

<b>Advair Diskus®</b>	
Medication name	<i>Fluticasone and salmeterol</i>
Medication classification	Long acting beta-agonist and corticosteroids
Prescription assistance program	<b>Prescription Hope:</b> 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 <a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• US resident</li> <li>• May be uninsured</li> <li>• Restrictions do apply (must complete enrollment application)</li> <li>• The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> <li>○ Individuals earning around \$30,000 per year</li> <li>○ Couples earning around \$50,000 per year</li> <li>○ Guidelines increase with each additional member in households earning up to \$100,000 per year</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• \$50 per month, per medication</li> <li>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</li> </ul>
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Need to include the following documents if applicable: <ul style="list-style-type: none"> <li>○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement</li> <li>○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter</li> </ul> </li> <li><input type="checkbox"/> Completed and signed application with required documents may be completed online, faxed or mailed to: <ul style="list-style-type: none"> <li>○ Prescription Hope, Inc.</li> <li>P.O. Box 2700</li> <li>Westerville, Ohio 43086</li> <li>Fax: (877) 298-1012</li> </ul> </li> </ul>

- ❑ 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