Foradil Aerolizer®	
Medication Name	Formoterol
Medication Classification	Long acting beta-agonists
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	 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 Need to include the following documents if applicable: 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: 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