

Aerospan™	
Drug Name	<i>Flunisolide</i>
Drug Classification	Corticosteroids
Prescription Assistance Program	Aerospan Copay Relief, Meda Pharmaceuticals
Contact Information and Website	Phone: (855) 653-6325 Mailing Address: 265 Davidson Ave Somerset, NJ 08873-4120 http://aerospanrx.com/copay-relief/
Eligibility Criteria	<ul style="list-style-type: none"> • U.S. Resident • Must be 18 to activate Copay Card • NOT valid if prescriptions are paid in part or in full by any state or federally funded programs (Medicaid, Medicare, etc.) • Valid for patients with private insurance
Cost and enrollment	<ul style="list-style-type: none"> • Costs as little as \$14, with a max benefit of \$100 per 30-day prescription • Valid for up to 12 prescriptions, with a benefit cap of \$1,200 per calendar year • Insured/not covered and cash patients may save up to \$100 off an Aerospan prescription • First, click the link provided: http://aerospanrx.com/copay-relief/ • Scroll down and select the “Register here” pink button • Fill out your information and click “Submit”