

Pharmaceutical Resources for Bleeding Disorders

Free Factor & Co-Pay/Deductible Assistance Programs

- **Aptevo Therapeutics**

IXINITY Savings Program

<http://ixinity.com/save-on-IXINITY>

1-855-494-6489

- Must have valid prescription for IXINITY
- Must have commercial insurance
- No monthly limits unless limit total is reached.
- No income requirements
- Co-pay program can be used retroactively for up to 12 months
- Limit Total \$12,000

- **Baxalta/Shire**

www.hematologysupport.com

1-855-BAX-8379

[Co-Pay Shire Hemophilia Support Website](#)

- ❖ Baxalta's CoPay Assistance Program –Non-Financial Needs Based Program
<http://www.hematologysupport.com/copay-assistance/>
- ❖ Financial Needs Based Assistance Program (Free Product) 1-888-BAX-8379 Available to patients with no insurance or a gap in insurance. Must have current prescription for a Baxalta hemophilia product.
- ❖ Freedom of Choice – Eligible patients can receive free sample dose of eligible Baxalta's hemophilia products along with educational resources. 1-(855)322-6282
- ❖ Smart Start – Enrolled patients may be eligible to receive up to 12 months of medication while they pursue commercial insurance coverage. Healthcare providers call 1-(855)-229-7377

- **Bayer**

www.kogenatefs.com

1-800-288-8374

- ❖ Access Solutions: Gives patients support with co-pays, understanding insurance, live Helpline Support, Free Trial (6 free doses), GAP coverage, and Patient Assistance Program.
 - No income eligibility
 - Eligible patients can receive up to \$12,000 in assistance per year
 - The program is only available to patients with private insurance
 - Assistance is awarded per patient. Multiple members of a household are eligible for assistance if they meet the required criteria

- **Bioverativ**

<http://www.alprolix.com/resources-and-support/available-financial-support.html>

1-855-692-5776

- ❖ Free Trial Plus Program – Patients who have never used Alprolix before may be eligible for a free 30 day trial of medicine. Download application at [http://www.alprolix.com/pdfs/Free Trial Plus Program Form Electronic Form.pdf](http://www.alprolix.com/pdfs/Free_Trial_Plus_Program_Form_Electronic_Form.pdf)
- ❖ MyAlprolix Factor Access Program – Uninsured patients may be eligible for up to a year of free Alprolix . Download application at [http://www.alprolix.com/pdfs/MyALPROLIX Enrollment Form.pdf](http://www.alprolix.com/pdfs/MyALPROLIX_Enrollment_Form.pdf)
- ❖ MyAlprolix Co-Pay Assistance Program – Provides \$12,000 co-pay/deductible assistance for patients who use Alprolix. Download application at: [http://www.alprolix.com/pdfs/MyALPROLIX Enrollment Form.pdf](http://www.alprolix.com/pdfs/MyALPROLIX_Enrollment_Form.pdf)
- ❖ My Eloctate
1-855-MyELOCTATE (1-855-693-5628)
 - Free Trial Plus Program
 - Co-pay Program: offers up to \$12,000 per year on out-of-pocket costs
 - Factor Access Program

- **CSL Behring**

www.cslbehringassurance.com

1-866-415-2164 CSL Behring Care Coordination Center

CSL Behring Assurance Program

c/o Sonexus Health

PO Box 368

Lewisville, TX 75067

Email: info@cslbehringassurance.com

- ❖ CSL Behring Assurance: Contact a *CSL Behring Assurance Program* Care Coordinator at 1-800-415-2164
- ❖ Patient Assistance Program – A 3 month supply will be donated for those using CSL product who do not have insurance and unable to afford their factor.
- ❖ MyAccess Cost Share Assistance Program – Program to assist with deductibles/co-pays associated with Helixate and Humate-P, Idelvion and Afstylya up to \$12,000 annually. No income limits. 800-676-4266

- **Grifols**

FACTORS FOR HEALTH

www.grifolspatientcare.com

1-844-MY-FACTOR (693-2286)

- ❖ The \$0 Copay Program, wherein eligible patients or caregivers may pay as little as \$0 for prescriptions.
- ❖ The Free Trial Program for eligible patients who are new to treatments from Grifols.
- ❖ Benefits investigation and support services to help you coordinate with your insurer.
- ❖ The Patient Assistance Program for patients with no coverage or lapsed coverage.
- ❖ Care Coordination to help you access and stay on treatment.

- **Kedrion**

www.koate-dvi.com

1-855-353-7466

- ❖ No assistance programs are offered.

- **Novo Nordisk**

<http://NovoeightPro.com>

www.MyNovoSecure.com

Novo Nordisk NovoSecure Hotline 1-844-NOVOSEC (1-844-668-6732)

www.novonordisk-us.com

- ❖ Novo Nordisk Co-pay Assistance Program – Save up to \$12,000 annually on co-pay, deductible, and coinsurance costs, regardless of income.
- ❖ Product Assistance Program – http://www.mynovosecure.com/support/continue_your_treatment.html
- ❖ Product Assistance Program (PAP)/Trial Program – Download the application at www.mynovosecure.com/support.continue_your_treatment.html

- **Octapharma**

www.wilateusa.com

- ❖ Bridge Program – Free trial program for Wilate (5,000 units/30 day supply). Application form at: http://www.wilateusa.com/images/PDF_Files/wilateBridgeProgramEnrollmentForm_102512.pdf
- ❖ **NUWIQ® Co-Pay Assistance Program** Offers eligible patients a savings up to \$12,000 per year on the out-of-pocket costs associated with treatment <http://www.nuwiquisa.com/factor-viii-patient-assistance-program/>
- ❖ **NUWIQ® Free Trial Program** Eligible patients can receive treatment with NUWIQ at no cost. (Not to exceed 6 doses, or approximately 20,000 IUs) <http://www.nuwiquisa.com/factor-8-free-trial/#Free-Trial-Program>
- ❖ Find us online at: www.NUWIQUISA.com

- ❖ **Octapharma Reimbursement Hotline** usreimbursement@octapharma.com Tel: 800-554-4440 | Fax: 800-554-6744
- ❖ **Wilate Co-Pay Assistance Program** -- Savings of up to \$6,000 per year on the out-of-pocket costs associated with your therapy. For more information or to enroll, contact the Octapharma Support Center at 1-800-554-4440.

- **Pfizer**

www.hemophiliavillage.com

- ❖ **Trial Prescription Program for Eligible Patients**- Allows patients to get a one-time, one-month supply up to 20,000 IU of Pfizer factor product delivered at no cost to him or her. Call Pfizer Hemophilia Connect at 1-844-989-HEMO (4366) for more information or visit the website www.HemophiliaVillage.com
- ❖ **Pfizer Factor Savings Card** – Up to \$12,000 annual support for co-pay, deductible and coinsurance costs for Benefix and Xyntha regardless of income. Call Pfizer Hemophilia Connect at 1-844-989-HEMO (4366) for more information or visit the website www.HemophiliaVillage.com
- ❖ **Pfizer RxPathways** – A comprehensive assistance program that provides eligible patients (insured, uninsured, and underinsured) with a range of support services. Call Pfizer Hemophilia Connect at 1-844-989-HEMO (4366) for more information or visit the website www.PfizerRxPathways.com
- ❖ **Reimbursement Support Services for Eligible Patients** – Benefit Verifications, Prior Authorization Assistance and Appeals Assistance. Call Pfizer Hemophilia Connect at 1-844-989-HEMO (4366) for more information.
- ❖ **Pfizer Hemophilia Connect offers Appeals Support on Behalf of Eligible Patients** – Service includes claim denial review and research, Nurse-drafted appeals on behalf of Pfizer Patients, Submission of appeal directly to the payer on behalf of patient, Timely follow-up with payer on appeal status until outcome is received. Call Pfizer hemophilia Connect at 1-844-989-HEMO (4366) for more information.

Non-Pharmaceutical Assistance

- **Patient Services Inc.**

www.patientservicesinc.org

P.O. Box 5930

Midlothian, VA 23112

Email: uneeedpsi@uneeedpsi.org

1-(800) 366-7741

Fax 1-(804) 744-9388

- ❖ **Premium Assistance** (PSI – Patient Services, Inc.) Administered by PSI, eligible patients receive financial assistance for health insurance premiums. Call 1-800-366-7741
<https://www.patientservicesinc.org>
- ❖ **A.C.C.E.S.S. Hemophilia Legal Hotline** (PSI – Patient Services, Inc.) 1-(800)700-7010 Support patients with Social Security benefits and disability benefits via legal counseling.
www.patientservicesinc.org

- **Hope for Hemophilia**: Patient Resource Program and Direct Financial Assistance Program.
PO Box 77728
Baton Rouge, LA 70879
(888) 529-8023
Fax (888) 835-1449
info@hopeforhemophilia.com
- **Colburn Keenan Foundation**: Provides funding to assist with socio-economic and insurance needs.
www.colkeen.org
- **211**: Links to additional resources in your local area for specific needs. www.211.org
- **Caring Voice Coalition (CVC)**: Factor XIII deficiency program
www.caringvoice.org
Caring Voice Coalition, Inc.
8249 Meadowbridge Road
Mechanicsville, VA 23116
(888) 267-1440 (Patient Line)
(804-427-6468
- **HFA Helping Hands**: Emergency assistance, items reimbursement and inhibitor support.
www.hemophiliafed.org/programs/helping-hands
Hemophilia Federation of America (HFA)
820 First Street NE, Suite 720
Washington, DC 20002
(202) 675-6984
(800) 230-9797
Fax: (202) 675-6983
Email: info@hemophiliafed.org

**** Please note that all co-pay/deductible assistance programs are for patients with *private insurance*. Patients with Medicaid or Medicare are not eligible.**

**** Updated May 29, 2017**