



MANUFACTURER CO-PAY, PRODUCT ASSISTANCE, AND INSURANCE NAVIGATION PROGRAMS

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AKORN PHARMACEUTICALS

AMICAR ASSISTANCE 866-316-7263

Patient Assistance Program: This needs-based program assists patients in accessing Amicar. Programs include copay assistance for patients with commercial insurance coverage and a need-based support program for those patients without commercial insurance.

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BAYER

BAYER ACCESS SERVICES 1-800-288-8374

<https://copaysupport.bayer.com/>

Call the helpline with questions about insurance, co-pays and more. Multiple languages available. Available Monday-Friday 9:00AM-6:00PM ET.

KOGENATE, KOVALTRY, JIVI \$0 CO-PAY PROGRAM

<https://www.kogenatefs.com/index.php/accessing-kogenate#copay>

<https://www.kovaltry-us.com/access-services-by-bayer>

<https://www.jivi-us.com/en/copay-support/>

- \$0 CoPay Program for Kogenate, Kovaltry, and Jivi regardless of income
- Up to \$12,000 per year Product Copay Program. You can re-enroll after 12 months.
- Assistance is awarded per patient. Multiple members of the same household can apply.
- Must have private/commercial insurance
- Also includes out-of-pocket prescription costs, such as co-pays and co-insurance
- Call 1-647-245-5619 for the copay support line.

JIVI LAB MONITORING CO-PAY PROGRAM

- Up to \$250 in assistance per year toward out of pocket costs for laboratory monitoring of Jivi
- Must have private/commercial insurance.
- Only one offer per patient annually

LOYALTY PROGRAMS

Loyalty Program allows patients to earn points that can be redeemed for Bayer products (Kogenate FS, Kovaltry, Jivi) in the event of a gap in insurance coverage or challenge with coverage. Patients with government insurance are not eligible. Enroll online or call 1-800-288-8374.

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CSL BEHRING

MYACCESS PROGRAM

<https://www.cslbehring.com/patients/support-and-assistance>

1-800-676-4266

- Up to \$12,000 per year for qualified CSL Behring Patients
- Must take a CSL Behring eligible product (on-label) for the treatment of von Willebrand disease or hemophilia, including Humate-P, Idelvion, or Afstyla.
- Must currently have US-based private insurance that covers your therapy (federally funded program ineligible).
- Must be a US citizen, resident, or possess a current US visa.
- Contact My Source Care Coordinator at the number listed to enroll and to obtain further information about the program.

Program benefit DOES NOT apply toward out-of-pocket costs for:

- Physician office visit co-pays.
- Infusion-related costs or ancillary supplies.
- Insurance premiums.

PATIENT ASSISTANCE PROGRAM **1-844-PAP-CSLB (727-2752)**

To be eligible, patients must be underinsured or uninsured. When enrolled, must actively be seeking insurance.

ASSURANCE PROGRAM 1-866-415-2164

Must currently have private health insurance coverage; this is a points program that allows current users to earn points that can be redeemed in the event of a future lapse in private health insurance coverage.

MY SOURCESM HOTLINE 1-800-676-4266

Assistance navigating the complexities of insurance approvals, denials and appeals for patients with Coagulation disorders.

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GENENTECH

HEMLIBRA CO-PAY PROGRAM

<https://hemlibracopay.com/>

1-844-436-2672 (844-HEM-COPAY)

- Up to \$15,000 per year for drug co-pay costs
- No income requirements
- Your enrollment in the program is valid for up to 12 months (You may reapply at the end of 12 months).
- You may be eligible if you:
 - Have been prescribed HEMLIBRA for an FDA-approved indication.
 - Have commercial (private or nongovernmental) insurance. This includes plans available through state and federal health insurance marketplaces.
 - 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.
- If you are not eligible for this co-pay program, contact the Access Solutions program.

ACCESS SOLUTIONS & PATIENT FOUNDATION

<https://www.gene.com/patients/financial-support>

866-422-2377

Access Solutions can assist with benefits investigations and make referrals to other independent co-pay assistance foundations. The Genentech Patient Foundation can provide free medicine to people without insurance coverage or who can't pay for their Genentech medicines (income less than \$150,000 or meet certain [guidelines](#)). Form can be submitted online, via text, fax, or mailed.

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GRIFOLS

FACTORS FOR HEALTH ASSISTANCE PROGRAM

<https://www.alphanate.com/en/patients/support-and-resources/factors-for-health>

1-844-693-2286
(844-MY-FACTOR)

- The \$0 Copay Assistance Program may cover out-of-pocket expenses not covered or partially covered by insurance.

- Patients receive a maximum benefit of \$15,000 for eligible out-of-pocket costs in a 12-month period.
- Individual claims exceeding \$2000 will be reviewed for network eligibility. Claims that are in-network will be approved, but those out-of-network may be denied.
- Benefits investigation and support services to help patients coordinate with their insurer
- The Free Trial Program for eligible patients who are new to ALPHANATE
- Care Coordination to help patients gain access to and remain on ALPHANATE
- Prescription is covered up to the patient's annual out of pocket (OOP) maximum.
 - The 2020 OOP maximum limits under the Affordable Care Act are \$8,150 (self-only coverage) and \$16,300 (coverage for more than self only).

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KEDRION

No Patient Assistance Program at this time **1-855-353-7466**

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MEDEXUS PHARMA (FORMERLY APTEVO)

IXINITY SAVINGS PROGRAM

<http://www.ixinity.com/support-savings/ixinity-savings-program>

1-855-494-6489

- up to \$12,000 per year
- Must have a 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.

IXINITY PATIENT ASSISTANCE PROGRAM

<https://www.ixinity.com/support-savings/patient-assistance-program>

1-855-494-6489

This program helps deliver treatment to those in need, even if they don't have insurance. If you are uninsured or experience a lapse in your coverage, this program may cover you.

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NOVO NORDISK

CO-PAY ASSISTANCE PROGRAM

<https://www.mynovosecure.com/copayassistance.html>

1-844-668-6732 (1-844-NOVOSEC)

- \$12,000 per year
- Apply online. Eligible individuals:

- Have hemophilia A and have been prescribed an appropriate Novo Nordisk factor treatment; OR
- Have congenital hemophilia A or B with an inhibitor, congenital FVII deficiency, Glanzmann's thrombasthenia with refractoriness to platelet transfusions, or acquired hemophilia and have been prescribed an appropriate Novo Nordisk factor treatment; OR
- Have FXIII A-subunit deficiency and have been prescribed an appropriate Novo Nordisk factor treatment; AND
- Are enrolled in a private/commercial insurance only (state and federal funded programs ineligible)
- Offer limited to 1 card per person.
- Offer void where taxed, restricted, or prohibited.

PRODUCT ASSISTANCE PROGRAM

https://www.mynovosecure.com/support/continue_your_treatment.html **1-844-668-6732**

Hemophilia and Rare Bleeding Disorder PAP provides medication to qualifying applicants at no charge. [Eligible](#) patients must have been prescribed a Novo Nordisk product for an indicated condition (check the website for a complete list of eligible conditions), have no prescription insurance coverage, have a household income at or below 400% the federal poverty level. Patient must be a documented US resident or on a path to documented status with reasonable likelihood of attaining it. Federal government insurance programs are ineligible.

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OCTAPHARMA

COMPASSIONATE ACCESS PROGRAM

<https://factormyway.com/home/compassionate-access.html> **1-855-498-4260**

If you are a hemophilia A or von Willebrand disease patient experiencing financial hardship due to job loss, insurance coverage loss, or are simply finding it challenging to cover the cost of your factor therapy, this Compassionate Access Program may help. The program allows patients who qualify a period of access to [Octapharma factor therapy](#) at no cost.

FACTOR MY WAY CO-PAY ASSISTANCE PROGRAM FOR WILATE

<https://www.wilateusa.com/patient-support/co-pay-assistance-reimbursement/> **1-800-554-4440**

- Up to \$12,000 per year
- Must be receiving treatment from Octapharma or have a prescription to begin treatment.
- Must have private/commercial insurance or self-pay.
- Co-Pay assistance may only be applied to co-payments, deductibles and co-insurance that may be associated with the cost of Octapharma factor products.
 - Does not cover costs associated with administration of therapy, such as office visits, infusion costs, or other professional services
- Once you are enrolled in the Co-Pay Assistance Program, you are covered for that calendar year. You will have to re-enroll at the end of the year for the next calendar year.
- Octapharma can help with reimbursement for your wilate prescription. Contact the Octapharma
- Support Center for help with your reimbursement matters. Octapharma representatives are
- available to provide expert advice and information about insurance matters including individual

- claims processing reviews, assistance in appeals, insurance investigations into product coverage,
- and gaining approvals for prior authorizations for wilate.
- To learn more about the Factor My Way Co-Pay Assistance Program, or for help with insurance matters, contact the Factor My Way Support Center (1-855-498-4260, usreimbursement@octapharma.com).

FACTOR MY WAY FREE TRIAL PROGRAM FOR NUWIQ AND WILATE

<https://www.nuwiqua.com/patient-support/free-trial-program> **1-855-498-4260**

NUWIQ Free Trial Program for patients with hemophilia A allows for up to six (6) doses, or 20,000 IUs, of NUWIQ. A prescription for NUWIQ is required and other restrictions may apply.

<https://www.wilateusa.com/patient-support/free-trial-program/> **1-855-498-4260**

Wilate Free Trial Program for patients with VWD allows for 1-3 doses up to 5,000 IUs for wilate. A prescription for wilate is required and other restrictions may apply.

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PFIZER

PFIZER FACTOR SAVINGS CARD

<http://www.hemophiliavillage.com/financial-support> **1-888-240-9040**

<https://www.pfizerhemophiliasupport.com/savings-card>

- \$12,000 per year or the amount of your co-pay over 1 year, whichever is less
- Register online to receive a Factor Savings Card or request one from your doctor or call 1-855-PFZ-HEMO (739-4366).
- If you have questions about the use of the Pfizer Factor Savings Card, please call 1-844-989-HEMO (4366).
- Provides co-pay, deductible, and co-insurance assistance for a Pfizer factor product.
- Limited to one card per person
- No financial eligibility requirements
- Must have private/commercial health insurance that covers factor.

PFIZER HEMOPHILIA CONNECT

1.844.989.HEMO (4366)

Call to speak with a patient affairs liaison gives you easy one-stop access to Pfizer tools and programs including savings card, reimbursement support, Patient Assistance program, trial program, and community resources. Reimbursement support includes assistance with prior authorizations, appeals, claim denials, and more. The trial prescription program is for patients with commercial insurance prescribed factor products for the first time.

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SANOFI GENZYME (FORMERLY BIOVERATIV)

ALPROLIX CO-PAY, FACTOR ACCESS, AND FREE TRIAL PLUS PROGRAM

<https://www.alprolix.com/resources-and-support/available-financial-support.html> **1-855-692-5776**
(1-855-MyALPROLIX)

Visit the website to learn more about the Copay Program, Factor Access Program and the Free Trial Plus Program and to access the application.

ELOCTATE CO-PAY, FACTOR ACCESS, AND FREE TRIAL PLUS PROGRAM

<https://www.eloctate.com/myeloctate/resources/>

1-855-693-5628
(1-855-ELOCTATE)

- Copay Assistance up to \$20,000 per year
- No income requirements or caps, regardless of your financial status
- Available to those who use ALPROLIX or ELOCTATE
- Must have commercial insurance
- Must be treated by a licensed doctor in US or Puerto Rico
- Have a United States pharmacy
- Enrollment forms available via links provided
- Not responsible for costs associated with administration of therapy, such as office visits, infusion costs, or other professional services

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TAKEDA (FORMERLY SHIRE)

HELP AT HAND **1-800-830-9159**

<https://www.takeda.com/en-us/corporate-responsibility/patient-assistance/>

Help At Hand provides assistance for people who have no insurance or who do not have enough insurance and need help getting their Takeda medicines. The program includes a new COVID-19 Pandemic Job Loss Provision to help commercially insured patients receive 6 months of free Takeda medication.

HEMATOLOGY SUPPORT CENTER **1-888-229-8379**

www.hematologysupport.com

A team dedicated to patients prescribed Takeda products, including information about financial assistance options, emergency access for patients with a sudden lapse in coverage, assisting with insurance challenges, providing educational tools, and connecting with community resources.

FREEDOM OF CHOICE **1-888-229-8379**

Provides eligible individuals with a free trial of select Takeda products. For more information, call the number above or find the webpage dedicated to your medication.

COPAY ASSISTANCE PROGRAM

<https://www.hematologysupport.com/Financial-Assistance>

1-888-229-8379

- Covers eligible patient's copay, coinsurance, or deductible medication costs up to \$20,000 per year.
- For Advate, Adynovate, Feiba, Hemofil M, Recombinate, Rixubis, Vonvendi
- Must have commercial insurance. 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 health insurance provider or by law.

- Provides coverage for medication-related co-payment/co-insurance. Non-medication expenses, such as ancillary supplies or administration-related costs, are not eligible.
- No income requirements
- Program is only valid for residents of the United States, excluding Puerto Rico and other U.S. territories.

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