

Flovent® HFA	
Medication name	<i>Fluticasone</i>
Medication classification	Corticosteroids
Prescription assistance program	Bridges to Access® (GlaxoSmithKline)
Contact information and website	Phone: (866) 728-4368 Fax: (855) 474-3063 Hours: Monday - Friday 8:30a.m. – 5:30p.m. ET Mailing address: The GSK Patient Assistance Program P.O. Box 220590 Charlotte, NC 28222-0590 https://www.gskforyou.com/
Eligibility criteria	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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

<p>Cost and enrollment</p>	<ul style="list-style-type: none"> • Qualified patients receive prescription medicines for up to 12 months at no cost • To enroll, use link provided • 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 <i>copies</i> of proof of household income documents • Completed and signed application with required documents may be faxed or mailed to: <ul style="list-style-type: none"> ○ 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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<p>Medication classification</p>	<p>Corticosteroids</p>
<p>Prescription assistance program</p>	<p>GSK Access (GlaxoSmithKline) For Patients with Medicare Part D</p>
<p>Contact information and website</p>	<p>Phone: (866) 518-4357 Fax: (855) 474-3063 Hours: Monday - Friday 9 a.m. – 9 p.m. CST Mailing address: The GSK Patient Assistance Program P.O. Box 220590 Charlotte, NC 28222-0590 http://www.gsk-access.com</p>
<p>Eligibility criteria</p>	<ul style="list-style-type: none"> • U.S. resident

	<ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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) <ul style="list-style-type: none"> ○ \$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
<p>Cost and enrollment</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ A <i>copy</i> of your Medicare Part D Prescription Plan ID Card ○ Proof of prescription expenses and income ○ Original signed prescription for medicine

	<ul style="list-style-type: none"> • Completed and signed application with required documents may be faxed or mailed to: <ul style="list-style-type: none"> ○ 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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Flovent® HFA	
Medication name	<i>Fluticasone</i>
Medication classification	Corticosteroids
Prescription assistance program	Prescription Hope: 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 https://prescriptionhope.com/
Eligibility criteria	<ul style="list-style-type: none"> • US resident • May be uninsured • Restrictions do apply (must complete enrollment application) • The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none">• \$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:<ul style="list-style-type: none">○ If you are on Medicare, you must submit a <i>copy</i> 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 <i>copy</i> of the determination letter• Completed and signed application with required documents may be completed online, faxed or mailed to:<ul style="list-style-type: none">○ 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
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