

The Novo Nordisk Hemophilia and Rare Bleeding Disorder Product Assistance Program (PAP) provides medication to qualifying 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**.

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

PATIENT ELIGIBILITY

- Patient has been prescribed a Novo Nordisk factor product for an indicated condition; and
- Patient is a documented US resident, or is on a path to documented status with reasonable likelihood of attaining; and
- Patient has no insurance coverage and is actively seeking insurance coverage, or
- Patient is privately insured (trial program only)

NOTE: Uninsured patients who have opted not to obtain coverage through the Affordable Care Act's health insurance marketplace are eligible for PAP for the resolution of the current bleed if they have committed to enrolling in the healthcare marketplace during the next open enrollment period.

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

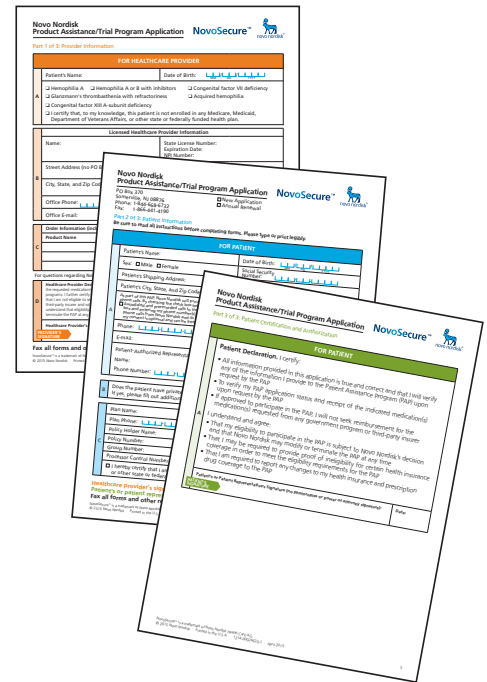
- Congenital hemophilia A
- Congenital hemophilia A or B with inhibitors
- Congenital factor VII deficiency
- Glanzmann's thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets
- Acquired hemophilia
- Congenital factor XIII A-subunit deficiency

See next page for instructions.

INSTRUCTIONS

Complete ALL fields to avoid return of incomplete application.

- Make sure the application is signed by the prescriber AND dated
- Make sure the patient signs the certification section
- Include all documents required per the **“Documents Needed”** section below
- Fax the completed application and proof of income to 1-866-441-4190, or mail them to Novo Nordisk Inc., PO Box 370, Somerville, NJ 08876



Documents Needed

- Medicaid denial (as appropriate)