Patient Assistance Programs

Patient Services Inc.(PSI) 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 Wed. 9/3/14**

---

**NATIONAL HEMOPHILIA FOUNDATION**

www.hemophilia.org

---

### 800% FPL

<table>
<thead>
<tr>
<th></th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,670</td>
<td>$15,521</td>
<td>$17,505</td>
<td>$23,340</td>
<td>$29,175</td>
<td>$35,010</td>
<td>$46,680</td>
</tr>
<tr>
<td>2</td>
<td>$15,730</td>
<td>$20,921</td>
<td>$23,595</td>
<td>$31,460</td>
<td>$39,325</td>
<td>$47,190</td>
<td>$62,920</td>
</tr>
<tr>
<td>3</td>
<td>$19,790</td>
<td>$26,321</td>
<td>$29,685</td>
<td>$39,580</td>
<td>$49,475</td>
<td>$59,370</td>
<td>$79,160</td>
</tr>
<tr>
<td>4</td>
<td>$23,850</td>
<td>$31,721</td>
<td>$35,775</td>
<td>$47,700</td>
<td>$59,625</td>
<td>$71,550</td>
<td>$95,400</td>
</tr>
<tr>
<td>5</td>
<td>$27,910</td>
<td>$37,120</td>
<td>$41,865</td>
<td>$55,820</td>
<td>$69,775</td>
<td>$83,730</td>
<td>$111,640</td>
</tr>
<tr>
<td>6</td>
<td>$31,970</td>
<td>$42,520</td>
<td>$47,755</td>
<td>$63,940</td>
<td>$79,525</td>
<td>$95,510</td>
<td>$127,880</td>
</tr>
<tr>
<td>7</td>
<td>$36,030</td>
<td>$47,920</td>
<td>$54,045</td>
<td>$72,060</td>
<td>$89,075</td>
<td>$108,090</td>
<td>$144,120</td>
</tr>
<tr>
<td>8</td>
<td>$40,090</td>
<td>$53,320</td>
<td>$60,135</td>
<td>$80,180</td>
<td>$100,225</td>
<td>$120,270</td>
<td>$160,360</td>
</tr>
</tbody>
</table>

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

---

**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
Patient Assistance Programs

Accurate as of Wed. 9/3/14

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
  - 1-888-267-1440

### National Hemophilia Foundation

![National Hemophilia Foundation Logo](www.hemophilia.org)

<table>
<thead>
<tr>
<th></th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,670</td>
<td>$15,521</td>
<td>$17,505</td>
<td>$23,340</td>
<td>$29,175</td>
<td>$35,010</td>
<td>$46,680</td>
</tr>
<tr>
<td>2</td>
<td>$15,730</td>
<td>$20,921</td>
<td>$23,595</td>
<td>$31,460</td>
<td>$39,325</td>
<td>$47,190</td>
<td>$62,920</td>
</tr>
<tr>
<td>3</td>
<td>$19,790</td>
<td>$26,321</td>
<td>$29,685</td>
<td>$39,580</td>
<td>$49,475</td>
<td>$59,370</td>
<td>$79,160</td>
</tr>
<tr>
<td>4</td>
<td>$23,850</td>
<td>$31,721</td>
<td>$35,775</td>
<td>$47,700</td>
<td>$59,625</td>
<td>$71,550</td>
<td>$95,400</td>
</tr>
<tr>
<td>5</td>
<td>$27,910</td>
<td>$37,120</td>
<td>$41,865</td>
<td>$55,820</td>
<td>$69,775</td>
<td>$83,730</td>
<td>$111,640</td>
</tr>
<tr>
<td>6</td>
<td>$31,970</td>
<td>$42,520</td>
<td>$47,955</td>
<td>$63,540</td>
<td>$79,925</td>
<td>$95,910</td>
<td>$127,880</td>
</tr>
<tr>
<td>7</td>
<td>$36,030</td>
<td>$47,820</td>
<td>$54,045</td>
<td>$72,060</td>
<td>$89,075</td>
<td>$108,090</td>
<td>$144,120</td>
</tr>
<tr>
<td>8</td>
<td>$40,090</td>
<td>$53,320</td>
<td>$60,135</td>
<td>$80,180</td>
<td>$100,225</td>
<td>$120,270</td>
<td>$160,360</td>
</tr>
</tbody>
</table>
CSL Behring Patient Assistance Program
- Provides free product to patients in CSL products for up to one year
- Eligibility Requirements:
  o Must be uninsured or unable to afford treatment
  o Meet certain financial need criteria – call to discuss options
  o Must seek insurance or other form of assistance for up to 3 months after participating for a year
  o Must participate in insurance counseling
- Program Info:
  o www.mysourcecsl.com
  o 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:
  o 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:
  o www.mysourcecsl.com
  o 1-888-267-1440

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

Accurate as of Wed. 9/3/14

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/)

### 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)
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 3 month period (up to a maximum of 90,000ius).
- **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 household size
- Re-apply every 3 months to verify lack of insurance coverage. Lifetime max – 180,000ius
- **Program Info:**
  - [www.FactorSolutionsSupport.com](http://www.FactorSolutionsSupport.com)

<table>
<thead>
<tr>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
</tr>
</thead>
<tbody>
<tr>
<td>$11,670</td>
<td>$15,521</td>
<td>$17,505</td>
<td>$23,340</td>
<td>$29,175</td>
<td>$35,010</td>
<td>$46,680</td>
</tr>
<tr>
<td>$15,750</td>
<td>$20,921</td>
<td>$23,595</td>
<td>$31,460</td>
<td>$39,325</td>
<td>$47,190</td>
<td>$62,920</td>
</tr>
<tr>
<td>$19,790</td>
<td>$26,321</td>
<td>$29,685</td>
<td>$39,580</td>
<td>$49,475</td>
<td>$59,370</td>
<td>$79,160</td>
</tr>
<tr>
<td>$23,850</td>
<td>$31,721</td>
<td>$35,775</td>
<td>$47,700</td>
<td>$59,625</td>
<td>$71,550</td>
<td>$95,400</td>
</tr>
<tr>
<td>$27,910</td>
<td>$37,120</td>
<td>$41,865</td>
<td>$55,820</td>
<td>$69,775</td>
<td>$83,730</td>
<td>$111,640</td>
</tr>
<tr>
<td>$31,970</td>
<td>$42,520</td>
<td>$47,955</td>
<td>$63,940</td>
<td>$79,925</td>
<td>$95,910</td>
<td>$127,880</td>
</tr>
<tr>
<td>$36,030</td>
<td>$47,920</td>
<td>$54,045</td>
<td>$72,060</td>
<td>$89,075</td>
<td>$108,090</td>
<td>$144,120</td>
</tr>
<tr>
<td>$40,090</td>
<td>$53,320</td>
<td>$60,135</td>
<td>$80,180</td>
<td>$100,225</td>
<td>$120,270</td>
<td>$150,360</td>
</tr>
</tbody>
</table>
Patient Assistance Programs

Accurate as of Wed. 9/3/14

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