

<b>Stiolto™ Respimat®</b>	
Medication name	<i>Tiotropium bromide and olodaterol</i>
Medication classification	Long acting beta-agonist and anticholinergic
Prescription assistance program	<b>Prescription Hope:</b> 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 <a href="https://prescriptionhope.com/">https://prescriptionhope.com/</a>
Eligibility criteria	<ul style="list-style-type: none"> <li>• US resident</li> <li>• May be uninsured</li> <li>• Restrictions do apply (must complete enrollment application)</li> <li>• The average income to qualify for the Prescription Hope pharmacy program: <ul style="list-style-type: none"> <li>○ Individuals earning around \$30,000 per year</li> <li>○ Couples earning around \$50,000 per year</li> <li>○ Guidelines increase with each additional member in households earning up to \$100,000 per year</li> </ul> </li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• \$50 per month, per medication</li> <li>• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above</li> <li>• Need to include the following documents if applicable: <ul style="list-style-type: none"> <li>○ If you are on Medicare, you must submit a <i>copy</i> of your most recent Social Security New Benefit Amount Statement</li> <li>○ If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a <i>copy</i> of the determination letter</li> </ul> </li> <li>• Completed and signed application with required documents may be completed online, faxed or mailed to: <ul style="list-style-type: none"> <li>○ Prescription Hope, Inc. P.O. Box 2700 Westerville, Ohio 43086 Fax: (877) 298-1012</li> </ul> </li> <li>• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to</li> </ul>

	<p>each applicable drug manufacturer to make the eligibility determination</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Refills will be delivered automatically before your current supply runs out</li> <li>• If Prescription Hope cannot help you with a medication, there will never be a fee for that medication</li> </ul>
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Medication name	<i>Tiotropium bromide and olodaterol</i>
Medication classification	Long acting beta-agonist and anticholinergic
Prescription assistance program	<b>Boehringer Ingelheim Cares Foundation, Inc. patient assistance program</b>
Contact information and website	<p>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  <a href="https://www.boehringer-ingelheim.us/sites/us/files/files/bipi-universal-application.pdf">https://www.boehringer-ingelheim.us/sites/us/files/files/bipi-universal-application.pdf</a></p>
Eligibility criteria	<ul style="list-style-type: none"> <li>• U.S. resident</li> <li>• Income must be less than or equal to 200% of the Federal Poverty Guideline for the size of your household</li> <li>• Not eligible for prescription drug assistance through Medicare (including part D), Medicaid or private insurance</li> <li>• Patients who have difficulty meeting their Medicare Part D drug costs may be eligible</li> <li>• Patient eligibility is determined on a case-by-case basis</li> </ul>
Cost and enrollment	<ul style="list-style-type: none"> <li>• No cost</li> <li>• A completed and current application, valid prescription and the patient's income documentation are required</li> <li>• Must be at least 18 years of age to enroll</li> <li>• Up to 90-day supply of medication mailed to patient's or physician's office</li> </ul>

	<ul style="list-style-type: none"><li>• Enrollment for up to one year</li><li>• 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"><li>○ Boehringer Ingelheim Cares Foundation, Inc. P.O. Box 66745 St. Louis, MO 63166-6745 Fax: (866) 851-2827</li></ul></li></ul>
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