# Qvar®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Beclomethasone</th>
</tr>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Corticosteroids</td>
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<tr>
<td>Prescription assistance program</td>
<td>Teva Cares Foundation Patient Assistance Program</td>
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## Contact information and website
Phone: (877) 237-4881  
Fax: (877) 438-4404  
Hours: Monday - Friday 10 a.m. - 9 p.m. CST  
Mailing address:  
TEVA CARES FOUNDATION  
Patient Assistance Program  
PO Box 52028  
Phoenix, AZ 85072  

## Eligibility criteria
- U.S. resident
- Not eligible for any prescription drug benefits through any public or private insurer, payer or program
- Have a total family annual income of 300%-or-less of the federal poverty line
- Have a prescription for one or more of the Teva medicines listed on the application
- Total yearly income at or below:  
  - $36,420 for a household of one  
  - $49,380 for couples  
  - $62,340 for a household of three  
  - $75,300 for a household of four  
  - $88,260 for a household of five

## Cost and enrollment
- Receive your prescription at no cost for up to one year
- Go to the link provided above, chose QVAR RediHaler and download a copy of the application form, follow instructions to complete and return the application to the foundation
- Healthcare provider must complete and return his or her section of the application
- Notification of acceptance or denial into program will be sent by mail
- For accepted patients the medication will be mailed to the patient’s home address
- Renewals will be handled on an annual basis
- Three inhalers per 90 days, four refills allowed per year (depending on doctor’s prescription)
| **Qvar®** |
|-----------------|-----------------|
| **Medication name** | *Beclomethasone* |
| **Medication classification** | *Corticosteroids* |
| **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 |

Last update January 2020
|  | 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 |