

Health Insurance and Assistance Programs for ITP Patients

FREQUENTLY ASKED QUESTIONS



Platelet
Disorder
Support
Association

Empowering ITP Patients



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Introduction

Understanding the ins and outs of healthcare insurance can be a complicated process. Add the complexity of having a rare platelet disorder like ITP, and it can quickly turn into an overwhelming situation rife with confusion and uncertainty.

PDSA is here to help, and we offer the following basic information and resources in a user-friendly Q & A format to assist you in better understanding your healthcare insurance options and in choosing a healthcare plan that best suits your specific needs.

Before reviewing available plans, it is important to have a thorough understanding of your entire family's healthcare needs, including the medical and pharmacy services you most often use. The selection of an appropriate insurance plan can significantly impact both your financial outlay and overall healthcare options. Therefore, we suggest you take the time to thoroughly explore your choices and seek out all available resources to find the plan that's right for you. Clearly, you will want to be sure that everyone in your family, including the individual(s) with the bleeding disorder, has their needs met under the plan.

Remember! *The Platelet Disorder Support Association (PDSA) has the most current and comprehensive resources on ITP and its treatments. There are hundreds of pages on the PDSA website, pdsa.org. Our organization publishes a monthly e-news and quarterly newsletter, and makes available many other publications and articles. PDSA encourages and funds patient-centered research on ITP, holds an annual ITP conference, regional meetings, and has established more than 60 local patient support groups around the U.S. and Canada. PDSA continues to expand its programs and services to the broader ITP community. [Become a PDSA Member today to enjoy these benefits!](#)*



Q In what ways do ITP patients face health care cost concerns?

A Patients with ITP may face months or years of ongoing medical care for the disorder. For those with chronic ITP, the ongoing care and various treatments can become costly for them and their families. For most patients, these financial concerns add an additional level of stress to coping with a chronic disorder.

Q What are the key insurance issues faced by patients with ITP or other platelet disorders?

A The key issues faced by these patients as they cope with their platelet disorder may include:

- No insurance coverage
- Not enough insurance coverage
- Inability to afford co-pays for drugs or treatments
- Insurance coverage that is not allowed or is denied
- Long-term, chronic illness that requires ongoing treatment and costs
- Coverage uncertainties when traveling away from home and/or to other countries

Q What are the main costs that can occur when a patient has ITP or another platelet disorder?

A The most likely medical care costs for patients with ITP or other platelet disorders include the following:

- Regular office visits to their local doctor and to hematologists (blood specialists).
- Diagnostic tests for ITP, including complete blood counts (CBCs), bone marrow tests, and sometimes additional blood tests. Blood counts are necessary to determine if the patient has a safe level of platelets.
- Hospitalization to bring serious bleeding under control and treatment to raise their platelet level. A patient's time in the hospital can vary from as little as a couple of days to more than a week at a time.
- Treatment, which may be short-term, long-term, or recurring as needed on an ongoing basis (such as IVIG infusions). With chronic ITP this is an ongoing financial concern. In some cases, treatment may include surgery to remove the spleen (splenectomy).
- Pharmaceutical drugs/medications to help raise platelet counts, such as corticosteroids; immunoglobulin/IVIG; Anti-D; platelet growth factor drugs; or platelet destruction inhibition drugs.



Types of Insurance Coverage

Q What are the basic types of medical insurance coverage for patients?

A The term ‘health insurance’ refers to a wide number of insurance policies. These policies may cover the costs of seeing regular doctors and hematologists, hospital visits, surgery, outpatient visits for treatment, payment for ongoing long-term care, and medications. There are four main types of coverage:

- **Fee-for-service** – This is the typical health insurance coverage provided to an employee by their employer. Some refer to it as a major medical or comprehensive policy.
- **Managed care** – There are three main types of managed care plans, including Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point-Of-Service (POS) plans.
- **Self-insured** – These are health insurance plans set up by private employers. They are generally very efficient and provide good health benefits to their employees.
- **Medicare and Medicaid** – Medicare is the U.S. Federal program of hospital and medical insurance designed specifically for individuals aged 65 and older who are not covered by an employer’s plan. Medicaid is a federal-state assistance program serving low-income people of every age. Patients usually pay no part of costs for covered medical expenses. A small co-pay is sometimes required. It varies from state to state.

Q How does fee-for-service work?

A With fee-for-service, the patient goes to the doctor(s) of their choice and either the patient or their doctor submits a claim to their insurance company for reimbursement. The patient receives reimbursement for what are called “covered” medical expenses, which are listed in the insurance benefits summary. The amount of the covered charge that will be reimbursed depends on the provisions of the insurance policy concerning coinsurance and deductibles.

Q What about deductibles?

A Deductibles are the amount you pay for covered health care services before your insurance plan begins to pay. In general, the higher the deductible paid by the patient, the lower their insurance premiums. We recommend that you check with your insurance company to understand your deductibles and full health insurance costs.

Q How does managed care work?

A Generally, managed care provides comprehensive health services to its members. It also provides financial incentives for patients to seek care from providers who are in the managed care plan.

Managed care plans have contracts with a specific network of health care providers and medical facilities in order to provide care to members at reduced costs. How much of your care the plan will pay for depends on each network’s rules.

Managed care plans that restrict your choices usually cost less. More flexible plans usually cost more. There are three types of managed care plans:

- **Health Maintenance Organizations (HMO)** – which usually only pay for care within the network. You choose a primary care doctor who coordinates most of your care.
- **Preferred Provider Organizations (PPO)** – which usually pay more toward care you receive within the network, but which also will still pay part of the cost if you receive care outside the network.
- **Point of Service (POS)** – which are plans that allow you to choose between an HMO or a PPO for your healthcare needs.

Q What does self-insured mean?

A Some large employers may operate their own health insurance plan. They pay a third party, such as an insurance company, to administer the plan. The employer pays the costs (claims plus administration) directly from the company's own finances.

Certain federal laws apply to self-insured plans. These self-insured plans create rights and obligations under the Employee Retirement Income Security Act of 1974 (ERISA).

Under ERISA, self-funded health plans are exempt from state insurance regulations. More details about ERISA can be found here: webapps.dol.gov/dolfaq/go-dol-faq.asp?faqid=225.

Q What are Medicare and Medicaid?

A Medicare and Medicaid are federal and state programs that provide healthcare for the elderly, the disabled, and some children of parents with extremely low income levels.

Medicare

Medicare is an insurance program run by the Centers for Medicare & Medicaid Services, an agency of the federal government. Medical bills are paid from trust funds which those covered have paid into. It serves people over 65 primarily, whatever their income; and serves younger disabled people and dialysis patients. Patients pay part of costs through deductibles for hospital and other costs. Small monthly premiums are required for non-hospital coverage. It is basically the same everywhere in the United States. For detailed information regarding Medicare and its components, visit: medicare.gov.

Medicaid

Medicaid is a federal-state assistance program run by state and local governments within federal guidelines. Designed to serve low-income people of every age, patients usually pay no part of costs for covered medical expenses. A small co-payment is occasionally required. Medicaid varies from state to state. To see if you qualify for your state's Medicaid (or Children's Health Insurance) program, visit: healthcare.gov/medicaid-chip/eligibility. For more information on Medicaid, visit: medicaid.gov.

Understanding Insurance Coverage Terms

Q Can I find insurance if I have a pre-existing health condition?

A Many patients would prefer to get “group insurance” under which a patient cannot be denied coverage because of a pre-existing condition, such as ITP. However, millions of people cannot get such coverage through a job for a variety of reasons. Some are self-employed or their employer doesn’t offer health insurance, and some patients are simply too sick to work.

Since 2014, when the Affordable Care Act Health Insurance Marketplace was created, Marketplace insurance companies are no longer able to refuse to cover treatment for pre-existing health conditions, like ITP, nor charge you more. Per the U.S. Department of Health and Human Services, all Marketplace plans must cover treatment for pre-existing medical conditions. No insurance plan can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started. Learn more by visiting U.S. Department of Health and Human Services: About the Affordable Care Act ([hhs.gov/healthcare/about-the-aca/index.html](https://www.hhs.gov/healthcare/about-the-aca/index.html)).

Once you’re enrolled, the plan cannot deny you coverage or raise your rates based only on your health. Medicaid and the Children’s Health Insurance Program (CHIP) also cannot refuse to cover you or charge you more because of your pre-existing condition.

Exception: Grandfathered plans ([healthcare.gov/glossary/grandfathered-health-plan](https://www.healthcare.gov/glossary/grandfathered-health-plan)) are not required to cover pre-existing conditions or preventative care ([healthcare.gov/health-care-law-protections/grandfathered-plans](https://www.healthcare.gov/health-care-law-protections/grandfathered-plans)). If you have a grandfathered plan and want pre-existing conditions covered, you have two options:

- 1) You can switch to a Marketplace plan during Open Enrollment, or
- 2) You can buy a Marketplace plan outside Open Enrollment when your grandfathered plan year ends, and you will qualify for a Special Enrollment Period.

Q What is not covered under most insurance plans?

A A number of medical items and services will generally not be covered under various insurance plans. These uncovered items and services may include eyeglasses, contacts, and hearing aids (which are considered ‘budgetable expenses’), elective cosmetic surgery, and experimental procedures or treatments.

What is not covered will vary with each individual type of insurance coverage plan. In some cases, drugs or treatments that are not FDA-approved for the treatment of ITP or other platelet disorders may be considered by some companies as “experimental.” In some plans, whether a treatment is covered by insurance may be determined by the way the medicine is administered, such as by an intravenous infusion versus a pill taken orally. It may vary by where the treatment is given, such as in a clinic or hospital versus given at home. It is important to read the details of your own plan to know what is covered.

Q If one of my medical bills was turned down by the insurance company (or health plan) is there anything I can do?

A Ask the company why the claim was rejected. If the answer is that the service is not covered under your policy, and you are sure that it is covered, then check to see that the correct diagnosis or procedure code was entered on the insurance claim form by the provider. Check that your deductible was correctly calculated. Also, make sure that you didn't skip an essential step under your plan, such as pre-admission certification. If everything is in order, then ask the insurer to review the claim.

Q What about medical care and insurance coverage when a patient is traveling outside the country or far from home?

A Patients should familiarize themselves with the conditions at their travel destination, including type of medical facilities, doctors, and availability of pharmaceuticals. For travel outside the country, patients should keep in mind that medical treatment and hospital care can be expensive. U.S. medical insurance is generally not accepted outside the United States. In addition, Social Security, Medicare and Medicaid programs do not provide coverage for hospital or medical costs outside the U.S.

Check with your insurance company to find out what is covered when you travel. If your insurance policy does not cover you outside the U.S., you may wish to consider a supplemental international travel health insurance plan. There are health insurance policies that are designed to offer such coverage, but you will want to investigate these options to be sure they provide the coverage you need. Learn more by visiting: healthinsurance.org/other-coverage/dont-forget-to-pack-travel-health-insurance.

ITP patients traveling abroad should carry a letter from their doctor that describes their medical condition and provides a list of all prescription medications or treatments, including generic names of prescribed drugs. All medication carried overseas on the trip should be clearly labeled and in original containers. Remember, it is a good idea to wear a "medical alert" bracelet (check out PDSA's special ITP medical alert bracelets and jewelry at pdsa.org/shop) and also have with you a list of medications and dosages, previous surgeries, and allergies and reactions to foods, insects, and medications. PDSA has a list of international ITP expert hematologists should you have an emergency like a bleeding episode when traveling abroad.

You can contact the PDSA office for more information.

For patients traveling from other countries to the U.S., there are options for short-term medical coverage. The following insurance programs offer coverage for short term visits: visitorscoverage.com and immihelp.com/visitor-medical-insurance.

Insurance Coverage for ITP Treatments

Q What are the treatments for ITP for which patients may need some type of insurance coverage?

A As part of their care, ITP patients may need various medications or other treatments to help raise their platelet counts to a safe level and to decrease bleeding symptoms.

Some of these include:

- Anti-D (WinRho®)
- Avatrombopag (Doptelet®)
- Azathioprine (Imuran®)
- Corticosteroids (such as prednisone/prednisolone/methylprednisolone or dexamethasone)
- Cyclosporine A (Sandimmune®)
- Cyclophosphamide (Neosar®)
- Dapsone (Aczone®)
- Danazol (Danocrine®)
- Eltrombopag (Promacta®)
- Fostamatinib disodium hexahydrate (TAVALISSE®)
- Immunoglobulin, (such as IVIG)
- Mycophenolate mofetil therapy (MMF; CellCept®)
- Rituximab (Rituxan®)
- Romiplostim (Nplate®)
- Splenectomy

Q What about insurance coverage for lab tests, treatments, hospitalization and surgery for ITP patients?

A Most ITP patients will need to have regular lab tests for diagnosis, treatment, and ongoing follow-up of their ITP, including:

- Treatments, such as intravenous immunoglobulin (IVIG), which may be given in an outpatient clinic, a doctor's office, or in the hospital.
- Hospitalization and/or surgery, which may be needed by a number of patients with ITP. Some patients who have very low platelets and are experiencing serious bleeding may be hospitalized. The most common surgical procedure for ITP is a splenectomy, the removal of the spleen. In many cases, this is now performed laparoscopically. In emergencies, some ITP patients receive platelet transfusions.



Q Do pharmaceutical companies that make ITP medicinal treatments offer insurance assistance to patients?

A Yes. Most pharmaceutical companies that provide treatments for ITP offer some type of assistance program for patients who are unable to afford the medication or treatment their company makes. Most of the programs require income information and the completion of an application form to determine eligibility. For more information about the following ITP treatments, how they work, dosage, side effects, and more, visit the PDSA Conventional Treatments page at: pdsa.org/conventional

The following companies with ITP drugs and/or treatments currently offer patient assistance programs. Be sure to carefully review the parameters of their assistance and contact them directly with any questions.

Amgen

Amgen, the pharmaceutical maker of Nplate®, supports different reimbursement programs that may be of assistance to eligible patients. They can connect patients with programs that may be able to help them afford their Amgen medication regardless of health insurance. These programs are:

1. AmgenAssist360™ (amgenassist360.com), which provides assistance with co-pays and reimbursement for Nplate® for no cost to qualifying uninsured patients. This assistance is based on the patient's household income and family size.
2. Referrals to independently operated co-pay assistance foundations. Amgen provides financial support to independent third-party foundations that assist qualifying patients with out-of-pocket costs for their treatments. This is a good option for Medicare Part B patients who do not have supplemental insurance.
3. The Amgen FIRST STEP™ Program (amgenassist.com/copay) can help eligible, commercially insured patients with co-insurance or co-pay (out-of-pocket) requirements.

For further information, visit Nplate® Navigator (nplate.com/support) or call 888-427-7478.

Genentech, Inc.

Genentech, Inc., the pharmaceutical maker of Rituxan® has a patient assistance program (genentech-access.com/hcp) that offers free medication to patients who otherwise could not afford it. Patients must meet financial and other program-specific criteria to be eligible for assistance. Call 877-436-3683.

Novartis

Novartis is the maker of Promacta®. The Novartis Patient Assistance Foundation program (novartis.com/us-en/patients-and-caregivers/patient-assistance/patient-assistance-foundation-enrollment) provides a single point of information, education, and support for patients and healthcare professionals. The Foundation also offers prescription drug reimbursement support for the uninsured and under-insured as part of Novartis' ongoing commitment to providing needed medicines to patients who may benefit from the assistance. The co-pay assistance program is for people who have prescription coverage but who need extra help paying for their oral medicine. The patient assistance program provides free Novartis medication to income-eligible patients. Knowledgeable counselors are available to speak with patients at 888-669-6682. Additional information is available at: novartis.com/us-en/patients-and-caregivers/patient-assistance/patient-assistance-programs.

Rigel

Rigel, the maker of Tavalisse®, has established Rigel ONECARE (tavalissehcp.com/services-and-support) as a patient support center. They also have a copay assistance program (tavalissecopay.com). To speak with a representative, call 833-744-3562.

Sobi

Sobi makes Doptelet® and offers the Doptelet Connect (doptelet.com/itp/doptelet-copay) copay program with dedicated Care Coordinators who can help research your individual coverage for Doptelet, coordinate with an eligible pharmacy to fill your prescription, or connect with copay assistance or free product, if needed. You must meet eligibility criteria. For more information, call 833-368-2663.

Cangene bioPharma/Emergent BioSolutions

WinRho SDF® is made by Cangene bioPharma and distributed by Emergent BioSolutions. To learn about Emergent BioSolutions' available patient assistance programs, visit rxhope.com/PAP/info/PAPList.aspx?companyid=498&fieldType=companyid. For WinRho ordering and reimbursement information, visit winrho.com/ordering.php.

Q What about IVIG treatments? Are there assistance programs available for ITP patients who receive them?

A Intravenous immunoglobulin (IVIG) is a type of antibody treatment used as a “front-line” therapy to temporarily elevate platelet counts. IVIG is manufactured by several companies, some of which have received FDA approval for its use in the treatment of ITP. The Platelet Disorder Support Association offers helpful information (visit pdsa.org/ivig) on these immunoglobulin manufacturers and additional information on IVIG patient assistance programs may be found in the list offered below.

Q Are there other support programs for patients without adequate insurance coverage, or those having trouble accessing the healthcare or prescriptions they need?

A Some patients may have difficulty getting insurance coverage for their ITP medications and/or treatments. The good news is there are a variety of organizations that offer support and assistance with health insurance as well as prescription drug and healthcare costs. The following organizations may be able to assist you:

American Academy of Pediatrics

aap.org/en/advocacy/health-care-access-coverage

One of the Academy's long-standing advocacy priorities is ensuring children have access to high-quality, age-appropriate, affordable health insurance. Their website provides useful links for parents seeking additional assistance in their state with the costs of their child's health care.

Angel Flight NE

angelflightne.org

800-549-9980

Coordinates free air and ground transportation to medically stable patients who must travel long distances for the specialized care they need.



BenefitsCheckUp

benefitscheckup.org

Millions of older adults miss out on saving money through public and private benefits simply because they don't apply. BenefitsCheckUp is a free, confidential online tool that helps older adults and people with disabilities find benefits programs they might be eligible for depending on their location.

Caregiver Action Network (CAN)

nfcacares.org

855-227-3640

A non-profit organization providing education, peer support, and resources to family caregivers across the country who are caring for loved ones with chronic conditions, disabilities, diseases, or the frailties of old age.

Children's Health Insurance Program (CHIP)

medicaid.gov/chip/index.html

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. The program is funded jointly by states and the federal government and is administered by states. Find coverage by state [HERE: insurekidsnow.gov/coverage/index.html](#).

HealthInsurance.org

healthinsurance.org

An online source of in-depth information, resources, and tools about health insurance for consumers.

Healthwell Foundation

healthwellfoundation.org

A nonprofit organization dedicated to helping reduce financial barriers to care for underinsured patients with chronic or life-altering diseases.

InsureKidsNow

insurekidsnow.gov

A national program to help ensure that America's children receive medical care. Learn more and explore coverage options by state via the following link: insurekidsnow.gov/find-coverage-your-family/frequently-asked-questions/index.html

Keep Swimming Foundation

keepswimmingfoundation.org/financial-aid

Keep Swimming Foundation provides financial relief to families of critically ill patients who require extended inpatient medical care at an accredited USA hospital.

Miracle Flights

miracleflights.org

800-359-1711

Provides free commercial flights to those in need of life-changing medical care, far from home.

National Committee for Quality Assurance (NCQA)

ncqa.org

202-955-3500

A non-profit organization dedicated to assessing and reporting on the effectiveness and quality of managed care plans.

National Organization for Rare Disorders (NORD)

rarediseases.org

800-999-6673

A nonprofit organization and federation of voluntary health organizations dedicated to helping people with rare diseases, like ITP. NORD offers resources to help people obtain certain medications, Medicare and insurance co-pay programs, early or expanded access to investigational products, travel, and relocation assistance for clinical trial participants, and emergency/limited access to products in short supply.

NeedyMeds

needymeds.org

A national non-profit organization that maintains a website of free information on programs that help people who cannot afford medications and healthcare costs. They also publish information about resources for specific diseases.

Pharmaceutical Research and Manufacturers of America (PhRMA)

medicineassistancetool.org

Pharmaceutical Research and Manufacturers of America (PhRMA) created the Medicine Assistance Tool (MAT) to help individuals search for financial assistance resources that may be available through various biopharmaceutical industry programs. Building upon the Partnership for Prescription Assistance (PPA) [see below], MAT gives patients, loved ones and health care providers a single point of access to hundreds of public and private assistance programs, and connects them with more information about the cost of medicine.

Partnership for Prescription Assistance (PPA)

medicineassistancetool.org

888-4PPA-NOW (888-477-2669)

A free and confidential service that helps connect uninsured and underinsured patients who struggle with affordable access to medicines to prescription assistance programs that offer medicines for free or at a discounted cost.

Patient Advocate Foundation (PAF)

patientadvocate.org

800-532-5274

A national non-profit charity that provides direct services to patients with chronic, life threatening, and debilitating diseases to help access care and treatment recommended by their doctor.

Patient Notification System

patientnotificationsystem.org

888-UPDATE-U (888-873-2838)

A free, confidential, 24-hour communication system developed by the Plasma Protein Therapeutics Association (PPTA) to notify patients who receive plasma products, such as intravenous immunoglobulin (IVIG), about product withdrawal and recalls.

RxAssist

rxassist.org

Patient assistance programs are run by pharmaceutical companies to provide free medications to people who cannot afford to buy their medicine. RxAssist offers a comprehensive database of these patient assistance programs, as well as practical tools, news, and articles so that healthcare professionals and patients can find the information they need.

Rx Outreach Express-Scripts program

express-scripts.com

Offering low-cost prescription medications to people in need across the U.S. The prescriptions are mailed to the patient after Express-Scripts receives an Rx Outreach form, prescription, and payment.

Q What are state-run patient assistance programs?

A Individual U.S. states run patient assistance programs for their residents. For example, California offers a program through its Office of the Patient Advocate. On their website (opa.ca.gov/Pages/Home), they provide information on various ways patients can become their own advocates for medical care. Patients should regularly check the details of what assistance is available in their own state.

Q What else can ITP patients do to cope with the financial costs and insurance issues related to ongoing treatment for ITP?

A There are several steps patients can take to be sure they are receiving all the coverage they are entitled to under their current health care plan.

1. Whatever your type of insurance policy, be aware you have federal and state protections that are determined by your type of insurance and state of residence.
2. Remember, if you develop an illness or medical condition, under the federal HIPAA law, your insurance company cannot use this as a reason to drop you from their insurance plan.
3. If you purchased your own insurance coverage on the individual market, you are protected by state law. Many states also have a patient's bill of rights.

4. If your insurance is through your employer, you are probably covered by the federal Employee Retirement Income Security Act (ERISA). This law sets the legal guidelines for private employee benefit plans. Under ERISA, your insurer must inform you about your plan's provisions, explain how to file a claim, tell you how to appeal a denied claim, and provide a process for reviewing appeals.
5. If you ever need to file an appeal for a denial of medical coverage, there are several tips that can increase your chances of being approved. These include keeping detailed records of each step (including phone calls), following up phone calls with letters summarizing the conversation, and keeping all correspondence whether by email or letter. As part of your appeal, you may want to ask your doctor to write a letter that explains why the treatment is necessary. Be sure to file your appeal and all required paperwork on time.

Q What about ITP patients living outside of the United States?

A The health insurance landscape varies greatly depending on the country you live in. PDSA is pleased to serve the ITP community of Canada and suggests you visit our PDSA Canada webpage at pdsa.org/join-the-community/local-groups/item/1712-canada.html for additional resources and health insurance information specific to Canada. For information on insurance in other countries, visit the ITP Alliance website at globalitp.org.

Resources

PDSA OFFERS THE FOLLOWING HELPFUL RESOURCES FOR MANAGING ITP:

ITP Patient Connect Support Groups by region: pdsa.org/support-groups

ITP Helpline: 440-746-9003 or pdsa@pdsa.org

Online discussion groups: pdsa.org/discussion-group

Medical Emergency Cards and Medical Alert Jewelry for Patients with ITP: pdsa.org/shop

ITP POKE-R CLUBSM: Empowering Kids with ITP: pdsa.org/poke-r-club

Parents Teleconference Group: kids join in the first 30 minutes to talk with each other about life with ITP; then parents have the chance to talk and learn from one another: pdsa.org/kids-parents-group

Depending on your circumstance, one of our other booklets may also be helpful. Find our full inventory of educational booklets at pdsa.org/booklets. Many of these booklets are also available in multiple languages at pdsa.org/translated-publications.

ITP Pamphlet (perfect for sharing with families)

ITP in Children — Frequently Asked Questions

When a Child has ITP: A Resource Guide for Parents

Understanding ITP: A Story for Kids about Immune Thrombocytopenia

ITP Student Factsheet (perfect for sharing with schools)

ITP in Teens — Frequently Asked Questions

ITP in Adults – Frequently Asked Questions

ITP and the Female Lifecycle: Bleeding Issues in the Stages of a Woman's Life

Coping with ITP — Frequently Asked Questions

Living with ITP – Answers to Common Questions

The Role and Function of Platelets in ITP

Who Pays for Drugs in Canada?

For more information about ITP and other available resources, or to become a member of PDSA, please contact us:

Platelet Disorder Support Association

8751 Brecksville Road, Suite 150, Cleveland, OH 44141

440-746-9003 • pdsa@pdsa.org • pdsa.org

The Platelet Disorder Support Association is dedicated to enhancing the lives of people with ITP and other platelet disorders through education, advocacy, research, and support. Membership benefits include a quarterly newsletter, discounts to the annual ITP Conference, optional participation in the ITP POKE-R Club, and the good feeling of helping others.

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The information in this guide is for educational purposes only. For your unique medical condition, please consult a physician. The names of actual companies and products mentioned herein may be the trademarks of their respective owners.



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