

Aerochamber ®	
Prescription assistance program	Partnership for Prescription Assistance
Contact information and website	Mailing address: 13645 Shoreline Drive Earth City, MO 63045 Phone: (800) 851-0758 Fax: (844) 708-0036 https://www.pparx.org/prescription_assistance_programs/forest_pharmaceuticals_patient_assistance_program
Eligibility criteria	<ul style="list-style-type: none"> • If the patient is eligible for Medicare, then Medicare Part D must have applied for, and been denied the Low-Income Subsidy for the Social Security Administration before submitting this application • If the patient is enrolled in Medicare Part D, then s/he still may eligible for the assistance program • The patient must not be able to afford the medication
Cost and enrollment	<ul style="list-style-type: none"> • Use link provided • Download patient assistant program application under “How to apply” • Fill out all the necessary information on the application • Please allow four weeks for application processing and delivery of medication(s) or device(s) to the licensed practitioner named on application form • Mail your completed application, prescription, and required proof of income documentation; or your doctor’s office may fax your completed application, prescription, and required documentation to: <p style="text-align: center;">13645 Shoreline Drive Earth City, MO 63045 Phone : (800)-851-0758 Fax: (844) 708-0036</p> • If the applicant is denied, the licensed prescriber and applicant will be notified by mail • Incomplete applications may be returned to the applicant or licensed prescriber with instructions for completion • No fees apply to this program