



## NATIONAL HEMOPHILIA FOUNDATION

www.hemophilia.org

### **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/>

### **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/>

### **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



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|   | 100%     | 133%     | 150%     | 200%     | 250%      | 300%      | 400%      |
|---|----------|----------|----------|----------|-----------|-----------|-----------|
| 1 | \$11,670 | \$15,521 | \$17,505 | \$23,340 | \$29,175  | \$35,010  | \$46,680  |
| 2 | \$15,730 | \$20,921 | \$23,595 | \$31,460 | \$39,325  | \$47,190  | \$62,920  |
| 3 | \$19,790 | \$26,321 | \$29,685 | \$39,580 | \$49,475  | \$59,370  | \$79,160  |
| 4 | \$23,850 | \$31,721 | \$35,775 | \$47,700 | \$59,625  | \$71,550  | \$95,400  |
| 5 | \$27,910 | \$37,120 | \$41,865 | \$55,820 | \$69,775  | \$83,730  | \$111,640 |
| 6 | \$31,970 | \$42,520 | \$47,955 | \$63,940 | \$79,925  | \$95,910  | \$127,880 |
| 7 | \$36,030 | \$47,920 | \$54,045 | \$72,060 | \$90,075  | \$108,090 | \$144,120 |
| 8 | \$40,090 | \$53,320 | \$60,135 | \$80,180 | \$100,225 | \$120,270 | \$160,360 |

\*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 patients 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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**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



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### **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](http://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](http://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](http://www.hemophiliavillage.com) (resources and support)



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**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>

**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>

**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/>



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**Grifols 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 Info:**
  - <http://www.grifolspatientcare.com/>

**Grifols 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 Info:** <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:**
  - First prescription of ALPROLIX
  - You are uninsured or insured by private insurance
  - Other restrictions may apply
- **Program Info:**
  - <http://www.alprolix.com/resources-and-support/myalprolix-support.html>



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### **BiogenIdec MyALPROLIX Copay Program**

- Assists with Copay costs for Alprolix and helps link patients to coverage resources
- Includes costs associated with administration of therapy
- **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>

### **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>

### **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 house-hold 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)



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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)





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### 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  
<http://www.hemophiliafed.org/programs/helping-hands/>
  
- **Colburn Keenan Foundation**
  - Provides funding to assist with socio-economic and insurance needs
  - <http://www.colkeen.org/>
  
- **Your Local NHF Chapter**
  - Provide emergency financial assistance
  - <http://www.hemophilia.org/Community-Resources/Chapter-Directory>
  
- **211**
  - links you (via the United Way) to resources in your local area for specific needs