Life forward

Boehringer Ingelheim Cares Foundation

Patient Assistance Program

Eligibility

You may be eligible for the Boehringer Cares Patient Assistance Program if all terms below are met:

- ☐ You reside in the U.S. or a U.S. territory and are being treated as an outpatient by a U.S. licensed health care provider.
- ☐ You are uninsured or have Medicare Part D coverage (please refer to the application as some products vary.)
- ☐ Your total household income before taxes and deductions is at or below our annual income limit (% of Federal Poverty Level (FPL)).
    - Our income limits are based on the total number of people in your household.
    - A household includes the individual applying to our program plus, if living with the individual, his or her spouse and children who are under 19 years old.

Important Information

- Boehringer Cares reserves the right to request additional documentation to verify the information provided in the application form for purposes of determining patient eligibility for assistance and to conduct periodic audits of patient enrollments.
    - Requested documentation may include but is not limited to items such as Federal Tax Return, W2, 1099, Pension statement, Social Security statement, Pay Stubs, Proof of denial for the Medicare Part D LIS/Extra Help, etc.
- Missing information in the form, inability to verify information provided, and delays in providing requested documentation may result in delays in processing the application and eligibility determinations.

Length of Enrollment

- Medicare Enrollments
    - New Medicare Part D eligible enrolled are approved between 10/15 – 12/31 of any year are approved through 12/31 of the following year, for a maximum enrollment of up to 15 months.
- All Other Enrollments are approved for 12 months from date of approval.

Group 1 Medicines and Income Limits – at or below 200% of FPL

- Atrovent® HFA (ipratropium bromide HFA)
- Spiriva® Respimat® (tiotropium bromide inhalation spray)
- Combivent® Respimat® (ipratropium bromide and albuterol inhalation spray)
- Striverdi® Respimat® (olodaterol) Inhalation Spray
- Stiolto® Respimat® (tiotropium bromide and olodaterol inhalation spray)

2026 Annual Household Income Limit Before Taxes*

Household Size	48 States	Alaska	Hawaii
1	$31,920	$39,900	$36,720
2	$43,280	$54,100	$49,780
3	$54,640	$68,300	$62,840
4	$66,000	$82,500	$75,900
5	$77,360	$96,700	$88,960
6	$88,720	$110,900	$102,020

Group 2 Medicines and Income Limits – at or below 250% of FPL

- Aptivus® (tipranavir) Capsules
- Cyltezo® (adalimumab-adbm)
- Gilotrif® (afatinib)
- Glyxambi® (empagliflozin/linagliptin)
- Hernexeos™ (zongertinib tablets)
- Jardiance® (empagliflozin)
- Jascayd® (nerandomilast)
- Jentadueto® (linagliptin/metformin HCl)
- Jentadueto® XR (linagliptin/metformin HCl extended-release)
- Ofev® (nintedanib)
- Synjardy® (empagliflozin/metformin HCl)
- Synjardy® XR (empagliflozin/metformin HCl extended-release)
- Tradjenta® (linagliptin)
- Trijardy® XR (empagliflozin/linagliptin/metformin HCl extended-release)

2026 Annual Household Income Limit Before Taxes*

Household Size	48 States	Alaska	Hawaii
1	$39,900	$49,875	$45,900
2	$54,100	$67,625	$62,225
3	$68,300	$83,375	$78,550
4	$82,500	$103,125	$94,875
5	$96,700	$120,875	$111,200
6	$110,900	$138,625	$127,525

*Please Note: Boehringer Ingelheim Cares Foundation reviews program eligibility rules periodically and reserves the right to change them at any time.

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