

The Novo Nordisk Hemophilia and Rare Bleeding Disorder Product Assistance Program (PAP) provides medication to eligible applicants at no charge. If the applicant qualifies under the Novo Nordisk PAP guidelines, the prescribed dose of the requested medication(s) will be shipped to the applicant's home address.^a

The Novo Nordisk PAP is free.
There is no registration charge or monthly fee for participating in the Novo Nordisk PAP.^b

^aProduct limits vary.

^bProduct is provided at no cost to the patient, and is not contingent on any product purchase. Physician and patient shall not: (1) bill any third-party for the free product, or (2) resell the free product.

Patient eligibility

- **Patient is a US citizen or legal resident**
- **Patient does not have prescription coverage, such as an HMO or PPO**
- **Patient has been prescribed a Novo Nordisk factor product for an indicated condition**
- **Patient's total household income must be at or below 400% of the federal poverty level (FPL)**
 - For further information on the FPL in your state, please visit the Families USA website at familiesusa.org/product/federal-poverty-guidelines
- **Patient cannot have or qualify for government insurance, including any federal, state, or local program, such as Medicare or Medicaid**
 - Patients who are eligible for Medicaid or Department of Veterans Affairs (VA) prescription benefits must have been denied enrollment, including exhaustion of all appeals, in order to be eligible for the PAP
 - If the patient is Medicare eligible but does not have Medicare Part D coverage, the patient must have applied for and been denied the Low Income Subsidy (LIS) from the Social Security Administration (SSA). To apply for LIS, please contact the SSA at 1-800-772-1213 (TTY 1-800-325-0778) or go to www.socialsecurity.gov/prescriptionhelp/

The Novo Nordisk PAP offers product assistance for Novo Nordisk Hemophilia and Rare Bleeding Disorder products that treat the following conditions:

- Congenital hemophilia A
- Congenital hemophilia B
- Congenital hemophilia A or B with inhibitors
- Congenital factor VII deficiency
- Glanzmann's thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets
- Acquired hemophilia
- Congenital factor XIII A-subunit deficiency

See instructions starting on the next page.

PLEASE DO NOT INCLUDE PATIENT MEDICAL RECORDS WITH THIS APPLICATION.

Instructions for Completing the Application

Complete ALL fields to avoid return of incomplete application.

- Make sure the application is signed by the prescriber AND dated (Part 1)
- Make sure the patient signs the certification section (Part 3)
- Include all documents required per the “**Documents Needed**” section below
- Return the completed application 1 of 3 ways:
 - Fax to 1-866-488-6576
 - Mail to NovoSecure™, PO Box 18648, Louisville, KY 40261-9961
 - Scan and email to mynovosecuresupervisor@mynovosecure.com

Documents Needed

- Proof of income required. Please provide one of the following items to show your adjusted gross annual household income:
 - Copy of the 2 most current paycheck stubs or earning statements for all working members of your household
 - Copy of last year’s federal income tax return (1040)
 - Copy of Social Security income, pension, and other income statements, including interest or dividend statements
 - Copy of last year’s (or most current) W-2 or 1099 form
 - Copy of unemployment benefits statement
- Medicaid, VA, or Extra help/LIS denial letter (As appropriate, denial letters must be provided with the application and be dated within 1 year of applying for the PAP)
- Prescription with exact quantity and assay limits

NOTE: New and annual renewal applications without proof of income documentation are considered incomplete.

What to expect next

Allow 7 to 10 business days for processing

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