

Asmanex Twisthaler®	
Medication name	<i>Mometasone furoate</i>
Medication classification	Corticosteroids
Prescription assistance program	Merck Helps – Patient Assistance Program
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 http://www.merckhelps.com/ASMANEX%20%20TWISTHALE <u>R</u>
Eligibility criteria	<ul style="list-style-type: none"> • U.S. resident • Prescription from a health care provider licensed in the U.S. • No insurance or other drug coverage • Low annual income at or below: <ul style="list-style-type: none"> ○ \$48,560 for a household of one ○ \$65,840 for couples ○ \$100,400 for a family of four or less • Patient eligibility is determined on a case-by-case basis, and based on economic and insurance criteria • You can request that an exception be made for you
Cost and enrollment	<ul style="list-style-type: none"> • A single application may include prescriptions for up to 3 Merck medicines • Click on the link provided above and click on the “How to Get Started” tab • The enrollment form is located on the side bar (available in English and Spanish) • Follow the instructions and complete all required sections on the enrollment form • Take completed application to your physician/prescriber to be signed and have them write your prescription(s) in section two of the application • Mail completed applications to: <ul style="list-style-type: none"> Merck Patient Assistance Program PO Box 690 Horsham, PA 19044-9979 • Receive up to 90-day supply of medication mailed to healthcare provider’s office or the patient’s home address (section three) • Enrollment may be limited to one calendar year, patients may reapply

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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://manage.prescriptionhope.com/enrollment/register.php
Eligibility criteria	<ul style="list-style-type: none"> • US resident • May be uninsured • Restrictions do apply (must complete enrollment application) • The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • \$50 per month, per medication • Use link provided and choose to “Enroll online” or “Printable form” • Complete all required sections of the Prescription Hope enrollment form • Need to include the following documents if applicable: <ul style="list-style-type: none"> ○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement ○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter • Completed and signed application with required documents may be completed online, faxed or mailed to: <ul style="list-style-type: none"> ○ 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

	<ul style="list-style-type: none">• 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
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