

Qvar®	
Medication name	<i>Beclomethasone</i>
Medication classification	Corticosteroids
Prescription assistance program	Teva Cares Foundation Patient Assistance Program
Contact information and website	Phone: (877) 237-4881 Fax: (877) 438-4404 Hours: Monday - Friday 10 a.m. - 9 p.m. CST Mailing address: TEVA CARES FOUNDATION Patient Assistance Program PO Box 52028 Phoenix, AZ 85072 http://qvar.com/resources-asthma-tools/teva-patient-assistance-program.aspx
Eligibility criteria	<ul style="list-style-type: none"> • U.S. resident • Not eligible for any prescription drug benefits through any public or private insurer, payer or program • Have a prescription for one or more of the Teva medicines listed on the application • Total yearly income at or below: <ul style="list-style-type: none"> ○ \$35,310 for a household of one ○ \$47,790 for couples ○ \$60,270 for a household of three ○ \$72,750 for a household of four ○ \$85,230 for a household of five
Cost and enrollment	<ul style="list-style-type: none"> • Receive your prescription at no cost for up to one year • Go to the link provided above and download a copy of the application form, follow instructions to complete and return the application to the foundation • Healthcare provider must complete and return his or her section of the application • Notification of acceptance or denial into program will be sent by mail • For accepted patients the medication will be mailed to the patient's home address • Renewals will be handled on an annual basis • Three inhalers per 90 days, four refills allowed per year (depending on doctor's prescription)

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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://prescriptionhope.com/enrollment/
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"> • \$35 per month, per medication • Complete all required sections of the Prescription Hope enrollment form that is provided on the website above • 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

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