

Combivent®Respimat®	
Medication name	<i>Ipratropium and albuterol</i>
Medication classification	Short acting beta-agonist and anticholinergics
Prescription assistance program	Boehringer Ingelheim Cares Foundation, Inc. patient assistance program
Contact information and website	<p>Phone: (800) 556-8317</p> <p>Fax: (866) 851-2827</p> <p>Hours: Monday – Friday 7:30a.m. – 5:00p.m. CST</p> <p>Mailing address:</p> <p>Boehringer Ingelheim Cares Foundation, Inc.</p> <p>Patient Assistance Program</p> <p>P.O. Box 66745</p> <p>St Louis, MO 63166-6745</p> <p>https://www.boehringer-ingelheim.us/sites/us/files/files/bipi-universal-application.pdf</p>
Eligibility criteria	<ul style="list-style-type: none"> • U.S. 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	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none">• Enrollment for up to one year• 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:<ul style="list-style-type: none">○ Boehringer Ingelheim Cares Foundation, Inc. P.O. Box 66745 St. Louis, MO 63166-6745 Fax: (866) 851-2827
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