



Patient Assistance Programs

Provided by the **National Hemophilia Foundation**, this information is current as of 3/9/15. For updated information, refer to <http://www.hemophilia.org/Cloud/Public-Policy-Updates/PPU1408-Patient-Assistance-Programs.pdf>.

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

Patient Assistance Programs *(continued)*

	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

Patient Assistance Programs *(continued)*

	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

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

Patient Assistance Programs *(continued)*

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
 - 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
 - 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 (resources and support)

Patient Assistance Programs *(continued)*

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 (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/>

Patient Assistance Programs *(continued)*

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/>

	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

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>

Patient Assistance Programs *(continued)*

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>

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>

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>

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>

Patient Assistance Programs *(continued)*

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>

Bayer Factor Solutions Assistance Programs

- PAP Program – Available to patients who are uninsured or lack third-party coverage - can receive Kogenate FS for a 1 year period (monthly cap: 120,000ius).
- **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
- No requirement for patient to re-apply, but there is a 3 month insurance verification call.
- Lifetime max: 600,000ius
- **Program Info:**
 - www.FactorSolutionsSupport.com

	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

Patient Assistance Programs *(continued)*

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

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
- **Octapharma Co-pay Assistance Program**
 - If you are currently using a factor product from Octapharma, or if you're about to begin therapy, our Co-Pay Program can offer saving up to \$6,000 per year on the out-of-pocket costs associated with your therapy. For details on eligibility contact Octapharma at 800-554-4440.

New