

Spiriva® HandiHaler®	
Medication name	<i>Tiotropium</i>
Medication classification	Anticholinergics
Prescription assistance program	Boehringer Ingelheim Cares Foundation, Inc. Patient Assistance Program
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 http://us.boehringer-ingelheim.com/our_responsibility/patients-families/patient_assistance_program.html
Eligibility criteria	<ul style="list-style-type: none"> • 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	<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 • 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: <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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Medication name	<i>Tiotropium</i>
Medication classification	Anticholinergics
Prescription assistance program	Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs
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	<ul style="list-style-type: none"> • US resident • May be uninsured • Restrictions do apply (must complete enrollment application) • The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • \$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: <ul style="list-style-type: none"> ○ If you are on Medicare, you must submit a <i>copy</i> 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 <i>copy</i> of the determination letter • Completed and signed application with required documents may be completed online, faxed or mailed to: <ul style="list-style-type: none"> ○ 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

	<p>applicable drug manufacturer to make the eligibility determination</p> <ul style="list-style-type: none">• 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• Refills will be delivered automatically before your current supply runs out• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication
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