

ProAir®HFA	
Medication name	<i>Albuterol</i>
Medication classification	Short acting beta-agonists
Prescription assistance program	https://www.hcp.proair.com/hfa/Patient-Resources
Contact information and website	Teva Pharmaceuticals USA, Inc. Attn: Americas Privacy Officer 400 Interpace Parkway, #3 Parsippany, NJ 07054 E-mail: USPrivacy@tevapharm.com
Eligibility criteria	To qualify for assistance from this program, patients must: <ul style="list-style-type: none"> • 1. Be a resident of the United States, Puerto Rico, or the US Virgin Islands. • 2. Not be eligible for any prescription drug benefits through any private or public insurer/payer/program. • 3. Have a total family annual income of 300% or below the federal poverty level for their state. • 4. Have a prescription for one or more of the Teva medicines listed on the application.
Cost and enrollment	To enroll your patient, download a copy of the Teva Cares Foundation application: <ul style="list-style-type: none"> • Patients will be notified by mail of program acceptance or denial • If the patient is approved, you will receive a form to complete and return • Medicine(s) will be shipped to your office directly from the Teva pharmacy • Once approved, patients are eligible to receive assistance for up to 12 months • Renewals will be handled on a per-patient basis

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Medication classification	Short 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.
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 • Click “Enrollment” on the top of the screen and create an account • 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

	<ul style="list-style-type: none">• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication
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