

APTIVUS (tripranavir)

PAP for Medicare Beneficiaries

Pharmaceutical Company Boehringer Ingelheim

Program Name Boehringer Ingelheim Patient Assistance Program for Medicare Beneficiaries

Program Address PO Box 66745
St Louis, MO 63166-6745

Phone Number (800) 556-8317

Fax Number (866) 727-5891

Website https://www.rxhope.com/PAP/pdf/boehringer_medicare.pdf

Eligibility Guidelines

Patients may have an annual adjusted household income up to 200% of the FPL. Patients must not be eligible for other prescription drug coverage (other than Medicare Part D). To be eligible, Medicare beneficiaries must demonstrate they have spent at least **3%** of their annual household adjusted income on prescription medications. Patients cannot be eligible for Medicare's Low Income Subsidy, also known as "Extra Help." An approval letter will be sent within 7 business days to the physician's office. A 90 day supply of prescriptions is shipped to the physician's office. **Patients must be a US citizen or legal resident.**

Physician or Physician's office can apply online for the program. Anyone can call to initiate the application process.

Applications must include the following:

1. Enrollment Form (1 page)
2. Patient and Prescriber signatures required
3. Copy of **each** of the following that apply:
 - a. Tax Statement
 - b. Pension Statements Disability Statements
 - c. Social Security Checks/Statements
 - d. Other Income
4. Documentation of out-of-pocket prescriptions costs
5. For patients with incomes **less than 135%** of the FPL, a copy of the denial letter for the Low Income Subsidy is required

Enrollments may be faxed only from physician's office on letterhead to (800) 556-8317
OR

Mail to:

Boehringer Ingelheim CARES Foundation, Inc.
PO Box 66745
St. Louis, MO 63166-6745

If a rush is necessary, it will not be available.