

| Pharma Company | Copay/Out of Pocket Program Name & contact info.   | Limit total   | Notes:  |
|----------------|--|---|---|
| Bayer          | <p>Kogenate FS Co-pay/Co-insurance Assistance Pilot Program</p> <p>Bayer Factor Solutions<br/>1-800-288-8374<br/><a href="http://www.kogenatefs.com/webapp/patients/commercial-copay-assistance-program.jsp">http://www.kogenatefs.com/webapp/patients/commercial-copay-assistance-program.jsp</a></p> | <p>\$6,000<br/>(Assistance available for up to 12 months or until pilot program ends)</p> | <ul style="list-style-type: none"> <li>• Must have hemophilia A</li> <li>• Must have private health insurance</li> <li>• &lt;400% FPL; eligible to receive up to \$6,000 in financial assistance</li> <li>• &gt;400% FPL; eligible to receive up to \$500 in financial assistance</li> <li>• Must first contact Bayer’s Factor Solutions to apply</li> </ul>  |
| Baxter         | <p>Hemophilia Co-pay/Co-insurance Assistance Pilot Program<br/><i>(facilitated by Patient Services, Inc.)</i></p> <p>Patient Services, Inc. (PSI)<br/>1-800-366-7741<br/><a href="https://www.patientservicesinc.org/">https://www.patientservicesinc.org/</a></p>                                     | <p>\$10,000<br/>(Assistance available for up to 12 months while program is in effect)</p> | <ul style="list-style-type: none"> <li>• Must meet financial criteria for enrollment—FPL is set at 400%</li> <li>• Must have mild, moderate, or severe hemophilia A or have an inhibitor</li> <li>• Must have private health insurance</li> <li>• Funds can only be used towards patient’s out of pocket expenses for Baxter hemophilia products</li> <li>• Apply online via PSI’s website</li> </ul> |
| CSL Behring    | <p>Corifact Co-Pay Program</p> <p>Caring Voice Coalition<br/>1-888-267-1440<br/><a href="http://Caringvoice.org">Caringvoice.org</a></p>   | <p>Based on insurance, contact Caring Voice Coalition for more information</p>            | <ul style="list-style-type: none"> <li>• Must have Factor XIII deficiency</li> <li>• Must currently be using Corifact</li> <li>• Must have health insurance (public or private plans acceptable)</li> <li>• Must meet income</li> </ul>   |

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|--------------|--|------------------------------------|--|
|              |  |                                    | guidelines   |
| Pfizer       | <p>Pfizer RSVP Co-Pay Program</p> <p>Pfizer<br/>1-888-327-7787<br/><a href="https://www.pfizerhelpfulanswers.com">https://www.pfizerhelpfulanswers.com</a></p> | \$10,000                           | <ul style="list-style-type: none"> <li>• Must meet income eligibility requirements</li> <li>• Must not have public insurance, may have private insurance</li> </ul>  |
| Novo Nordisk | <p>SevenSECURE</p> <p>Novo Nordisk-SevenSECURE<br/>1-877-668-6777<br/><a href="http://Changingpossibilities-us.com">Changingpossibilities-us.com</a></p>       | \$1,500                            | <ul style="list-style-type: none"> <li>• Must have hemophilia with inhibitors, factor VII deficiency, or acquired hemophilia</li> </ul>  |
| Octapharma   | No co-pay program currently available  | N/A                                | N/A  |
| Grifols      | <p>AlphaNine SD Savings Card Program</p> <p>Grifols<br/>1-855-355-2574<br/><a href="http://www.alphaninecard.com">www.alphaninecard.com</a></p>                | \$6,000 (\$500 each month maximum) | <ul style="list-style-type: none"> <li>• Must have a valid prescription for AlphaNine SD</li> <li>• Must not have a state or federally funded healthcare plan</li> <li>• Card is available for one year from date of enrollment. Eligible patients may re-enroll.</li> </ul> |
| Biogen       | No co-pay program currently available  | N/A                                | N/A  |
| Kedrion      | No co-pay program currently available  | N/A                                | N/A  |