# Advair Diskus®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Fluticasone and salmeterol</th>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Long acting beta-agonist and corticosteroids</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td>Bridges to Access® (GlaxoSmithKline)</td>
</tr>
</tbody>
</table>
| Contact information and website | Phone: (866) 728-4368  
Hours: Monday-Friday 8:30a.m. - 5:30p.m. ET  
Fax: (855) 474-3063  
Mailing address:  
The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590  
[https://www.gskforyou.com/](https://www.gskforyou.com/) |

## Eligibility criteria

- **US resident**
- **No prescription drug benefits through any insurer, payer or program**
- **Not eligible for Medicaid**
- **Monthly household gross income at or below**
  - Monthly household gross income at or below (48 states and DC)
    - $2,602.08 for a single person
    - $3,522.92 for a family of two
    - $4,443.75 for a family of three
    - $5,364.58 for a family of four
    - For each additional person, add $920.83
  - Monthly household gross income at or below (Alaska residents)
    - $3,250.00 for a single person
    - $4,402.08 for a family of two
    - $5,554.17 for a family of three
    - $6,706.25 for a family of four
    - For each additional person, add $1,152.08
  - Monthly household gross income at or below (Hawaii)
    - $2,995.83 for a single person
    - $4,054.17 for a family of two
    - $5,112.50 for a family of three
    - $6,170.83 for a family of four
    - For each additional person, add $1,058.33
  - Monthly household gross income at or below (Puerto Rico)
    - $2,000.00 for a single person
    - $2,500.00 for a family of two
    - $3,000.00 for a family of three
    - $3,500.00 for a family of four
    - For each additional person, add $500.00
Cost and enrollment

- Qualified patients receive prescription medicines for up to 12 months at no cost
- To enroll, use link provided
- Click on “Get assistance” located on the top of the website
- Choose uninsured assistance and click on enrollment
- Complete all required sections of the enrollment application that is provided on the website above
- Need to include a valid prescription and copies of proof of household income documents
- Completed and signed application with required documents may be faxed or mailed to:
  - The GSK Patient Assistance Program
  - P.O. Box 220590
  - Charlotte, NC 28222-0590
  - Fax: (855) 474-3063
- Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application
- If medication is needed right away or same day then an advocate (health care worker, social worker, case manager, etc) must call and enroll the patient
- Refill order at (866) 728-4368
- Patients need to reapply to Bridges to Access every 12 months
- This program does not constitute as health insurance

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<tr>
<td>Contact information and website</td>
<td>For Patients with Medicare Part D</td>
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<td>Hours</td>
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<td><a href="http://www.gsk-access.com">http://www.gsk-access.com</a></td>
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<td>• US resident</td>
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### Medicare Part D Enrollment Requirements

- Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year
- Total monthly household gross income at or below:
  - Monthly household gross income at or below (48 states and DC)
    - $2,602.08 for a single person
    - $3,522.92 for a family of two
    - $4,443.75 for a family of three
    - $5,364.58 for a family of four
    - For each additional person, add $920.83
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    - $3,500.00 for a family of four
    - For each additional person, add $500.00

### Cost and Enrollment

- Prescription medications provided at no charge to qualified patients
- To enroll, use link provided
- Select the “Get assistance” located on the top of the website
- Choose Medicare part D and click on enrollment
- Complete all required sections of the GSK Access enrollment application that is provided on the website above
- Need to include the following documents:
  - A copy of your Medicare Part D Prescription Plan ID Card
  - Proof of prescription expenses and income
  - Original signed prescription for medicine

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Last update April 2022
- Completed and signed application with required documents may be faxed or mailed to:
  o The GSK Patient Assistance Program
    P.O. Box 220590
    Charlotte, NC 28222-0590
    Fax: (855) 474-3063
- Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application
- Refills are sent at no cost through December 31 of the current calendar year. To refill call (866) 728-4368
- Medicines received from this program do not count toward true out-of-pocket spending costs

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- **Prescription assistance program**: Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs

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<tr>
<td>Phone: (877) 296-4673</td>
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<tr>
<td>Fax: (877) 298-1012</td>
</tr>
<tr>
<td>Mailing address: Prescription Hope, Inc.</td>
</tr>
<tr>
<td>P.O.Box 2700</td>
</tr>
<tr>
<td>Westerville, Ohio 43086</td>
</tr>
<tr>
<td><a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a></td>
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<tr>
<td>• US resident</td>
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<td>• May be uninsured</td>
</tr>
<tr>
<td>• Restrictions do apply (must complete enrollment application)</td>
</tr>
<tr>
<td>• The average income to qualify for the Prescription Hope pharmacy program:</td>
</tr>
<tr>
<td>o Individuals earning around $30,000 per year</td>
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<tr>
<td>o Couples earning around $50,000 per year</td>
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<tr>
<td>o Guidelines increase with each additional member in households earning up to $100,000 per year</td>
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<tr>
<td>• $50 per month, per medication</td>
</tr>
<tr>
<td>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</td>
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Last update April 2022
- Need to include the following documents if applicable:
  - If you are on Medicare, you must submit a *copy* 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 *copy* of the determination letter
- Completed and signed application with required documents may be completed online, faxed or mailed to:
  - 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
- 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