<table>
<thead>
<tr>
<th>spiriva® handihaler®</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>medication name</strong></td>
</tr>
<tr>
<td><strong>medication classification</strong></td>
</tr>
<tr>
<td><strong>prescription assistance program</strong></td>
</tr>
</tbody>
</table>
| **contact information and website** | Phone: (800) 556-8317  
Fax: (866) 851-2827  
Hours: Monday – Friday 7:30 a.m. – 5:00 p.m. CST  
Mailing address:  
Boehringer Ingelheim Cares  
Patient Assistance Program  
P.O. Box 66745  
St Louis, MO 63166-6745  
| **eligibility criteria** | • US resident  
• Income must be less than or equal to 200% of the Federal Poverty Guideline for the size of your household  
• Not eligible for prescription drug assistance through Medicare (including part D), Medicaid or private insurance  
• Patients who have difficulty meeting their Medicare Part D drug costs may be eligible  
• Patient eligibility is determined on a case-by-case basis |
| **cost and enrollment** | • No cost  
• A completed and current application, valid prescription and the patient’s income documentation are required  
• Must be at least 18 years of age to enroll  
• Up to 90-day supply of medication mailed to patient’s or physician’s office  
• Enrollment for up to one year  
• Click on “Patient Assistance Program Application” blue link on web page  
• Completed and signed application with required documents may be faxed from physician’s office with physician’s fax cover sheet and fax banner or mailed by patient to:  
  o Boehringer Ingelheim Cares Foundation, Inc.  
P.O. Box 66745  
St. Louis, MO 63166-6745  
Fax: (866) 851-2827 |
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<tr>
<th><strong>Spiriva® HandiHaler®</strong></th>
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</thead>
<tbody>
<tr>
<td>Medication name</td>
<td>Tiotropium</td>
</tr>
<tr>
<td>Medication classification</td>
<td>Anticholinergics</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td><strong>Prescription Hope</strong>: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
</tr>
</tbody>
</table>
| 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  
• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to each
<table>
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<tr>
<th>applicable drug manufacturer to make the eligibility determination</th>
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<tbody>
<tr>
<td>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</td>
</tr>
<tr>
<td>Refills will be delivered automatically before your current supply runs out</td>
</tr>
<tr>
<td>If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</td>
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