



## NATIONAL HEMOPHILIA FOUNDATION

*for all bleeding disorders*

### Patient Assistance Programs

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#### Aptevo Therapeutics

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##### **IXINITY Savings Program**

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

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#### Bayer

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##### **Kovaltry**

###### **Bayer Patient Assistance Program (PAP)**

- Lifetime max: 600,000 IU's (including GAP)
- Program Information:
  - [www.kovaltry-us.com/bayer-access-solutions](http://www.kovaltry-us.com/bayer-access-solutions)
  - 1-800-288-8374

###### **Bayer GAP Program**

- Lifetime cap of 600,000 IU's (including PAP)
- Program Information:
  - [www.kovaltry-us.com/bayer-access-solutions](http://www.kovaltry-us.com/bayer-access-solutions)
  - 1-800-288-8374

###### **Bayer Kovaltry CoPay Program**

- Assists with copay costs for Kovaltry up to \$12,000/year
- Eligibility Requirements:
  - No income requirements
  - Only applies to patients with private commercial insurance



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- Assistance is awarded per patient. Multiple members of the same household can apply
- Other restrictions may apply

### **Bayer Kovaltry Free Trial Program**

- Allows for up to 6 doses (5,000 IU max for newly diagnosed patients and 40,000IU for previously treated patients)
- Eligibility requirements:
  - First prescription for Kovaltry with Vial Adapter
  - Other restrictions may apply
- Program information:
  - [www.kovaltry-us.com/bayer-access-solutions](http://www.kovaltry-us.com/bayer-access-solutions)
  - 1-866-329-3449

### **Kogenate FS**

#### **Bayer Patient Assistance Program (PAP)**

- Lifetime max: 600,000 IU's (including GAP)
- Program Information:
  - [Factorsolutionssupport.com](http://Factorsolutionssupport.com)
  - 1-800-288-8374

#### **Bayer GAP Program**

- Lifetime cap of 600,000 IU's (including PAP)
- Program Information:
  - [Factorsolutionssupport.com](http://Factorsolutionssupport.com)
  - 1-800-288-8374

#### **Bayer Kogenate FS CoPay Program**

- Assists with copay costs for Kogenate FS up to \$12,000/year
- Eligibility Requirements:
  - No income requirement
  - Only applies to patients with private commercial insurance
  - Other restrictions may apply

#### **Bayer Kogenate FS Free Trial Program**

- Allows for up to 6 doses (5,000 IU max for newly diagnosed patients and 40,000 IU max for previously treated patients)
- Eligibility requirements:
  - First prescription for Kogenate FS with Vial Adapter
  - Other restrictions may apply
- Program Information:
  - [Factorsolutionssupport.com](http://Factorsolutionssupport.com)



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- Kogenate FS Free Trial Program: 1-866-329-3449

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### Biogen

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#### **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
- Program Information:
  - [www.alprolix.com/resources-and-support/available-financial-support.html](http://www.alprolix.com/resources-and-support/available-financial-support.html)

#### **MyALPROLIX Copay Program**

- Assists with monthly out-of-pocket costs for Alprolix up to \$12,000 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](http://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](http://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/](http://www.eloctate.com/myeloctate/resources/)



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**MyEloctate Copay Program**

- Assists with monthly out-of-pocket costs for Eloctate up to \$12,000 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/](http://www.eloctate.com/myeloctate/resources/)

**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 Information:
  - [www.eloctate.com/myeloctate/resources/](http://www.eloctate.com/myeloctate/resources/)

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**CSL Behring**

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**“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](http://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:



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- 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](http://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](http://www.mysourcecsl.com)
  - 1-800-676-4266

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## **Grifols**

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### **Alphanate® or AlphaNine® SD Savings Card Program**

- Eligible patients pay as little as \$0 for ALPHANATE or ALPHANINE SD.
- Valid for commercially insured patients only. Maximum annual out of pocket may apply.
- May have to meet other eligibility criteria
- Program Information:
  - [www.grifolspatientcare.com/](http://www.grifolspatientcare.com/)

### **Patient Care Programs-Grifols Assurance for Patient (“GAP”)**

- Eligibility Requirements for GAP:
  - 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:



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- [www.grifolspatientcare.com/](http://www.grifolspatientcare.com/)

**Patient Care Programs-Grifols Patient Assistance (“GPA”) Program**

- Eligibility Requirements for GPA:
  - 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:
  - [www.grifolspatientcare.com/](http://www.grifolspatientcare.com/)

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**Novo Nordisk**

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**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](http://www.mynovosecure.com/support/product-assistance-page.html)
  - 1-844-668-6732

**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

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**Octapharma**

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**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.nuwiqua.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



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- Eligibility Requirements:
  - No income requirements
  - 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/](http://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:
  - [www.wilateusa.com/index.php?option=com\\_content&view=article&id=96&Itemid=94](http://www.wilateusa.com/index.php?option=com_content&view=article&id=96&Itemid=94)
  - Octapharma Support Center: 1-800-554-4440

**Wilate CoPay Program**

- Assists with copay costs for Wilate up to \$6,000 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:
  - [www.wilateusa.com/index.php?option=com\\_content&view=article&id=123&Itemid=147](http://www.wilateusa.com/index.php?option=com_content&view=article&id=123&Itemid=147)
  - Octapharma Support Center: 1-800-554-4440

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**Pfizer**

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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:



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- [www.hemophiliavillage.com](http://www.hemophiliavillage.com) (resources and support)
- 1.888.240.9040

### **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](http://www.hemophiliavillage.com) (resources and support)
  - For a complete list of participating pharmacies, visit [PfizerRxPathways.com](http://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:
  - [pfizerhemophiliaresources.com](http://pfizerhemophiliaresources.com)
  - 1.800.710.1379

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## Shire

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### **Hematology Support Center**

- Centralized hub for all Shire patient assistance programs
- Program information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)

### **SMART START Program**

- Interim coverage program that offers eligible patients on certain treatments up to 12 months of free product following a coverage denial from a commercial health insurance plan
- 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





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- Program Information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)

**CoPay Assistance Program**

- Covers a patient's copay, coinsurance, or deductible medication costs.
- Provides eligible patients with commercial insurance up to \$12,000 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 pharmaceutical assistance programs, and where prohibited by the health insurance provider or by law. Non-medication expenses, such as ancillary supplies or administration-related costs, are not eligible.
- Eligibility Requirements:
  - Must have a current prescription for an eligible Shire factor or bypass product
  - Must have a diagnosis of Hemophilia A or B, or a hemophilia A or B inhibitor, or von Willebrand Disease
  - Must have commercial insurance
- Program Information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)

**Patient Assistance Programs:**

- This program is only available to patients without insurance
- Provides treatment at no cost if they meet financial eligibility criteria
- Program information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)

**Insurance Support Services (ISS)**

- Assists patients with locating and comparing available insurance options through the Health Insurance Marketplace
- Program information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)

**Freedom of Choice:**

- Provides eligible individuals with a free trial of select Shire products
- Program information:
  - 1-855-BAX-8379 (1-888-229-8379)
  - [hematologysupport.com/](http://hematologysupport.com/)



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**Other Programs**

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- **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/](http://www.hemophiliafed.org/programs/helping-hands/)
  
- **Patient Services, Inc. (PSI)**
  - For information about their assistance programs please contact them directly:  
[www.patientservicesinc.org/](http://www.patientservicesinc.org/)
  
- **Colburn Keenan Foundation**
  - Provides funding to assist with socio-economic and insurance needs
  - [www.colkeen.org/](http://www.colkeen.org/)
  
- **Your Local NHF Chapter**
  - Provide emergency financial assistance
  - [www.hemophilia.org/Community-Resources/Chapter-Directory](http://www.hemophilia.org/Community-Resources/Chapter-Directory)
  
- **211**
  - Links (via the United Way) to resources in your local area for specific needs