<table>
<thead>
<tr>
<th>Medication name</th>
<th>Fluticasone propionate and salmeterol</th>
</tr>
</thead>
<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  
Fax: (855) 474-3063  
Hours: Monday-Friday 8:30 a.m. – 5:30 p.m. ET  
Mailing address:  
The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590  
[https://www.gskforyou.com/uninsured-patient-assistance/](https://www.gskforyou.com/uninsured-patient-assistance/)

**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 $920.08
- 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)
  - $2,955.83 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
- Select “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

---

**Advair® HFA**

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Fluticasone propionate and salmeterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication classification</td>
<td>Long acting beta-agonist and corticosteroids</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td><strong>Prescription Hope</strong>: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
</tr>
</tbody>
</table>
| Contact information and website | Phone: (877) 296-4673  
Fax: (877) 298-1012  
Mailing address:  
Prescription Hope, Inc.  
P.O.Box 2700  
Westerville, Ohio 43086 |
| Eligibility criteria | • US resident  
| | • May be uninsured  
| | • Restrictions do apply (must complete enrollment application)  
| | • The average income to qualify for the Prescription Hope pharmacy program:  
| | o Individuals earning around $30,000 per year  
| | o Couples earning around $50,000 per year  
| | o Guidelines increase with each additional member in households earning up to $100,000 per year  
| Cost and enrollment | • $50 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:  
| | o If you are on Medicare, you must submit a copy of your most recent Social Security New Benefit Amount Statement  
| | o 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:  
| | o 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  

https://prescriptionhope.com/