



NATIONAL HEMOPHILIA FOUNDATION

for all bleeding disorders

PATIENT ASSISTANCE PROGRAMS

Bayer

\$0 Product Co-pay Program (Kogenate, Kovaltry, Jivi)

- You may be able to receive up to \$12,000 in assistance per year, regardless of income
- Assistance is awarded per patient. Multiple members of the same household can apply
- Enrollment can be started and completed in one short phone call

Lab Monitoring Co-pay Program (Jivi)

- You may be able to receive up to \$250 per year to apply towards out-of-pocket costs for laboratory monitoring of Jivi

Free Trial Program (Kogenate, Kovaltry, Jivi)

- Enroll today for up to 6 free doses of Jivi[®], KOVALTRY[®], or Kogenate[®] FS
- Free Trial product is delivered to your home
- Any patient who has never been treated with the product they are receiving through the Free Trial program is able to participate, regardless of type of insurance or if you have insurance

Loyalty Program (Kogenate, Kovaltry, Jivi)

- When you enroll you get a year's worth of Loyalty points
- Each month you use Jivi[®], KOVALTRY[®], or Kogenate[®] FS, you will earn 1 Loyalty Program point
- You may redeem 3 points for a 1-month supply of Bayer product, up to 12 points at 1 time, to help fill insurance gaps when:
 - You experience challenges getting insurance coverage for Jivi[®], KOVALTRY[®], or Kogenate[®] FS
 - You are between jobs and experience a gap in insurance coverage
 - You are uninsured or underinsured
- Open to current and new Jivi[®], KOVALTRY[®], and Kogenate[®] FS Patients
- Points are transferrable between Jivi[®], KOVALTRY[®], and Kogenate[®] FS

Live Helpline Support (Kogenate, Kovaltry, Jivi)

- Consult with an expert in insurance
- Multiple languages, including Spanish, are available

More information:

- Phone: 1-800-288-8374
 - 8:00 AM–8:00 PM (ET) Monday–Friday.
 - Spanish-speaking Case Specialists are also available.
- Websites:
 - <https://www.jivi-us.com/en/copay-support/>
 - <https://www.kovaltry-us.com/access-services-by-bayer>
 - <https://www.kogenatefs.com/accessing-kogenate>



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CSL Behring

“My Access” Program

- May cover up to \$12,000 of out-of-pocket (OOP) expenses each year for Afstyla, Idelvion, Humate P, Helixate-FS*
**OOP maximum limits for 2017 under the ACA are \$7150 (for individuals) and \$14,300 (for families)*
- Eligibility Requirements:
 - Must have private insurance, use a CSL Behring therapy, and be a U.S. resident
 - Enrollment is not retroactive
 - Must take a CSL Behring product for the treatment of von Willebrand disease or hemophilia A
 - Re-enroll every 12 months
- Program Information:
 - My Source: www.mysourcecsl.com
 - 1-800-676-4266

Patient Assistance Program

- Provides free product to patients on CSL products for up to 12 months
- Eligibility Requirements:
 - Must be uninsured or underinsured or seeking insurance (in appeal or delay in coverage decision)
 - Income is \leq 250% FPL
 - Must seek insurance or other form of assistance for up to 3 months after participating for a year
 - Must participate in insurance counseling
- Program Information:
 - My Source: www.mysourcecsl.com
 - 1-800-676-4266

Assurance Program

- Patients earn points for continued use of CSL Behring medication.
- The points can be redeemed for free product if a patient has a lapse in insurance coverage
- Eligibility Requirements:
 - Must have private insurance, use a CSL Behring therapy, and be a U.S. resident
 - Must enroll in Assurance program while insured and on product. Enrollment is not retroactive.
 - Earn 1 point per month of consecutive use of product
 - Patient suffers a lapse in coverage and redeems 3 points for 1 month of product supply
 - Points are earned monthly and expire 5 years after date earned. (ex: Point earned in May 2015 expires May 2020)
- Program Information:
 - My Source: www.mysourcecsl.com or 1-800-676-4266



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Genentech

SPECIAL COVID-19 UPDATE

We realize there is increased anxiety among patients, caregivers, and their families, as resources are stretched due to losses in wages or health insurance. We want to reiterate that we are here to help and our financial assistance programs remain open and operational across all therapeutic areas for both new and existing patients. Please visit: <https://www.genentech-access.com/patient/brands/hemlibra.html> or call (866) 422-2377.

In addition, we are supporting patients and health care professionals to best navigate the complexities of social distancing while continuing treatment. The Genentech Patient Foundation, which provides free medicine to qualifying patients, is able to modify shipping locations and frequencies to ensure needed medicine gets to the right place for the patient to be safely treated.

HEMLIBRA Access Solutions

- Dedicated case managers to help you understand your insurance coverage and assistance options
- Program information:
 - <https://www.genentech-access.com/patient/brands/hemlibra.html>
 - (866) 422-2377

HEMLIBRA Co-Pay Program

- Helps with up to \$15,000 per year in HEMLIBRA co-pay costs
- Eligibility Requirements
 - Have been prescribed HEMLIBRA for an FDA-approved indication
 - Are 18 years of age or older, or have a legal guardian 18 years of age or older to manage the program
 - Have commercial (private or non-governmental) insurance. This includes plans available through state and federal health insurance marketplaces
 - Do **not** receive support from the Genentech Patient Foundation or any other independent co-pay assistance foundations for HEMLIBRA
 - Are **not** a government beneficiary and/or participant in a federal or state-funded health insurance program (eg, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD or TRICARE)
 - Do **not** reside in a state where the program is prohibited
- Program Info:
 - <https://hemlibracopay.com/>
 - (844) HEM-COPAY (844-436-2672)



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Genentech Patient Foundation

- The Genentech Patient Foundation gives free Genentech medicine to people who don't have insurance coverage or who have financial concerns and to people who meet certain income criteria
- Program info:
 - GenentechPatientFoundation.com

Grifols

Factors for Health:

- The \$0 Copay Assistance Program, which may cover out-of-pocket expenses not covered or partially covered by insurance
- The Free Trial Program for eligible patients who are new to ALPHANATE
- Benefits investigation and support services to help patients coordinate with their insurer
- The Patient Assistance Program for patients with no coverage or lapsed coverage
- Care Coordination to help patients gain access to and remain on ALPHANATE
- Program information:
 - 844.MY.FACTOR (693.2286)
 - <https://www.alphanate.com/en/patients/support-and-resources/factors-for-health>

Patient Care Programs-Grifols Assurance for Patient (PAP)

- Eligibility Requirements:
 - Temporary lapse in private insurance coverage
 - Treated with Grifols products for 3 continuous months prior to lapse in private insurance
 - State or federal program recipients not eligible
- Program Information:
 - <https://www.alphanate.com/en/patients/support-and-resources/factors-for-health>

Patient Assistance Program (PAP)

- Eligibility Requirements:
 - Must be uninsured & in temporary need of assistance obtaining Grifols products
 - Must be U.S. Citizen or legal resident
 - Financial eligibility - below 250% FPL
- Program Information:
 - <https://www.alphanate.com/en/patients/support-and-resources/factors-for-health>

Medexus Pharma

IXINITY Savings Program

- Up to \$12,000 annually
- Eligibility requirements:
 - Must have a valid prescription for IXINITY
 - Must have commercial insurance
 - No monthly limits



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- No income requirements
- Co-Pay program may be used retroactively for up to 12 months
- Program information:
 - 1-855-IXINITY (1-855-494-6489) to sign up

IXINITY Patient Assistance Program

- Program helps deliver treatment to those in need, even if they do not have insurance. If you are uninsured or experience a lapse in your coverage, this program may cover you.
- IXperience Concierge program information:
 - 1-855-IXINITY (1-855-494-6489)

FACTOR IT FORWARD, by IXINITY (New)

- This program is accessible through your HTC
- Through Factor It Forward, your HTC may be able to access factor IX for you in times of need.
- Talk to your HTC to find out if they are part of Factor it Forward, by IXINITY, coagulation factor IX (recombinant).
- Program information:
 - www.ixinity.com/the-ixinity-ixperience/factor-it-forward/

Novo Nordisk

Product Assist Program

- Amount of available assistance varies by product
- Eligibility Requirements:
 - Must be uninsured and currently seeking insurance
 - Must be a U.S. Citizen or have legal residence
- Program Information:
 - www.mynovosecure.com/support/product-assistance-page.html
 - 1-844-668-6732

Copay Assistance Program

- Eligible patients receive up to \$12,000 per year toward their out-of-pocket costs for Novo Nordisk Hemophilia and Rare Bleeding Disorder products.
- Eligibility Requirements:
 - You are not eligible if prescriptions are paid by any state or federally funded programs, including, but not limited to, Medicare, Medicaid, Medigap, VA, DOD, or TRICARE, or where prohibited by law. Offer not valid for prescriptions reimbursed in full by any third party payor. Offer limited to 1 card per person. Offer void where taxed, restricted, or prohibited. Offer only good in the U.S.A. Eligibility is restricted to individuals; no clubs, groups, or organizations. This savings card is not transferable and is not insurance. When you use the Novo Nordisk Hemophilia & Rare Bleeding Disorders Co-pay Assistance Card, you are certifying that you understand the program rules, terms, and conditions and that you will comply with



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them. Offer excludes full cash-paying customers. You must be enrolled in a commercial insurance plan.

- For complete set of eligibility criteria, and terms and conditions, please visit <https://www.mynovosecure.com/copayassistance.html>

NovoSecure Program

- NovoSecure™ offers a variety of programs, including reimbursement support, competitive scholarships, life coaching with HeroPath™, career counseling, and insurance support. Eligibility for programs vary. Must have hemophilia A, hemophilia A or B with inhibitors, factor VII deficiency, factor XIII deficiency, acquired hemophilia, or Glanzmann's Thrombasthenia to apply.
- Program Information:
 - NovoSecure Program 1-844-668-6732

Octapharma

SPECIAL COVID-19 UPDATE

Octapharma is committed to providing support to patients who need our therapies. The COVID-19 pandemic has created unprecedented financial challenges for patients and families at this time. Octapharma is proud to offer relief through our existing and expanded patient support programs. As more families face challenges in the days ahead we will stand with you to offer the support you need to continue your important therapies.

Octapharma Expanded Compassionate Care Program

- Helps to assist patients using Octapharma Coagulation Therapies who have lost insurance due to the COVID-19 Pandemic by providing access to free factor
- Some restrictions may apply
- Contact the Octapharma Support Center at 1-800-554-4440 for more information

NUWIQ Free Trial Program

- Allows for up to 6 doses or 20,000 IUs of NUWIQ
- Eligibility Requirements:
 - Must have a prescription for NUWIQ
 - Other restrictions may apply
- Program Info:
 - <http://www.nuwigusa.com/factor-8-free-trial/#Free-Trial-Program>
 - Octapharma Support Center: 1-800-554-4440

NUWIQ CoPay Program

- Assists with copay costs for NUWIQ up to \$12,000 per year
- Eligibility Requirements:
 - No income requirements



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- Only applies to patients with private commercial insurance
- Must have a prescription for NUWIQ
- Other restrictions may apply
- Program Info:
 - www.nuwiquisa.com/factor-viii-patient-assistance-program/
 - Octapharma Support Center: 1-800-554-4440

Wilate Free Trial Program

- Allows for up to 5,000 IUs of Wilate
- Eligibility Requirements:
 - Must have a prescription for Wilate
 - Other restrictions may apply
- Program Info:
 - <https://www.wilateusa.com/patient-support/free-trial-program/>
 - Octapharma Support Center:1-800-554-4440

Wilate CoPay Program

- Assists with copay costs for Wilate up to \$12,000 per year
- Eligibility Requirements:
 - No income requirements
 - Only applies to patients with private commercial insurance
 - Must have a prescription for Wilate
 - Other restrictions may apply
- Program Info:
 - <https://www.wilateusa.com/patient-support/co-pay-assistance-reimbursement/>
 - Octapharma Support Center: 1-800-554-4440

Pfizer

Pfizer Hemophilia Connect

- Easy access to all of our hemophilia tools and programs and provides resources to help you connect to the hemophilia community
- Support team is dedicated to working with patients, their caregivers, and health care providers or pharmacies depending on your individual needs.
- *The Pfizer Patient Assistance Program is a joint program of Pfizer Inc. and the Pfizer Patient Assistance Foundation™. The Pfizer Patient Assistance Foundation is a separate legal entity from Pfizer Inc. with distinct legal restrictions.
- Program information:
 - <https://www.hemophiliavillage.com/financial-support>
 - 1.844.989.HEMO (4366)



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Factor Savings Card

- Offers up to \$12,000 in copay, coinsurance and deductible costs associated with Pfizer factor products. Card cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. The card will be accepted only at participating pharmacies. This coupon is not health insurance. No membership fees.
- Eligibility Requirements:
 - No financial eligibility requirements
 - Available to commercially insured patients only; Medicare/Medicaid beneficiaries are not eligible
- Program Info:
 - <https://www.hemophiliavillage.com/financial-support> (resources and support)
 - 888-240-9040

Rx Pathways Program

- Provides co-pay assistance up to \$10,000 *annually*, 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)
 - For a complete list of participating pharmacies, visit PfizerRxPathways.com or call the toll-free number 1.877.744.5675

Free Trial Prescription Program

- Eligible patients can receive a one-time, 1-month supply up to 20,000 IU of Pfizer factor product at no cost to you. For first-time used by commercially insured patients only.
- Eligibility Requirements:
 - Only new patients may use this offer
 - You are currently covered by a private (commercial) insurance plan
 - Other restriction may apply
- Program Info:
 - pfizerhemophiliareources.com
 - 1.800.710.1379

Sanofi Genzyme

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:
 - First prescription of ALPROLIX
 - You are uninsured or insured by private insurance
 - Other restrictions may apply



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- Program Information:
 - www.alprolix.com/resources-and-support/available-financial-support.html

MyALPROLIX Copay Program

- Assists with monthly out-of-pocket costs for Alprolix up to \$20,000 a year, and helps link patients to coverage resources
- Eligibility Requirements:
 - No income requirement or cap
 - Only applies to private insurance
 - Must have a U.S.-based prescriber and pharmacy
 - Other limits may apply
- Program Information:
 - www.alprolix.com/resources-and-support/available-financial-support.html

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 Information:
 - www.alprolix.com/resources-and-support/available-financial-support.html

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 Information:
 - www.eloctate.com/myeloctate/resources/

MyEloctate Copay Program

- Assists with monthly out-of-pocket costs for Eloctate up to \$20,000 a year 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 restrictions may apply
- Program Information:
 - www.eloctate.com/myeloctate/resources/

MyEloctate Factor Access Program



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- 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 Information:
 - www.eloctate.com/myeloctate/resources/

Takeda

SPECIAL COVID-19 UPDATE:

At Takeda, our highest priority is the patients we serve. Our Hematology Support Center team is available to support patients with their Takeda treatment especially during the COVID-19 pandemic. Our financial assistance programs remain open and operational. Patient Access Managers (PAM) are available to provide insurance and access education and support for patients currently on Takeda products. PAMs can also help to address barriers to treatment access. Patients and caregivers can call the Hematology Support Center for more information: 888-229-8379 Mon-Fri | 8:30 a.m. to 8:00 p.m. ET | <https://www.hematologysupport.com/>

Freedom of Choice:

- Provides eligible individuals with a free trial of select Takeda products
- Program information: 1-888-229-8379

Hematology Support Center

Takeda's Hematology Support Center (HSC) is a team dedicated to help patients who have been prescribed Takeda hematology products including:

- Reviewing financial assistance options, including co-pay support and emergency access to Takeda Hematology products for existing patients in case of sudden lapse in coverage
- Explaining insurance coverage options and assisting with insurance challenges
- Providing access to educational tools for disease and insurance information
- Connecting patients and caregivers with informational and community resources, including educational programs
- Offering one-on-one health education support in English or Spanish
- Program Information:
 - 1-888-229-8379
 - www.hematologysupport.com

Copay Assistance Program

- Covers an eligible patient's copay, coinsurance, or deductible medication costs, up to \$20,000 a year.
- Not valid for prescriptions reimbursed, in whole or in part, by Medicaid, Medicare, Medigap, VA, DoD, TRICARE or any other federal or state healthcare programs, including state



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pharmaceutical assistance programs, and where prohibited by the health insurance provider or by law. Non-medication expenses, such as ancillary supplies are not eligible.

- If patient has payer coverage for administration services, their out-pocket for the product administration may be covered
- Eligibility Requirements:
 - Must have a current prescription for an eligible Takeda factor or bypass product
 - Must have a diagnosis of Hemophilia A or B, or a hemophilia A or B inhibitor
- Must have commercial insurance
- Additional terms and conditions apply.
- Program Information:
 - 1-888-229-8379
 - www.hematologysupport.com

Patient Assistance Program (PAP):

- This program is only available to patients without insurance
- Provides free Takeda Hematology products at no cost if patients meet financial eligibility criteria. Other restrictions may apply.
- Program information:
 - 1-888-229-8379

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
 - Items reimbursement also provided for qualifying items including, but not limited to protective gear, braces and supports, walking supports, and heating/cooling items
 - www.hemophiliafed.org/programs/helping-hands/
- **Patient Services, Inc. (PSI)**
 - For information about their assistance programs please contact them directly:
www.patientservicesinc.org/
- **Colburn Keenan Foundation**
 - Provides funding to assist with socio-economic and insurance needs
 - www.colkeen.org/
- **Your Local NHF Chapter**
 - Provide emergency financial assistance
 - www.hemophilia.org/Community-Resources/Chapter-Directory
- **211**
 - Links (via the United Way) to resources in your local area for specific needs