

# **APTIVUS (tripranavir)**

**Pharmaceutical Company** Boehringer Ingelheim

**Program Name**           Boehringer Ingelheim Cares Foundation, Inc

**Program Address**    c/o RxHope  
P.O. Box 42886  
Cincinnati, OH 45242

**Phone Number**       800-319-4033

**Fax Number**         513-618-0055

**Website**             <http://www.rxhope.com>

## **Eligibility Guidelines**

Patient must be a **U.S. citizen or legal resident** ineligible for prescription drug assistance through Medicaid, Medicare, Medicare Part D or private insurance. Patient's income may not exceed 300% of FPL. Maximum of three-month supply may be provided per request. Prescriptions are shipped to the physician's office.

Applications must include the following:

1. Enrollment Form (1 page)
2. Patient signatures as well as Prescriber
3. Copy of prescription (highly recommended)
4. **Documentation of Income (1 of the following):**
  - a. 2 pay stubs or Income tax return
  - b. If client does not have pay stubs, a notarized letter stating income
  - c. If client has zero income (use the HOH letter as template) must be notarized

**Fax completed Enrollment form and documents to Boehringer Ingelheim Cares Foundation, Inc. (513) 618-0055**

**If client requires medication immediately, please call (800) 319-4033 and a representative will expedite order.**