

Pharmaceutical Resources for Bleeding Disorders Free Factor & Co-Pay/Deductible Assistance Programs

Manufacturer	Program Name & Contact Information	Details
Aptevo Therapeutics	<p>IXINITY Savings Program</p> <p>http://ixinity.com/save-on-IXINITY</p> <p>1-855-494-6489</p>	<ul style="list-style-type: none"> • 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	<p>www.hematologysupport.com</p> <p>1-855-BAX-8379</p> <p>Co-Pay Shire Hemophilia Support Website</p>	<ul style="list-style-type: none"> • <u>Baxalta's CoPay Assistance Program</u> – Non-Financial Needs Based Program http://www.hematologysupport.com/copay-assistance/ • <u>Financial Needs Based Assistance Program</u> (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. • <u>Freedom of Choice</u> – Eligible patients can receive free sample dose of eligible Baxalta's hemophilia products along with educational resources. 1-(855)322-6282 • <u>Smart Start</u> – 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	<p>www.kogenatefs.com</p> <p>1-800-288-8374</p>	<p><u>Access Solutions</u>: Gives patients support with co-pays, understanding insurance, live Helpline Support, Free Trial (6 free doses), GAP coverage, and Patient Assistance Program.</p> <ul style="list-style-type: none"> • 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

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Bioverativ	<p>http://www.alprolix.com/resources-and-support/available-financial-support.html</p> <p>1-855-692-5776</p>	<ul style="list-style-type: none"> • <u>Free Trial Plus Program</u> – 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 • <u>MyAprolix Factor Access Program</u> – 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 • <u>MyAlprolix Co-Pay Assistance Program</u> – Provides \$12,000 co-pay/deductible assistance for patients who use Alprolix. Download application at: http://www.alprolix.com/pdfs/MyALPROLIX_Enrollment_Form.pdf • <u>My Elocate</u> 1-855-MyELOCTATE (1-855-693-5628) <ul style="list-style-type: none"> * Free Trial Plus Program * Co-pay Program: offers up to \$12,000 per year on out-of-pocket costs * Factor Access Program
CSL Behring	<p>www.cslbehringassurance.com</p> <p>1-866-415-2164</p> <p>CSL Behring Care Coordination Center</p> <p>CSL Behring Assurance Program</p> <p>c/o Sonexus Health PO Box 368 Lewisville, TX 75067</p> <p>Email: info@cslbehringassurance.com</p>	<ul style="list-style-type: none"> • <u>CSL Behring Assurance</u>: Contact a <i>CSL Behring Assurance Program</i> Care Coordinator at 1-800-415-2164 • <u>Patient Assistance Program</u> – A 3 month supply will be donated for those using CSL product who do not have insurance and unable to afford their factor. • <u>MyAccess Cost Share Assistance Program</u> – 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

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Grifols	FACTORS FOR HEALTH www.grifolspatientcare.com 1-844-MY-FACTOR (693-2286)	<ul style="list-style-type: none"> • The <u>\$0 Copay Program</u>, wherein eligible patients or caregivers may pay as little as \$0 for prescriptions. • The <u>Free Trial Program</u> for eligible patients who are new to treatments from Grifols. • <u>Benefits investigation and support</u> services to help you coordinate with your insurer. • The <u>Patient Assistance Program</u> for patients with no coverage or lapsed coverage. • <u>Care Coordination</u> 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	<ul style="list-style-type: none"> • <u>Novo Nordisk Co-pay Assistance Program</u> – Save up to \$12,000 annually on co-pay, deductible, and coinsurance costs, regardless of income. • <u>Product Assistance Program</u> – http://www.mynovosecure.com/support/continue_your_treatment.html • <u>Product Assistance Program (PAP)/Trial Program</u> – Download the application at www.mynovosecure.com/support.continue_your_treatment.html
Octapharma	www.wilateusa.com	<ul style="list-style-type: none"> • <u>Bridge Program</u> – Free trial program for Wilate (5,000 units/30 day supply). Application form at: http://www.wilateusa.com/images/PDF_Files/wilateBridgeProgramEnrollment-Form_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.nuwiqusa.com/factor-viii-patient-assistance-program/

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Octapharma continued ...		<ul style="list-style-type: none"> • 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 • <u>Wilate Co-Pay Assistance Program</u> -- 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	<ul style="list-style-type: none"> • <u>Trial Prescription Program</u>- Allows patients to get a one-time, 1-month supply up to 20,000 IU of Pfizer factor product delivered at no cost to him or her. Call 1-844-989-4366 for more information or visit the website http://www.HemophiliaVillage.com/hemophilia-resources-support • <u>Pfizer Factor Savings Card</u> – Up to \$12,000 annual support for co-pay, deductible and co-insurance costs for Benefix and Xyntha regardless of income. Call 1-844-989-4366 for more information or visit the website: http://www.HemophiliaVillage.com/hemophilia-resources-support • <u>Pfizer RxPathways</u> – A comprehensive assistance program that provides eligible patients (insured, uninsured, and underinsured) with a range of support services. Call 844-989-4366 for more information or

Non-Pharmaceutical Assistance Programs

Organization	Program Name & Contact Information	Details
Patient Services Inc.	<p>www.patientservicesinc.org</p> <p>P.O. Box 5930 Midlothian, VA 23112</p> <p>Email: uneeedpsi@uneeedpsi.org</p> <p>1-(800) 366-7741 Fax 1-(804) 744-9388</p>	<ul style="list-style-type: none"> • <u>Premium Assistance</u> (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 • <u>A.C.C.E.S.S. Hemophilia Legal Hotline</u> (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	<p>PO Box 77728 Baton Rouge, LA 70879 (888) 529-8023 Fax (888) 835-1449 info@hopeforhemophilia.com</p>	Patient Resource Program and Direct Financial Assistance Program
Colburn Keenan Foundation	<p>www.colkeen.org</p>	Provides funding to assist with socio-economic and insurance needs.
211	<p>www.211.org</p>	Links to additional resources in your local area for specific needs.
Caring Voice Coalition (CVC)	<p>www.caringvoice.org</p> <p>Caring Voice Coalition, Inc. 8249 Meadowbridge Road Mechanicsville, VA 23116 (804) 427-6468</p> <p>Patient Line (888) 267-1440</p>	Factor XIII deficiency program

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HFA Helping Hands	<p data-bbox="511 281 846 344">www.hemophiliafed.org/ programs/helping-hands</p> <p data-bbox="511 380 846 638">Hemophilia Federation of America (HFA) 820 First Street NE, Suite 720 Washington, DC 20002 (202) 675-6984 (800) 230-9797 Fax: (202) 675-6983</p> <p data-bbox="511 674 846 732">Email: info@hemophiliafed.org</p>	Emergency assistance, items reimbursement and inhibitor support.
<p>** Please note that all co-pay/deductible assistance programs are for patients with <i>private insurance</i>. Patients with Medicaid or Medicare are not eligible **Updated April 12, 2017</p>		