

**ATROVENT® HFA**  
(ipratropium bromide HFA)  
INHALATION AEROSOL

Save money on your  
ATROVENT HFA prescription

## ATROVENT HFA LOYALTY CARD

RxBIN: **610524**  
RxPCN: **Loyalty**  
RxGRP: **50777393**  
ISSUER: **(80840)**

**ID:**

Powered By:  
**MCKESSON**

**ATROVENT® HFA**  
(ipratropium bromide HFA)  
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### HOW IT WORKS

To start saving, simply download or print out your ATROVENT HFA 1-month savings offer and present it to your pharmacist when you fill your prescription.

### HOW YOU BENEFIT

You may be eligible to receive one 1-month supply of ATROVENT HFA. Please read Terms and Conditions below.



Please visit [Atrovent.com](http://Atrovent.com) for full Prescribing Information and Instructions for Use.

### TERMS AND CONDITIONS

- Eligible commercially insured patients 18 years or older may pay as little as \$0 for one month, subject to a \$375 maximum one-time program benefit. Patients with government-sponsored drug plans (ie. Medicare Part D, Medicaid, Veterans Affairs, Department of Defense) or those with no prescription drug benefits are eligible for 1 free 30-day supply through this program. Benefit available and card valid for 1 time use from activation date until program expiration on December 31, 2018. If you live in Massachusetts, card expires on the earlier of December 31, 2018, or date AB-rated generic equivalent is available. One card per patient, not transferrable, and cannot be combined with any other offer. Card not accepted in Veterans' Affairs pharmacies.

You must present this card to the pharmacist with your ATROVENT HFA prescription to participate. Offers not health insurance and only valid for patients in the 50 United States, Washington DC, and Puerto Rico. Offers may change at any time, without notice.

#### To the patient:

- You must present this to the pharmacist along with your prescription to participate in this offer. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the ATROVENT HFA loyalty card program at 800-935-6329 (8:00 AM-8:00 PM ET, Monday-Friday). When you use this savings offer, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

#### To the pharmacist:

- Submit transaction to McKesson Corporation using BIN #610524
- If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response
- Acceptance of this card and your submission of claims for the savings card program are subject to the Terms and Conditions posted at [www.mckesson.com/mprstnc](http://www.mckesson.com/mprstnc)

For questions regarding setup, claim transmission, patient eligibility or other issues, call LoyaltyScript® for the ATROVENT HFA program at 800-935-6329 8:00 AM-8:00 PM ET, Monday-Friday.



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