### Ventolin HFA®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Albuterol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication classification</td>
<td>Short 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  
Mailing address:  
The GSK Patient Assistance Program  
P.O. Box 220590  
Charlotte, NC 28222-0590  
[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)  
  o $2,602.08 for a single person  
  o $3,522.92 for a family of two  
  o $4,443.75 for a family of three  
  o $5,364.58 for a family of four  
  o For each additional person, add $920.08  
• Monthly household gross income at or below (Alaska residents)  
  o $3,250.00 for a single person  
  o $4,402.08 for a family of two  
  o $5,554.17 for a family of three  
  o $6,706.25 for a family of four  
  o For each additional person, add $1,152.08  
• Monthly household gross income at or below (Hawaii)  
  o $2,955.83 for a single person  
  o $4,054.17 for a family of two  
  o $5,112.50 for a family of three  
  o $6,170.83 for a family of four  
  o For each additional person, add $1,058.33  
• Monthly household gross income at or below (Puerto Rico)  
  o $2,000.00 for a single person  
  o $2,500.00 for a family of two  
  o $3,000.00 for a family of three  
  o $3,500.00 for a family of four  
  o For each additional person, add $500.00 |
| Cost and enrollment | • Qualified patients receive prescription medicines for up to 12 months at no cost  
• To enroll, use link provided in contact information |

Last update January 2020
• 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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**For Patients with Medicare Part D**

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<tr>
<th>Contact information and website</th>
<th>Phone: (866) 728-4368</th>
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<tr>
<td></td>
<td>Fax: (855) 474-3063</td>
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<tr>
<td></td>
<td>Mailing address:</td>
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<tr>
<td></td>
<td>The GSK Patient Assistance Program</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 220590</td>
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<td></td>
<td>Charlotte, NC 28222-0590</td>
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<tr>
<td></td>
<td><a href="http://www.gsk-access.com">http://www.gsk-access.com</a></td>
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<th>Eligibility criteria</th>
<th>U.S. resident</th>
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<tr>
<td></td>
<td>Medicare Part D enrollee who has spent at least $600 on prescription medications this calendar year</td>
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### 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
- $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)
- $2,995.83 for a single person
- $4,054.17 for a family of two
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- $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
- Prescription medications provided at no charge to qualified patients
- Use link provided in the contact information
- Select the “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
- 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:
  - 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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<td><strong>Prescription assistance program</strong></td>
<td><strong>Prescription Hope</strong>: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
</tr>
<tr>
<td><strong>Contact information and website</strong></td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>(877) 296-4673</td>
</tr>
<tr>
<td>Fax</td>
<td>(877) 298-1012</td>
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</tbody>
</table>
| 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: |  |
| - 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