

Albuterol nebulizer solution	
Medication classification	Short acting beta-agonists
Prescription assistance program	Xubex Patient Assistance Program
Contact information and website	Phone: (866) 699-8239 Fax: (407) 671-7960 Hours: Monday-Friday 9 a.m. - 5 p.m. EST Mailing address: Xubex Patient Assistance Program P.O. Box 1244 Winter Park, FL 32790-1224 https://www.xubex.com/Default.aspx
Eligibility criteria	<ul style="list-style-type: none"> • U.S. resident • Valid prescription, must be written for 90 days • No proof of income required • Does not need a form of prescription drug coverage • Can have Medicare, Medicaid or similar state and/or federal program • Intended for qualifying patients without prescription drug coverage
Cost and enrollment	<ul style="list-style-type: none"> • First, use the link provided above to register online for the program or download the PDF copy to complete and mail in • Go to the Medications tab, then search for your prescribed medication and strength to find out the discount offered • To order medication from Xubex you must create an account to access your personal, pharmacy and health information required by the pharmacist to process the prescription • Prescription can be called in by a doctor, mailed or transferred from another pharmacy (further details provided in the link above) • No enrollment fee