<table>
<thead>
<tr>
<th>Proventil® HFA</th>
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</thead>
<tbody>
<tr>
<td><strong>Medication name</strong></td>
</tr>
<tr>
<td><strong>Medication classification</strong></td>
</tr>
<tr>
<td><strong>Prescription assistance program</strong></td>
</tr>
</tbody>
</table>

**Contact information and website**

Phone: (800) 727-5400  
Hours: Monday - Friday  9 a.m. - 9 p.m. CST  
Mailing Address:  
Merck Patient Assistance Program  
P.O. Box 690  
Horsham, PA 19044-9979  
[http://www.merckhelps.com/PROVENTIL%20HFA](http://www.merckhelps.com/PROVENTIL%20HFA)

**Eligibility criteria**

- U.S. resident  
- Prescription from a health care provider licensed in the U.S.  
- No insurance or other drug coverage  
- Low annual income at or below:  
  - $49,960 for a household of one  
  - $67,640 for couples  
  - $103,000 for a family of four or less  
- Patient eligibility is determined on a case-by-case basis, and based on economic and insurance criteria

**Cost and enrollment**

- A single application may provide up to one year of product free of charge based on eligibility  
- Select the link provided above and click on the “How to Get Started” tab  
- The enrollment form is located on the side bar (available in English or Spanish)  
- Follow the instructions and complete all required sections on the enrollment form  
- Take completed application to your physician/prescriber to be signed and have them write your prescription(s) in section two of the application  
- Mail completed applications to:  
  Merck Patient Assistance Program  
  PO Box 690  
  Horsham, PA 19044-9979  
- Receive up to 90-day supply of medication mailed to healthcare provider’s office or the patient’s home address (section three)  
- Enrollment may be limited to one calendar year, patients may reapply

Last update January 2020
**Proventil® HFA**

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<tr>
<th>Medication name</th>
<th>Albuterol</th>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Short acting beta-agonists</td>
</tr>
</tbody>
</table>

| 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:  
  o Individuals earning around $30,000 per year  
  o Couples earning around $50,000 per year  
  o 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:  
  o If you are on Medicare, you must submit a copy of your most recent Social Security New Benefit Amount Statement  
  o If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a copy of the determination letter  
• Completed and signed application with required documents may be completed online, faxed or mailed to:  
  o 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
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<tr>
<th>applicable drug manufacturer to make the eligibility determination</th>
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<tr>
<td>• 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</td>
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<tr>
<td>• Refills will be delivered automatically before your current supply runs out</td>
</tr>
<tr>
<td>• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</td>
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