Patient Assistance Programs – Premium Assistance for Hemophilia and VWD

- Annual cap of $11,000
- **Eligibility Requirements:**
  - Must have diagnosed hemophilia or VWD
  - Must be below PSI’s 350% FPL *sliding scale (based on state – high or low income)*
  - Must have health insurance
- Assistance available for up to 3 years
- **Program Info:**
  - [https://www.patientservicesinc.org/](https://www.patientservicesinc.org/)

PSI Assistance Programs – Premium Assistance for Inhibitor Patients

- Must be below PSI’s 400% FPL *sliding scale (based on state)*
- Annual cap of $11,000
- **Eligibility Requirements:**
  - Must have health insurance
- Assistance available for up to 2 years
- **Program Info:**
  - [https://www.patientservicesinc.org/](https://www.patientservicesinc.org/)

PSI Facilitated Programs – Baxter Hemophilia Co-Pay/Co-Insurance Assistance Program

- Covers a patient’s OOP (out of pocket) expenses for Baxter products - 100% of co-pay costs up to $12,000 for 12 months (0%-400% FPL), or up to $6,000 for 12 months (401%-800% FPL).
- **Eligibility Requirements:**
  - Must be below 800% FPL*
  - Must have hemophilia A or B or an inhibitor
  - Must have private health insurance
- Apply via PSI’s website
Patient Assistance Programs

Accurate as of Mon. 9/15/14

**PSI Facilitated Programs – Bayer’s Kogenate® FS Co-Pay/Co-Insurance Assistance Program**

- Covers a patient’s OOP expenses for Bayer’s Kogenate® FS for up to 12 months
- **Eligibility Requirements:**
  - Must have private insurance
  - Need based – uses a sliding scale based on income
- Eligible members can receive up to $12,000/year
- **Program Info:**
  - 1-800-288-8374

**PSI Facilitated Programs- Novo Nordisk Hemophilia Co-Pay Assistance Program**

- Provides co-pay assistance for individuals using Novo Nordisk hemophilia & rare bleeding disorders products
- **Eligibility Requirements:**
  - Must use products for indicated uses
  - For those at or under 400% FPL = $12,000/year co-pay assistance
  - Greater than 400% FPL = $750 per year
- Can re-apply each year
- Apply on PSI website

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*800% FPL = $93,360 for a household of 1, and $190,800 for a household of 4.*
Patient Assistance Programs

Accurate as of Mon. 9/15/14

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**Baxter CARE Patient Assistance Program**
- A 12-month assistance program under the larger “C.A.R.E.” Program (Coverage, Assistance, Resources and Education) to assist with health insurance needs
- **Eligibility Requirements:**
  - Must be uninsured or have therapy exclusion on private insurance plan
  - Must be U.S. citizen
  - Must meet financial eligibility criteria – individualized based on income, medical & insurance needs
- **Program Info:**
  - 1-800-288-8374

**CSL Behring “My Access” Program**
- May cover up to $12,000 of OOP expenses each year
- **Eligibility Requirements:**
  - Must take a CSL Behring product for the treatment of von Willebrand disease or hemophilia A
  - Have private insurance (U.S. insurance)
- **Program Info:**
  - [www.mysourcecsl.com](http://www.mysourcecsl.com)
  - 1-888-267-1440
**CSL Behring Patient Assistance Program**
- Provides free product to patients in CSL products for up to one year
- **Eligibility Requirements:**
  - Must be uninsured or unable to afford treatment
  - Meet certain financial need criteria – call to discuss options
  - Must seek insurance or other form of assistance for up to 3 months after participating for a year
  - Must participate in insurance counseling
- **Program Info:**
  - www.mysourcecsl.com
  - 1-888-267-1440

**CSL Behring Assurance Program**
- Allows patients to develop a product reserve in case of a gap in their private insurance coverage
- **Eligibility Requirements:**
  - Must have private insurance, use a CSL Behring therapy, and be a U.S. resident
- Earn an award certificate (worth 1 month) for each 3 consecutive months of therapy use. 1 bonus certificate after 12 months of continuous use. (5 total per year)
- Redeem up to 1 year’s worth during gap
- Certificates are good for up to 5 years
- **Program Info:**
  - www.mysourcecsl.com
  - 1-888-267-1440

**Pfizer Rx Pathways Program**
- Provides co-pay assistance up to $10,000, free product, or premium assistance
- **Eligibility Requirements:**
  - Must be prescribed a Pfizer specialty drug
  - Must have private insurance with prescription drug coverage
  - Must meet income eligibility requirements which are based on the household size and prescription
- **Program Info:**
  - www.hemophiliavillage.com (resources and support)
Patient Assistance Programs

**Pfizer Factor Savings Card**
- Offers up to $5,000 in copay, coinsurance or other OOP cost assistance
- **Eligibility Requirements:**
  - Available to privately insured patients or uninsured
  - No financial eligibility requirements
- **Program Info:**
  - [www.hemophiliavillage.com](http://www.hemophiliavillage.com) (resources and support)

**Novo Nordisk Product Assist Program**
- Get up to 3 months of product assistance
- **Eligibility Requirements:**
  - Must be uninsured and currently seeking insurance
  - Must be a U.S. Citizen or have legal residence
- **Program Info:**
  - 1-877-668-6777
  - [http://www.novonordisk-us.com](http://www.novonordisk-us.com)

**Novo Nordisk SevenSecure Program**
- Provides up to $1,500 assistance for medical expenses outside of factor, as well as access to educational grants to patients and caregivers and insurance support
- **Eligibility Requirements:**
  - Must have hemophilia A or B with an active inhibitor, congenital factor VII or Factor XIII deficiency, acquired hemophilia, or glanzmann's thrombasthenia
  - Have a permanent US address or legal residency
  - No need to be on Novo products
- **Program Info:**
  - 1-877-668-6777
  - [http://www.novonordisk-us.com](http://www.novonordisk-us.com)

**Grifols Alphanate® or AlphaNine® SD Savings Card Program**
- Covers $500 per month (up to $6000 per year) of coinsurance/copayment costs towards prescription drug cost
- May have to meet other eligibility criteria
- **Program Info:**
  - [http://www.grifolspatientcare.com/](http://www.grifolspatientcare.com/)
Grifols Patient Care Programs—Grifols Assurance for Patient (“GAP”)  
- Eligibility Requirements for GAP:
  o Temporary lapse in private insurance coverage
  o Treated with Grifols products for 3 continuous months prior to lapse in private insurance
  o State or federal program recipients not eligible
- Program Info:  

Grifols Patient Care Programs—Grifols Patient Assistance (“GPA”) Program  
- Eligibility Requirements for GPA:
  o Must be uninsured & in temporary need of assistance obtaining Grifols products
  o Must be U.S. Citizen or legal resident
  o Financial eligibility - below 250% FPL
- Program Info: [http://www.grifolspatientcare.com/](http://www.grifolspatientcare.com/)

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BiogenIdec MyALPROLIX Free Trial Plus Program  
- Allows for either a 30-day supply of free Alprolix or free Alprolix for up to 1 year, if needed, until healthcare coverage begins
- Eligibility Requirements:  
  o First prescription of ALPROLIX
  o You are uninsured or insured by private insurance
  o Other restrictions may apply
- Program Info:  
  o [http://www.alprolix.com/resources-and-support/myalprolix-support.html](http://www.alprolix.com/resources-and-support/myalprolix-support.html)
Patient Assistance Programs

BiogenIdec MyALPROLIX Copay Program
- Assists with Copay costs for Alprolix, and helps link patients to coverage resources
  - **Eligibility Requirements:**
    - No income requirements or caps
    - Only applies to private insurance
    - Must have a U.S.-based prescriber and pharmacy
    - Other limits may apply
  - **Program Info:**
  - [http://www.alprolix.com/resources-and-support/myalprolix-support.html](http://www.alprolix.com/resources-and-support/myalprolix-support.html)

BiogenIdec MyALPROLIX Factor Access Program
- Provides access to Alprolix
  - **Eligibility Requirements:**
    - Experiencing a gap in insurance coverage, have reached maximum insurance coverage limit, or have no prescription coverage
    - Other restrictions may apply
  - **Program Info:**
  - [http://www.alprolix.com/resources-and-support/myalprolix-support.html](http://www.alprolix.com/resources-and-support/myalprolix-support.html)

BiogenIdec MyEloctate Free Trial Plus Program
- Allows for either a 30-day supply of free Eloctate or Eloctate for up to 1 year, if needed, until healthcare coverage begins
  - **Eligibility Requirements:**
    - First prescription of Eloctate
    - You are uninsured or insured by private insurance
    - Other restrictions may apply
  - **Program Info:**
  - [http://www.eloctatepro.com/patient-resources](http://www.eloctatepro.com/patient-resources)

BiogenIdec MyEloctate Copay Program
- Assists with monthly out-of-pocket costs for Eloctate up to $12,000 a year
  - **Eligibility Requirements:**
    - No income requirements or caps
    - Only applies to private insurance
    - Must have a U.S.-based prescriber and pharmacy
    - Other restrictions may apply
  - **Program Info:**
  - [http://www.eloctatepro.com/patient-resources](http://www.eloctatepro.com/patient-resources)
BiogenIdec MyEloctate Factor Access Program
- Provides access to Eloctate
- **Eligibility Requirements:**
  - Experiencing a gap in insurance coverage, have reached maximum insurance coverage limit, have no prescription coverage, or meets specific income guidelines adjusted for family size
  - Other restrictions may apply
- **Program Info:**
  - [http://www.eloctatepro.com/patient-resources](http://www.eloctatepro.com/patient-resources)

Bayer Factor Solutions Assistance Programs
- PAP Program – Available to patients who are uninsured or lack third-party coverage - can receive Kogenate FS for a 1 year period (monthly cap: 120,000ius).
- **Eligibility Requirements:**
  - Available to all patients regardless of current therapy
  - Applicants must be in the care of a US healthcare provider.
  - Income at or below 300% FPL, based on house-hold size
- No requirement for patient to re-apply, but there is a 3 month insurance verification call.
- Lifetime max: 600,000ius
- **Program Info:**
  - [www.FactorSolutionsSupport.com](http://www.FactorSolutionsSupport.com)

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Bayer Factor Solutions Assistance Programs

- GAP Program – Patients who are privately insured & have a lapse in coverage can obtain a 30-day supply (based on current Rx, not to exceed 30,000U) if have used Kogenate FS for more than 3 months (documented).

- **Eligibility Requirements:**
  - Available for all qualified patients regardless of current product usage and income
  - Patients can enroll prior to lapse as a preventive measure
  - Only available for those on private insurance

- Lifetime maximum of 180,000 units.

- **Program Info:**
  - [www.FactorSolutionsSupport.com](http://www.FactorSolutionsSupport.com)

Other Programs

- **Hemophilia Federation of America’s Helping Hands Program**
  - Provides emergency assistance for people experiencing financial crisis due to a bleeding disorder, which is available one time per year

- **Colburn Keenan Foundation**
  - Provides funding to assist with socio-economic and insurance needs
  - [http://www.colkeen.org/](http://www.colkeen.org/)

- **Your Local NHF Chapter**
  - Provide emergency financial assistance
  - [http://www.hemophilia.org/Community-Resources/Chapter-Directory](http://www.hemophilia.org/Community-Resources/Chapter-Directory)

- **211**
  - links you (via the United Way) to resources in your local area for specific needs