Proventil® HFA		
Medication name	Albuterol	
Medication classification	Short acting beta-agonists	
Prescription assistance program	Merck Helps- Patient Assistance Program	
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	
-1. II III	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	

Proventil® 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
Eligibility criteria	https://prescriptionhope.com/US resident
Engionity Criteria	
	May be uninsuredRestrictions 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
	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 copy 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