# Stiolto™ Respimat®

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Tiotropium bromide and olodaterol</th>
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<tbody>
<tr>
<td>Medication classification</td>
<td>Long acting beta-agonist and anticholinergic</td>
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</table>

**Prescription assistance program**

| Prescription Hope: National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs |

**Contact information and website**

<table>
<thead>
<tr>
<th>Phone: (877) 296-4673</th>
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<tbody>
<tr>
<td>Fax: (877) 298-1012</td>
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<tr>
<td>Mailing address: Prescription Hope, Inc. P.O.Box 2700 Westerville, Ohio 43086</td>
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<td><a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a></td>
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**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 applicable drug manufacturer to make the eligibility determination
- 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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</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