Accolate®Tablets			
Medication name	Zafirlukast		
Medication classification	Leukotriene modifiers		
Prescription assistance program	AZ&Me Prescription Savings Program for People Without Insurance		
Contact information and website	Phone: (800) 424-3727  Fax: (800) 961-8323  Mailing address: PO Box 66551  St. Louis, MO 63166-6551 <a href="https://www.rxhope.com/PAP/info/PAPList.aspx?drugid=1208&amp;fieldType=drugid">https://www.rxhope.com/PAP/info/PAPList.aspx?drugid=1208&amp;fieldType=drugid</a>		
Eligibility criteria	<ul> <li>US resident or Green card or Work Visa holder</li> <li>No prescription drug coverage or benefits under private insurance or government program</li> <li>Annual household income below before taxes:         <ul> <li>\$35,000 for a single person</li> <li>\$48,000 for a family of two</li> <li>\$60,000 for a family of three</li> <li>\$70,000 for a family of four</li> </ul> </li> <li>Patients with certain life-changing events not reflected in financial documentation also may qualify</li> </ul>		
Cost and enrollment	<ul> <li>Receive up to a 90-day supply of medications at no cost</li> <li>Check eligibility and complete the application found on the link provided above</li> <li>Mail your completed application, prescription, and required proof of income documentation; or your doctor's office may fax your completed application, prescription and required documentation to:</li></ul>		

•	Enrollment lasts for the remainder of the calendar year once enrolled
•	Reapply at the end of each year