<table>
<thead>
<tr>
<th>Serevent Diskus®</th>
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<tbody>
<tr>
<td><strong>Medication name</strong></td>
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<tr>
<td><strong>Medication classification</strong></td>
</tr>
<tr>
<td><strong>Prescription assistance program</strong></td>
</tr>
</tbody>
</table>
| **Contact information and website** | Phone: (866) 728-4368  
Fax: (855) 474-3063  
Hours: Monday - Friday 8:30a.m. – 5:30p.m. ET  
Mailing address: The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590  
https://www.gskforyou.com/ |
| **Eligibility criteria** |  
- U.S. resident  
- No prescription drug coverage or benefits through any insurer, payer or program  
- Not eligible for Medicaid  
- 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 $920.08  
- 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)  
  - $2,955.83 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
Select the “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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### Serevent Diskus®

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<tr>
<th>Medication name</th>
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<td>Long acting beta-agonists</td>
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<td>Prescription assistance program</td>
<td><strong>GSK Access</strong> (GlaxoSmithKline)</td>
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<td><strong>For Patients with Medicare Part D</strong></td>
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| Eligibility criteria | **• U.S. resident** |

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Last update February 2021
### Cost and enrollment

- **Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year**

- **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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  - $3,000.00 for a family of three
  - $3,500.00 for a family of four
  - For each additional person, add $500.00

- **To enroll, use link provided**
- **Click on “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**
- **Prescription medications provided at no charge to qualified patients**
- **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
• Completed and signed application with required documents may be faxed or mailed to:
  o 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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**Serevent Diskus®**

**Medication name**

| Salmeterol |

**Medication classification**

| Long acting beta-agonists |

**Prescription assistance program**

| Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs |

**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