<table>
<thead>
<tr>
<th><strong>Spiriva® HandiHaler®</strong></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

Last updated January 2020
<table>
<thead>
<tr>
<th><strong>Spiriva® HandiHaler®</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication name</td>
</tr>
<tr>
<td>Medication classification</td>
</tr>
<tr>
<td>Prescription assistance program</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/](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
<table>
<thead>
<tr>
<th>applicable drug manufacturer to make the eligibility determination</th>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>