# Serevent Diskus®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Salmeterol</th>
</tr>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Long acting beta-agonists</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td>Bridges to Access® (GlaxoSmithKline)</td>
</tr>
</tbody>
</table>

## Contact information and website
- **Phone:** (866) 728-4368
- **Fax:** (855) 474-3063
- **Hours:** Monday - Friday 8:30a.m. – 5:30p.m. ET
- **Mailing address:**
  - The GSK Patient Assistance Program
  - P.O. Box 220590
  - Charlotte, NC 28222-0590
- **Website:** [https://www.gskforyou.com/](https://www.gskforyou.com/)

## Eligibility criteria
- U.S. resident
- No prescription drug coverage or benefits through any insurer, payer or program
- Not eligible for Medicaid
- Monthly household gross income at or below (48 states and DC)
  - $2,602.08 for a single person
  - $3,522.92 for a family of two
  - $4,434.75 for a family of three
  - $5,364.58 for a family of four
  - For each additional person, add $920.08
- Monthly household gross income at or below (Alaska residents)
  - $3,250.00 for a single person
  - $4,402.08 for a family of two
  - $5,554.17 for a family of three
  - $6,706.25 for a family of four
  - For each additional person, add $1,152.08
- Monthly household gross income at or below (Hawaii)
  - $2,955.83 for a single person
  - $4,054.17 for a family of two
  - $5,112.50 for a family of three
  - $6,170.83 for a family of four
  - For each additional person, add $1,058.33
- Monthly household gross income at or below (Puerto Rico)
  - $2,000.00 for a single person
  - $2,500.00 for a family of two
  - $3,000.00 for a family of three
  - $3,500.00 for a family of four
  - For each additional person, add $500.00

## Cost and enrollment
- Qualified patients receive prescription medicines for up to 12 months at no cost

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Last update April 2022
To enroll, use link provided
- Select the “Get Assistance” located on the top of the website
- Choose uninsured assistance and click on enrollment
- Complete all required sections of the enrollment application that is provided on the website above
- Need to include a valid prescription and copies of proof of household income documents
- Completed and signed application with required documents may be faxed or mailed to:
  o The GSK Patient Assistance Program
    P.O. Box 220590
    Charlotte, NC 28222-0590
    Fax: (855) 474-3063
- Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application
- If medication is needed right away or same day then an advocate (health care worker, social worker, case manager, etc) must call and enroll the patient
- Refill order at (866) 728-4368
- Patients need to reapply to Bridges to Access every 12 months
- This program does not constitute as health insurance

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**Contact information and website**

- Phone: (866) 728-4368
- Fax: (855) 474-3063
- Hours: Monday - Friday 9 a.m. - 9 p.m. CST
- Mailing address:
  - The GSK Patient Assistance Program
  - P.O. Box 220590
  - Charlotte, NC 28222-0590
  - [http://www.gsk-access.com](http://www.gsk-access.com)

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- Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year

- Monthly household gross income at or below (48 states and DC)
  - $2,602.08 for a single person
  - $3,522.92 for a family of two
  - $4,443.75 for a family of three
  - $5,364.58 for a family of four
  - For each additional person, add $920.83

- Monthly household gross income at or below (Alaska residents)
  - $3,250.00 for a single person
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- Monthly household gross income at or below (Puerto Rico)
  - $2,000.00 for a single person
  - $2,500.00 for a family of two
  - $3,000.00 for a family of three
  - $3,500.00 for a family of four
  - For each additional person, add $500.00

### Cost and enrollment

- To enroll, use link provided
- Click on “Get Assistance“ located on the top of the website
- Choose Medicare part D and click on enrollment
- Complete all required sections of the GSK Access enrollment application that is provided on the website above
- Prescription medications provided at no charge to qualified patients
- Need to include the following documents:
  - A copy of your Medicare Part D Prescription Plan ID Card
  - Proof of prescription expenses and income
  - Original signed prescription for medicine
• Completed and signed application with required documents may be faxed or mailed to:
  o The GSK Patient Assistance Program
    P.O. Box 220590
    Charlotte, NC 28222-0590
    Fax: (855) 474-3063
• Notification of acceptance or denial will be sent by mail, and if you are approved with a valid prescription then your first 90-day supply will be shipped to the address provided on the application
• Refills are sent at no cost through December 31 of the current calendar year. To refill call (866) 728-4368
• Medicines received from this program do not count toward true out-of-pocket spending costs

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**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/](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

Last update April 2022
- 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