

<b>Tudorza™ Pressair™</b>	
Medication name	<i>Aclidinium</i>
Medication classification	Anticholinergics
Prescription assistance program	<b>AZ &amp; Me™ Prescription Savings Program</b>
Contact information and website	Phone: (800) 292-6363 Fax: (800) 961-8323 Mailing address: AZ & Me Prescription Savings Program P.O. Box 898 Somerville, NJ 08876 <a href="http://azandmeapp.com/">http://azandmeapp.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• US resident or Green card or Work Visa holder</li> <li>• No prescription drug coverage or benefits under private insurance or government program</li> <li>• Annual household income below before taxes:               <ul style="list-style-type: none"> <li>○ \$35,000 for a single person</li> <li>○ \$48,000 for a family of two</li> <li>○ \$60,000 for a family of three</li> <li>○ \$70,000 for a family of four</li> <li>○ \$80,000 for a family of five</li> </ul> </li> <li>• Patients with certain life-changing events not reflected in financial documentation also may qualify</li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• Receive up to a 90-day supply of medications at no cost</li> <li>• Check eligibility and complete the application found on the link provided above</li> <li>• 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:               <ul style="list-style-type: none"> <li>○ AZ &amp; Me Prescription Savings Program PO Box 898 Somerville, NJ 08876 Fax: (800) 961-8323</li> </ul> </li> <li>• Enrolled patients will receive medication mailed to the home address or physician's office</li> <li>• Once your application and required documentation is received, the program will check to see whether you qualify for help from another program such as Medicaid or the Medicare Low Income Subsidy, also known as "Extra Help". The AZ &amp; Me Prescription Savings Program may ask you to apply for assistance through one of these programs first before applying to the program</li> </ul>

	<ul style="list-style-type: none"> <li>• For refills, call (800) 292-6363</li> <li>• Once you are enrolled in the program, your prescriptions can easily be refilled by calling the automated phone line 24 hours a day, seven days a week</li> <li>• Enrollment lasts for the remainder of the calendar year once enrolled</li> <li>• Reapply at the end of each year</li> </ul>
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<b>Tudorza™ Pressair™</b>	
Medication name	<i>Acclidium</i>
Medication classification	Anticholinergics
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>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</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> </ul> </li> </ul>

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