### Atrovent® HFA

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Ipratropium bromide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication classification</td>
<td>Anticholinergics</td>
</tr>
<tr>
<td>Prescription assistance program</td>
<td>Boehringer Ingelheim Cares Foundation, Inc. patient assistance program</td>
</tr>
</tbody>
</table>

**Contact information and website**

- Phone: (800) 556-8317
- Fax: (866) 851-2827
- Hours: Monday – Friday 7:30a.m. – 5:00p.m. CST
- Mailing address:
  - Boehringer Ingelheim Cares Foundation, Inc.
  - Patient Assistance Program
  - P.O. Box 66745
  - St Louis, MO 63166-6745

**Eligibility criteria**

- 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**

- 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
- 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:
  - Boehringer Ingelheim Cares Foundation, Inc.
  - P.O. Box 66745
  - St. Louis, MO 63166-6745
  - Fax: (866) 851-2827

Last update January 2020
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| **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/](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
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<th>applicable drug manufacturer to make the eligibility determination</th>
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<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>
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<td>Refills will be delivered automatically before your current supply runs out</td>
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<td>If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</td>
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