

<b>Serevent Diskus®</b>	
Medication name	<i>Salmeterol</i>
Medication classification	Long acting beta-agonists
Prescription assistance program	<b>Bridges to Access®</b> (GlaxoSmithKline)
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 <a href="https://www.gskforyou.com/">https://www.gskforyou.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• U.S. resident</li> <li>• No prescription drug coverage or benefits through any insurer, payer or program</li> <li>• Not eligible for Medicaid</li> <li>• Monthly household gross income at or below (48 states and DC)               <ul style="list-style-type: none"> <li>○ \$2,602.08 for a single person</li> <li>○ \$3,522.92 for a family of two</li> <li>○ \$4,443.75 for a family of three</li> <li>○ \$5,364.58 for a family of four</li> <li>○ For each additional person, add \$920.08</li> </ul> </li> <li>• Monthly household gross income at or below (Alaska residents)               <ul style="list-style-type: none"> <li>○ \$3,250.00 for a single person</li> <li>○ \$4,402.08 for a family of two</li> <li>○ \$5,554.17 for a family of three</li> <li>○ \$6,706.25 for a family of four</li> <li>○ For each additional person, add \$1,152.08</li> </ul> </li> <li>• Monthly household gross income at or below (Hawaii)               <ul style="list-style-type: none"> <li>○ \$2,955.83 for a single person</li> <li>○ \$4,054.17 for a family of two</li> <li>○ \$5,112.50 for a family of three</li> <li>○ \$6,170.83 for a family of four</li> <li>○ For each additional person, add \$1,058.33</li> </ul> </li> <li>• Monthly household gross income at or below (Puerto Rico )               <ul style="list-style-type: none"> <li>○ \$2,000.00 for a single person</li> <li>○ \$ 2,500.00 for a family of two</li> <li>○ \$ 3,000.00 for a family of three</li> <li>○ \$ 3,500.00 for a family of four</li> <li>○ For each additional person, add \$500.00</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• Qualified patients receive prescription medicines for up to 12 months at no cost</li> </ul>

	<ul style="list-style-type: none"> <li>• To enroll, use link provided</li> <li>• Select the “Get Assistance” located on the top of the website</li> <li>• Choose uninsured assistance and click on enrollment</li> <li>• Complete all required sections of the enrollment application that is provided on the website above</li> <li>• Need to include a valid prescription and <i>copies</i> of proof of household income documents</li> <li>• Completed and signed application with required documents may be faxed or mailed to: <ul style="list-style-type: none"> <li>○ The GSK Patient Assistance Program P.O. Box 220590 Charlotte, NC 28222-0590 Fax: (855) 474-3063</li> </ul> </li> <li>• 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</li> <li>• 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</li> <li>• Refill order at (866) 728-4368</li> <li>• Patients need to reapply to Bridges to Access every 12 months</li> <li>• This program does not constitute as health insurance</li> </ul>
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Medication classification	Long acting beta-agonists
Prescription assistance program	<b>GSK Access (GlaxoSmithKline) For Patients with Medicare Part D</b>
Contact information and website	Phone: (866) 728-4368 Fax: (855) 474-3063 Hours: Monday - Friday 9 a.m. - 9 p.m. CST Mailing address: The GSK Patient Assistance Program P.O. Box 220590 Charlotte, NC 28222-0590 <a href="http://www.gsk-access.com">http://www.gsk-access.com</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• U.S. resident</li> </ul>

	<ul style="list-style-type: none"> <li>• Medicare Part D enrollee who has spent at least \$600 on prescription medications this calendar year</li> <li>• Monthly household gross income at or below (48 states and DC) <ul style="list-style-type: none"> <li>○ \$2,602.08 for a single person</li> <li>○ \$3,522.92 for a family of two</li> <li>○ \$4,443.75 for a family of three</li> <li>○ \$5,364.58 for a family of four</li> <li>○ For each additional person, add \$920.83</li> </ul> </li> <li>• Monthly household gross income at or below (Alaska residents) <ul style="list-style-type: none"> <li>○ \$3,250.00 for a single person</li> <li>○ \$4,402.08 for a family of two</li> <li>○ \$5,554.17 for a family of three</li> <li>○ \$6,706.25 for a family of four</li> <li>○ For each additional person, add \$1,152.08</li> </ul> </li> <li>• Monthly household gross income at or below (Hawaii) <ul style="list-style-type: none"> <li>○ \$2,995.83 for a single person</li> <li>○ \$4,054.17 for a family of two</li> <li>○ \$5,112.50 for a family of three</li> <li>○ \$6,170.83 for a family of four</li> <li>○ For each additional person, add \$1,058.33</li> </ul> </li> <li>• Monthly household gross income at or below (Puerto Rico ) <ul style="list-style-type: none"> <li>○ \$2,000.00 for a single person</li> <li>○ \$ 2,500.00 for a family of two</li> <li>○ \$ 3,000.00 for a family of three</li> <li>○ \$ 3,500.00 for a family of four</li> <li>○ For each additional person, add \$500.00</li> </ul> </li> </ul>
<p>Cost and enrollment</p>	<ul style="list-style-type: none"> <li>• To enroll, use link provided</li> <li>• Click on “Get Assistance” located on the top of the website</li> <li>• Choose Medicare part D and click on enrollment</li> <li>• Complete all required sections of the GSK Access enrollment application that is provided on the website above</li> <li>• Prescription medications provided at no charge to qualified patients</li> <li>• Need to include the following documents: <ul style="list-style-type: none"> <li>○ A <i>copy</i> of your Medicare Part D Prescription Plan ID Card</li> <li>○ Proof of prescription expenses and income</li> <li>○ Original signed prescription for medicine</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Completed and signed application with required documents may be faxed or mailed to: <ul style="list-style-type: none"> <li>○ The GSK Patient Assistance Program P.O. Box 220590 Charlotte, NC 28222-0590 Fax: (855) 474-3063</li> </ul> </li> <li>• 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</li> <li>• Refills are sent at no cost through December 31 of the current calendar year. To refill call (866) 728-4368</li> <li>• Medicines received from this program do not count toward true out-of-pocket spending costs</li> </ul>
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Medication classification	Long acting beta-agonists
Prescription assistance program	<b>Prescription Hope:</b> 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 <a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• US resident</li> <li>• May be uninsured</li> <li>• Restrictions do apply (must complete enrollment application)</li> <li>• The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> <li>○ Individuals earning around \$30,000 per year</li> <li>○ Couples earning around \$50,000 per year</li> <li>○ Guidelines increase with each additional member in households earning up to \$100,000 per year</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• \$50 per month, per medication</li> <li>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</li> </ul>

	<ul style="list-style-type: none"><li>• Need to include the following documents if applicable:<ul style="list-style-type: none"><li>○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement</li><li>○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter</li></ul></li><li>• Completed and signed application with required documents may be completed online, faxed or mailed to:<ul style="list-style-type: none"><li>○ Prescription Hope, Inc. P.O. Box 2700 Westerville, Ohio 43086 Fax: (877) 298-1012</li></ul></li><li>• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to each applicable drug manufacturer to make the eligibility determination</li><li>• 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</li><li>• Refills will be delivered automatically before your current supply runs out</li><li>• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</li></ul>
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