

Stiolto™ Respimat®	
Medication name	<i>Tiotropium bromide and olodaterol</i>
Medication classification	Long acting beta-agonist and anticholinergic
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

	<p>each 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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Stiolto™ Respimat®	
Medication name	<i>Tiotropium bromide and olodaterol</i>
Medication classification	Long acting beta-agonist and anticholinergic
Prescription assistance program	Boehringer Ingelheim Cares Foundation, Inc. patient assistance program
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 https://www.boehringer-ingelheim.us/sites/us/files/files/bipi-universal-application.pdf</p>
Eligibility criteria	<ul style="list-style-type: none"> • 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	<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

	<ul style="list-style-type: none">• 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:<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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