**

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<th>Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</th>
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**Contact information and website**

| Phone: (877) 296-4673 |
| Fax: (877) 298-1012 |
| Mailing address: Prescription Hope, Inc. P.O.Box 2700 Westerville, Ohio 43086 |
| [https://prescriptionhope.com/](https://prescriptionhope.com/) |

**Eligibility criteria**

- US resident
- May be uninsured
- Restrictions do apply (must complete enrollment application)
- The average income to qualify for the Prescription Hope pharmacy program:
  - Individuals earning around $30,000 per year
  - Couples earning around $50,000 per year
  - Guidelines increase with each additional member in households earning up to $100,000 per year

**Cost and enrollment**

- $50 per month, per medication
- Complete all required sections of the Prescription Hope enrollment form that is provided on the website above
• Need to include the following documents if applicable:
  o If you are on Medicare, you must submit a copy of your most recent Social Security New Benefit Amount Statement
  o If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a copy of the determination letter
• Completed and signed application with required documents may be completed online, faxed or mailed to:
  o Prescription Hope, Inc.
    P.O. Box 2700
    Westerville, Ohio 43086
    Fax: (877) 298-1012
• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to each applicable drug manufacturer to make the eligibility determination
• After enrollment, you can typically expect to receive 90 days’ worth of medication delivered to your home or doctor’s office within 4 to 6 weeks
• Refills will be delivered automatically before your current supply runs out
• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication