**Asmanex Twisthaler®**

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Mometasone furoate</th>
</tr>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Corticosteroids</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td>Merck Helps – Patient Assistance Program</td>
</tr>
</tbody>
</table>

**Contact information and website**

- Phone: (800) 727-5400
- Hours: Monday-Friday 8 a.m. - 8 p.m. EST
- Mailing address:
  - Merck Patient Assistance Program
  - P.O. Box 690
  - Horsham, PA 19044-9979
  - [http://www.merckhelps.com/ASMANEX%20%20TWISTHALE](http://www.merckhelps.com/ASMANEX%20%20TWISTHALE)

**Eligibility criteria**

- U.S. resident
- Prescription from a health care provider licensed in the U.S.
- No insurance or other drug coverage
- Low annual income at or below:
  - $49,960 for a household of one
  - $67,640 for couples
  - $103,000 for a family of four or less
- Patient eligibility is determined on a case-by-case basis, and based on economic and insurance criteria
- You can request that an exception be made for you

**Cost and enrollment**

- A single application may include prescriptions for up to 3 Merck medicines
- Click on the link provided above and click on the “How to Get Started” tab
- The enrollment form is located on the side bar (available in English and Spanish)
- Follow the instructions and complete all required sections on the enrollment form
- Take completed application to your physician/prescriber to be signed and have them write your prescription(s) in section two of the application
- Mail completed applications to:
  - Merck Patient Assistance Program
  - P.O. Box 690
  - Horsham, PA 19044-9979
- Receive up to 90-day supply of medication mailed to healthcare provider’s office or the patient’s home address (section three)
- Enrollment may be limited to one calendar year, patients may reapply

Last update February 2021
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<td><strong>Prescription Hope</strong>: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
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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://manage.prescriptionhope.com/enrollment/register.php |
| **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  
- Use link provided and choose to “Enroll online” or “Printable form”  
- Complete all required sections of the Prescription Hope enrollment form  
- Need to include the following documents if applicable:  
  - If you are on Medicare, you must submit a *copy* of your most recent Social Security New Benefit Amount Statement  
  - 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:  
  - 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
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<th>applicable drug manufacturer to make the eligibility determination</th>
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<td>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</td>
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<td>Refills will be delivered automatically before your current supply runs out</td>
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<td>If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</td>
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