

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

Manufacturer	Program Name & Contact Information	Details
Aptevo Therapeutics	IXINITY Savings Program http://ixinity.com/save-on-IXINITY 1-855-494-6489	<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
Bayer	www.kogenatefs.com www.kovaltry-us.com 1-800-288-8374	<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
Bioverativ	http://www.alprolix.com/resources-and-support/available-financial-support.html 1-855-692-5776	<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

Manufacturer	Program Name & Contact Information	Details
Bioverativ continued	<p>www.cslbehringassurance.com</p> <p>(800) 676-4266 www.mysourcecsl.com</p>	<ul style="list-style-type: none"> • <u>My Eloctate</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 • <u>CSL Behring Assurance Program</u>: Contact a <i>CSL Behring Assurance Program</i> Care Coordinator at 1-800-415-2164 • <u>My Source Hotline for My Source Care Coordinator</u>—My Source Hotline Program to assist with deductibles/co-pays associated with Helixate and Humate-P, Idelvion and Afstyla up to \$12,000 annually.
Genentech	<p>1-800-422-2377 www.genentech-access.com/hemlibra</p>	<p>Information related to HEMLIBRA Access and patients inquiring about HEMLIBRA (877)436-3683</p> <ul style="list-style-type: none"> • <u>Patient Assistance Programs</u>: Genentech Access Solutions can help patients whose health care plans don't pay for their medicine. We can also help patients who have concerns about their co-pay. • <u>The Genentech Access to Care Foundation (GATCF)</u>: Helps eligible patients who don't have insurance, who are underinsured or whose health care plan won't pay for their medicine. Also helps eligible patients receive their Genentech medicines free of charge. • <u>Genentech Therapy-Specific Co-pay Cards</u>: If you have a commercial health care plan, you might qualify for a Genentech co-pay card. This card can help you with your out-of-pocket costs for your medicine. • <u>Referrals to Co-pay Foundations</u>: Patient Resource Center (877) 436-3683
Grifols	<p>FACTORS FOR HEALTH</p> <p>www.grifolspatientcare.com</p> <p>1-844-MY-FACTOR (693-2286)</p>	<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.

Manufacturer	Program Name & Contact Information	Details
Kedrion	<p>www.koate-dvi.com</p> <p>1-855-353-7466</p>	<ul style="list-style-type: none"> • <u>Kedrion Connect</u>: Created to help provide eligible KOATE® [Anti-hemophilic Factor (Human)] patients with financial support. There are two programs under Kedrion Connect to assist eligible patients: • <u>Co-pay Assistance</u>—Helps eligible patients with their co-pay costs. The Co-pay card covers up to \$16,000 per calendar year. • <u>Insurance Premium Support Program</u>—Helps with private insurance premiums and assistance for those who qualify.
Novo Nordisk	<p>http://NovoeightPro.com</p> <p>www.MyNovoSecure.com</p> <p>Novo Nordisk NovoSecure Hotline 1-844-NOVOSEC (1-844-668-6732)</p> <p>www.novonordisk-us.com</p>	<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
Novo Nordisk	<p>http://NovoeightPro.com</p> <p>www.MyNovoSecure.com</p> <p>Novo Nordisk NovoSecure Hotline 1-844-NOVOSEC (1-844-668-6732)</p> <p>www.novonordisk-us.com</p>	<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	<p>www.wilateusa.com</p>	<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.nuwiquisa.com/factor-viii-patient-assistance-program/

Manufacturer	Program Name & Contact Information	Details
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.NUWIQUUSA.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 coinsurance 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 visit the website PfizerRxPathways.com

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

Manufacturer	Program Name & Contact Information	Details
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"> • 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

Non-Pharmaceutical Assistance Programs

Organization	Program Name & Contact Information	Details
211	www.211.org	<ul style="list-style-type: none"> • 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>	<ul style="list-style-type: none"> • Factor XIII deficiency program

Organization	Program Name & Contact Information	Details
Colburn Keenan Foundation	www.colkeen.org	<ul style="list-style-type: none"> Provides funding to assist with socio-economic and insurance needs.
HFA Helping Hands	www.hemophiliafed.org/programs/helping-hands	<ul style="list-style-type: none"> Emergency assistance, items reimbursement and inhibitor support.
	<p>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>Email: info@hemophiliafed.org</p>	
Hope for Hemophilia	<p>PO Box 77728 Baton Rouge, LA 70879 (888) 529-8023 Fax (888) 835-1449 info@hopeforhemophilia.com</p>	<ul style="list-style-type: none"> Patient Resource Program and Direct Financial Assistance Program
Patient Access Network (PAN) Foundation	<p>PO Box 30500 Bethesda, MD 20824 1-(866)-316-7263 Fax 1-(866)-316-7261 Email: Info@panfoundation.org</p>	<ul style="list-style-type: none"> Patient insurance premium assistance program and co-pay assistance for individuals with hemophilia.
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 (PSI – Patient Services, Inc.)</u> 1-(800)700-7010 Support patients with Social Security benefits and disability benefits via legal counseling. www.patientservicesinc.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 February 13, 2018