

<b>ProAir®HFA</b>	
Medication name	<i>Albuterol</i>
Medication classification	Short acting beta-agonists
Prescription assistance program	<b>Teva Cares Foundation Patient Assistance Program</b>
Contact information and website	Phone: (877) 237-4881 Hours: Monday - Friday 10a.m. - 9p.m. CST Fax: (877) 438-4404 Mailing address: Teva Cares Foundation Patient Assistance Program PO Box 52028 Phoenix, AZ 85072 <a href="http://www.tevacares.org/pdf/Application_CARES_all%20drugs_FINAL%20web-copy.pdf">http://www.tevacares.org/pdf/Application_CARES_all%20drugs_FINAL%20web-copy.pdf</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• U.S. resident</li> <li>• Not eligible for any prescription drug benefits through any public or private insurer, payer or program</li> <li>• Have a prescription for one or more of the Teva medicines listed on the application</li> <li>• Total yearly income at or below:               <ul style="list-style-type: none"> <li>○ \$36,420 for a household of one</li> <li>○ \$49,380 for a household of two</li> <li>○ \$62,340 for a household of three</li> <li>○ \$75,300 for a household of four</li> <li>○ \$88,260 for a household of five</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• Receive your prescription at no cost for up to one year</li> <li>• Go to the link provided above and download a copy of the application form, follow instructions to complete and return the application to the foundation</li> <li>• Healthcare provider must complete and return his or her section of the application</li> <li>• Notification of acceptance or denial into program will be sent by mail</li> <li>• For accepted patients the medication will be mailed to the patient's home address</li> <li>• Renewals will be handled on an annual basis</li> <li>• Three inhalers per 90 days, four refills allowed per year (depending on doctor's prescription)</li> </ul>

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Last update January 2020

Prescription Assistance Program	<b>Prescription Hope:</b> 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 <a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• US resident</li> <li>• May be uninsured</li> <li>• Restrictions do apply (must complete enrollment application)</li> <li>• The average income to qualify for the Prescription Hope pharmacy program:             <ul style="list-style-type: none"> <li>○ Individuals earning around \$30,000 per year</li> <li>○ Couples earning around \$50,000 per year</li> <li>○ Guidelines increase with each additional member in households earning up to \$100,000 per year</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• \$50 per month, per medication</li> <li>• Click “Enrollment” on the top of the screen and create an account</li> <li>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</li> <li>• Need to include the following documents if applicable:             <ul style="list-style-type: none"> <li>○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement</li> <li>○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter</li> </ul> </li> <li>• Completed and signed application with required documents may be completed online, faxed or mailed to:             <ul style="list-style-type: none"> <li>○ Prescription Hope, Inc. P.O. Box 2700 Westerville, Ohio 43086 Fax: (877) 298-1012</li> </ul> </li> <li>• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to each applicable drug manufacturer to make the eligibility determination</li> </ul>

	<ul style="list-style-type: none"><li>• 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</li><li>• Refills will be delivered automatically before your current supply runs out</li><li>• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</li></ul>
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