<table>
<thead>
<tr>
<th><strong>Atrovent® HFA</strong></th>
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<tbody>
<tr>
<td><strong>Medication name</strong></td>
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<tr>
<td><strong>Medication classification</strong></td>
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<tr>
<td><strong>Prescription assistance program</strong></td>
</tr>
</tbody>
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| **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:  
  o Boehringer Ingelheim Cares Foundation, Inc.  
    P.O. Box 66745  
    St. Louis, MO 63166-6745  
    Fax: (866) 851-2827 |
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<tr>
<td><strong>Medication name</strong>: Ipratropium bromide</td>
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<td><strong>Medication classification</strong>: Anticholinergics</td>
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<td><strong>Prescription assistance program</strong>: Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs</td>
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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:  
  - Individuals earning around $30,000 per year  
  - Couples earning around $50,000 per year  
  - 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:  
  - If you are on Medicare, you must submit a copy of your most recent Social Security New Benefit Amount Statement  
  - 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:  
  - 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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