ProAir®HFA	
Medication name	Albuterol
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.
	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:
	applicable: o If you are on Medicare, you must submit a
	o If you are on Medicare, you must submit a copy 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

