## Flovent® Diskus®

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Fluticasone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug classification</td>
<td>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/](https://www.gskforyou.com/)

### Eligibility criteria
- U.S. resident
- No prescription drug coverage or benefits through any insurer, payer or program
- Not eligible for Medicaid
- 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 in the contact information
- Select the “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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| Prescription assistance program | GSK Access (GlaxoSmithKline)  
For Patients with Medicare Part D |
| 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  
http://www.gsk-access.com |
| Eligibility criteria | U.S. resident |
- Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year

- 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
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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
- 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
- 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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<td><strong>Prescription Hope</strong>: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
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</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  
[https://prescriptionhope.com](https://prescriptionhope.com) |
| **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:  
  - 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** | - $50 per month, per medication  
- Complete all required sections of the Prescription Hope enrollment form that is provided on the website above |
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<th>• Need to include the following documents if applicable:</th>
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<tr>
<td>o If you are on Medicare, you must submit a <em>copy</em> of your most recent Social Security New Benefit Amount Statement</td>
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<td>o If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <em>copy</em> of the determination letter</td>
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<th>• Completed and signed application with required documents may be completed online, faxed or mailed to:</th>
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| 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 |