

<b>Asmanex Twisthaler®</b>	
Medication name	<i>Mometasone furoate</i>
Medication classification	Corticosteroids
Prescription assistance program	<b>Merck Helps – Patient Assistance Program</b>
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 <a href="http://www.merckhelps.com/ASMANEX%20%20TWISTHALE">http://www.merckhelps.com/ASMANEX%20%20TWISTHALE</a> <u>R</u>
Eligibility criteria	<ul style="list-style-type: none"> <li>• U.S. resident</li> <li>• Prescription from a health care provider licensed in the U.S.</li> <li>• No insurance or other drug coverage</li> <li>• Low annual income at or below:               <ul style="list-style-type: none"> <li>○ \$48,240 for a household of one</li> <li>○ \$64,960 for couples</li> <li>○ \$98,400 for a family of four or less</li> </ul> </li> <li>• Patient eligibility is determined on a case-by-case basis, and based on economic and insurance criteria</li> <li>• You can request that an exception be made for you</li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• A single application may provide up to one year of product free of charge based on eligibility</li> <li>• Click on the link provided above and click on the “How to get started” tab</li> <li>• The enrollment form is located on the side bar (available in English and Spanish)</li> <li>• Follow the instructions and complete all required sections on the enrollment form</li> <li>• Take completed application to your physician/prescriber to be signed and have them write your prescription(s) in section two of the application</li> <li>• Mail completed applications to:               <ul style="list-style-type: none"> <li>Merck Patient Assistance Program</li> <li>PO Box 690</li> <li>Horsham, PA 19044-9979</li> </ul> </li> <li>• Receive up to 90-day supply of medication mailed to healthcare provider’s office or the patient’s home address (section three)</li> <li>• Enrollment may be limited to one calendar year, patients may reapply</li> </ul>

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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/enrollment/">https://prescriptionhope.com/enrollment/</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>• \$35 per month, per medication</li> <li>• Use link provided and choose to “Enroll online” or “Printable form”</li> <li>• Complete all required sections of the Prescription Hope enrollment form</li> <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</li> </ul>

	<p>each applicable drug manufacturer to make the eligibility determination</p> <ul style="list-style-type: none"><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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