Platelet Disorder Support Association

Empowering ITP Patients

Health Insurance and Assistance Programs for People with ITP:

A GUIDE FOR PATIENTS AND FAMILIES







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Health Insurance and Assistance Programs for People with ITP:

A GUIDE FOR PATIENTS AND FAMILIES

INTRODUCTION

Health insurance can be confusing and complex. When you or a loved one has ITP, it can feel even more stressful to understand what may or may not be covered by health insurance, but you are not alone.

The Platelet Disorder Support Association (PDSA) is here to help. This booklet is written to answer common questions about health insurance and assistance programs for people living with ITP, and to help you make confident choices for you and your family.

It is important to consider the specific health care needs of you and your family when choosing or changing your health insurance coverage. Be sure to think about any necessary doctor visits, laboratory testing, medications, treatments, hospital visits, and any other financial factors to ensure you find coverage that will work for each family member, including the individual with ITP.

Did you know? PDSA is dedicated to providing the most current and comprehensive resources for ITP and ITP treatments. The PDSA website, *pdsa.org*, contains hundreds of pages of information for patients, caregivers, and healthcare professionals. PDSA also publishes a monthly e-news and quarterly newsletter, hosts an annual ITP Conference, leads an International ITP Alliance, facilitates more than 68 local patient support groups throughout the U.S. and Canada, and more!

Visit *pdsa.org* to explore all PDSA has to offer, to become a PDSA member, and to stay in touch as PDSA continues to expand its programs and resources for the ITP community.

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COMMON COST CONCERNS FOR PEOPLE WITH ITP

Q In what ways can ITP be expensive?

A Many people with ITP may need long-term medical care, and the ongoing expenses can be stressful for people with ITP and their families. Depending on their diagnosis and care plan, various costs may come from:

- Frequent office visits to doctors and/or hematologists (physicians who specialize in blood, bone marrow, and lymphatic system disorders)
- Diagnostic and routine tests, including CBC (Complete Blood Count), bone marrow exams, and occasionally, additional blood tests to determine whether platelet levels are safe
- Hospital stays, especially for emergency care if serious bleeding occurs or when certain treatments are necessary to raise and stabilize dangerously low platelet levels
- Treatments and medications, such as corticosteroids, IVIg (immunoglobulin) infusions, Anti-Rho(D), platelet growth factor medications, or platelet destruction inhibition drugs
- Surgical procedures, such as splenectomy (removal of the spleen)

Q What are the typical insurance issues for people with ITP and other low platelet disorders?

A Patients often face:

- No insurance coverage
- Not enough insurance coverage
- High co-pays for medications or treatments
- Denials from insurance for medications or treatments
- Diagnosis of chronic illness that requires long-term treatment costs
- Uncertainties about coverage when traveling, especially abroad

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TYPES OF HEALTH INSURANCE COVERAGE

Q What are the main types of medical insurance coverage?

A The term 'health insurance' refers to a wide range of health insurance policies that can be public or private/commercial. These policies may cover the costs of seeing primary care providers and hematologists, hospital stays, surgery, outpatient visits for treatment, ongoing long-term care, and medications. Public health insurance programs include Medicare and Medicaid, while private or commercial health insurance may be obtained through an employer or purchased through the Health Insurance Marketplace.

There are several subtypes of coverage including:

Fee-for-Service Plans – This common type of health insurance can also be referred to as a major medical or comprehensive policy. A Summary of Benefits from an insurer details which medical services are covered, partially covered, and not covered. Covered and partially covered services are reimbursed through a claim submitted to the insurer after the patient received care.

Managed Care Plans – These plans use networks of health care providers and facilities to provide care to policyholders at reduced costs. Generally, lower-cost plans have the most restricted choices of networks.

- HMO (Health Maintenance Organization) plans generally require patients to use in-network providers, except for certain circumstances
- PPO (Preferred Provider Organization) plans may cover both in-network and out-of-network care
- POS (Point of Service) plans combine features of both HMO and PPO

Self-Insured Plans – Some private employers run their own insurance program for their employees using a third-party company to manage it. These plans follow federal rules under the Employee Retirement Income Security Act of 1974 (ERISA).

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Government-Sponsored Plans – Government-sponsored health care plans are health insurance programs funded or supported by the federal or state government to help eligible individuals pay for medical care. Eligibility may be based on factors such as age, income, disability, family circumstances, or other requirements.

Medicare is a U.S. federal program that covers people aged 65 and older, and some people with disabilities. There are many different parts to the Medicare program, each providing different types of coverage. It is important to review the latest changes for each one before enrolling in the Medicare coverage that best meets your needs.

Sections include:

- Medicare Part A
- Medicare Part B
- Medicare Part C (Medicare Advantage)
- Medicare Part D
- Medigap is supplemental insurance sold by private insurance companies that helps to pay some of the healthcare costs that Original Medicare does not cover, such as deductibles, copayments, and coinsurance.

Information: *medicare.gov*

Medicaid is a U.S. federal and state program that covers certain low-income individuals, including adults, children, pregnant women, older adults, and people with disabilities. The Affordable Care Act allowed states to expand Medicaid eligibility to more low-income adults in the U.S. However, the One Big Beautiful Bill Act, enacted in 2025, made significant changes to Medicaid eligibility and enrollment requirements. When determining your eligibility, be sure to check all requirements in your state, including requirements for work, renewal or recertification, and cost-sharing.

Eligibility: *healthcare.gov/medicaid-chip*

Information: *medicaid.gov*

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UNDERSTANDING HEALTH INSURANCE BASICS

Q **Before I start comparing health insurance plans, are there any basic terms that are helpful to understand?**

A There are several basic terms that are important to know when comparing health insurance costs. It is always important to review your specific plan details to understand how these terms apply to your health insurance coverage and covered services.

- **Premium** – This is the amount you pay for health insurance coverage. The amount is determined by the insurer, often by using factors such as the type of plan, your location, and your age. The premium amount does not include out-of-pocket expenses like deductibles or copayments.
- **Copayment** – A copayment, or "copay," is a fixed amount that you pay for a specific healthcare service, such as primary care, specialty care, hospital services, and prescriptions. The amounts might vary based on the type but are typically due when you receive the service. Example: If you have a $30 copay for a primary care office visit, you pay this amount at the time of your appointment.
- **Deductible** – A deductible is the amount you generally pay for covered health care service before your health insurance begins paying according to the plan's cost-sharing rules. Some services may be covered before you meet your deductible.
- **Coinsurance** – This term refers to the percentage of the cost of a covered healthcare service that you pay for, commonly after you meet your deductible. If your plan states that you have 20% coinsurance for certain services after meeting your deductible, it means that you will pay 20% of the cost of that service while your insurer pays 80% of the cost.
- **Out-of-pocket Maximum** – An out-of-pocket maximum is the most you will have to pay during your plan year for covered health care services and supplies. Once you reach this limit, your health insurance plan generally pays 100% of the cost of covered services for the remainder of the plan year. Amounts you pay toward

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your deductible, coinsurance, and copayments generally count toward your out-of-pocket maximum, while your monthly insurance premiums generally do not.

- Prior Authorization – A health insurance provider may require you to obtain approval for a treatment, medication, test, or service before you receive it to determine whether the service is covered under your plan. Specialty medications, certain imaging and diagnostic tests, surgical procedures, hospital stays, inpatient care, therapy services, durable medical equipment (DME), behavioral health, home health, and hospice services may require prior authorization, or "pre-authorization" from your insurance provider. The request is usually submitted by your healthcare provider, and while rules vary widely by plan, state, and type of service, you generally have the right to appeal a denial.

Q Does a pre-existing condition affect my ability to obtain health insurance?

A When the Affordable Care Act established the Health Insurance Marketplace and expanded protections for people with pre-existing conditions, it prohibited Marketplace insurers from denying coverage or charging higher premiums because of a pre-existing condition, like ITP. These protections also apply to Medicaid and the Children's Health Insurance Program (CHIP).

To learn more about these options, visit:
https://www.hhs.gov/healthcare/about-the-aca/index.html

Employer-sponsored group health insurance also cannot deny coverage or impose exclusions based on a pre-existing condition.

Exception: Some older plans may be "grandfathered plans," and do not have to follow the rules of the Affordable Care Act. If you are enrolled in a grandfathered plan and want the protections provided by a Marketplace plan, you can switch during the Open Enrollment period, or select a Marketplace plan after a qualifying event, such as your grandfathered plan ending.

To learn more, visit:

https://www.healthcare.gov/glossary/grandfathered-health-plan

https://www.healthcare.gov/health-care-law-protections/grandfathered-plans

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Q What is not covered under most health insurance plans?

A Coverage varies by individual plan, so it is important to read your Summary of Benefits and Coverage (SBC) carefully and, whenever possible, contact your insurance provider with any questions before receiving care. In some cases, the coverage may also depend on where and how a treatment or medication is provided, such as at home versus a clinic or hospital, or intravenously versus orally.

Health insurance plans may not cover or may provide limited coverage for services such as:

- Eyeglasses and contact lenses
- Dental care
- Hearing aids
- Elective cosmetic procedures
- Treatments, procedures, or medications that are considered experimental or investigational

Q What can I do if my health insurance denies a claim?

A It is possible to file an appeal with your insurer. To begin, find out why the claim was denied. You may also need to:

- Check that the correct medical codes were submitted on the claim that was processed by your insurer
- Confirm that all required steps were followed, such as prior authorization, and that your deductible and other cost-sharing amounts were calculated correctly
- Request that the insurer review the claim
- Ask your healthcare provider to submit a letter to the insurer explaining the medical necessity of the care or treatment that you received
- Keep records of all phone calls, letters, emails, and other correspondence

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INSURANCE AND TRAVEL

Q What should I do if I plan to travel outside my home area?

A If you are traveling within the United States, it is best to check your plan's coverage in the areas you plan to visit. Most U.S.-based health insurance plans, including Medicare and Medicaid, may not cover medical care outside of the United States. If your plan does not offer international coverage, you may want to consider purchasing a separate travel medical insurance plan. For more information about travel health insurance, visit: *https://www.healthinsurance.org/other-coverage/dont-forget-to-pack-travel-health-insurance*

Other tips to consider before you travel:

- Consider wearing a medical alert bracelet. PDSA offers medical alert jewelry available for purchase online at *pdsa.org/shop*.
- Keep all medications with you and in their original, labeled containers.
- Carry a medical emergency card, and make sure it lists all allergies, conditions, past surgeries, and emergency contact information.
- Ask for a letter from your doctor that describes your condition and medications.
- Research doctors and medical facilities (and their policies) in advance so you know where you can receive medical care, treatments, or medications, if needed.

PDSA maintains a list of international ITP experts and patient support organizations. Contact PDSA for further assistance or to request a free ITP Medical Emergency Card.

Q What if I am traveling to the United States from another country?

A There are options for short-term medical coverage for visitors to the United States. Visit *visitorscoverage.com* or *immihelp.com/visitor-medical-insurance* for more information.

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HEALTH INSURANCE COVERAGE FOR ITP TREATMENTS

Q **What are the ITP treatments that may require health insurance coverage?**

A As part of their care, people with ITP may need a variety of medications and treatments to help increase platelet counts to a safe level and to reduce 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®)
- Rilzabrutinib (WAYRILZ™)
- Rituximab (Rituxan®)
- Romiplostim (Nplate®)
- Splenectomy

For more information on conventional ITP treatments, visit *pdsa.org/treatments/conventional*.

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Other insurance considerations include:

- Most people with ITP will need to have regular lab tests for diagnosis, treatments, and ongoing monitoring.
- Some treatments, such as immunoglobulin (IVIG), may be provided in an outpatient clinic, healthcare provider's office, or in the hospital.
- Emergency hospital care, treatments (such as platelet transfusions), and/or surgery (such as splenectomy) may be needed for people with ITP who have very low platelet counts and who are experiencing serious bleeding.

PDSA Resource: If you or a loved one with ITP experiences serious or critical bleeding, it is important to understand the emergency care that may be needed. *Guideline on the Emergency Management of Critical Bleeding in Patients with Immune Thrombocytopenia https://ashpublications.org/ bloodadvances/ article/10/16/5558/566423/Guideline-on-the-emergency-management-of-critical*

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PHARMACEUTICAL ASSISTANCE PROGRAMS

Q **Do pharmaceutical companies that manufacture ITP treatments offer patient assistance programs?**

A Yes. Most pharmaceutical companies that manufacture ITP treatments offer patient assistance programs for those who have difficulty affording their medications or treatments. Most programs require an application and income information to determine whether a patient qualifies. Some states have enacted laws addressing whether manufacturer copay assistance must count toward a patient's deductible or out-of-pocket maximum. Rules vary by state and plan.

For more information about ITP treatments, how they work, dosage, side effects, and more, visit *pdsa.org/treatments*.

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

Amgen

Amgen, the manufacturer of Nplate®, offers several patient assistance and reimbursement programs for eligible patients. These programs can connect patients with resources that may make their Amgen medication affordable regardless of their health insurance status. For more information about Nplate® resources, visit *nplate.com/support* or call 866-264-2778. Amgen also provides personalized assistance through Amgen Support+ at *amgensupportplus.com.*

Genentech, Inc.

Genentech, Inc., the manufacturer of Rituxan®, has patient support resources and services on their website at *gene.com/patients/patient-support-services*, and offers further support options through Genentech Patient Foundation. Patients must meet financial and other program specific criteria to be eligible for assistance. Call 888-941-3331 or visit *gene.com/patients/patient-foundation* for more information.

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Novartis

Novartis, the manufacturer of Promacta®, provides eligible patients who have private insurance with immediate co-pay savings on their prescription. To find out if you are eligible for the Universal Co-pay Program, call 1-877-577-7756 or visit *Copay.NovartisOncology.com*.

Rigel

Rigel, the manufacturer of Tavalisse®, has established Rigel ONECARE (*tavalissehcp.com/services-and-support*) as a patient support center. To speak with a representative, call 833-744-3562.

Sanofi

Sanofi, the manufacturer of WAYRILZ™, has established HemAssist for patient support. Learn more online or call 1-833-723-5463 Monday through Friday 8am to 7pm ET. *https://www.wayrilz.com/us/patient-support*

Sobi

Sobi, the manufacturer of Doptelet®, offers the Doptelet Connect (*https://doptelet.com/support-and-resources/financial-assistance/*) 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

Q **What about IVIG treatments? Are there patient assistance programs available for people with ITP who receive IVIG?**

A Intravenous immunoglobulin (IVIG) is a type of antibody treatment used as a first-line therapy to temporarily increase platelet counts. IVIG is manufactured by several companies, some of which have FDA-approved indications for the treatment of ITP. The Platelet Disorder Support Association provides information about IVIG manufacturers at *pdsa.org/ivig*. Additional information about IVIG patient assistance programs is provided in the next section of this booklet.

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ADDITIONAL PATIENT ASSISTANCE AND SUPPORT PROGRAMS

Q **Are there other support programs for patients without adequate insurance coverage, or those who have difficulty accessing the healthcare or medications they need?**

A Some people with ITP may have difficulty getting insurance coverage for their ITP medications and/or treatments. Fortunately, there are a variety of organizations that assist with health insurance, prescription medication, and healthcare costs. The following organizations may be able to help.

Accessia Health
accessiahealth.org
Patient Program

A nonprofit organization that provides programs and services to individuals of all ages who are living with a rare or chronic health condition. They offer case management, education, and financial support for health insurance premiums, medication copayments, travel, and other essential medical expenses.

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.

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AmeriPharma

ameripharma.com
866-647-1364
info@ameripharma.us

AmeriPharma is a specialty pharmacy that provides hard--to-access medications, prescription delivery, home infusion therapy, and copay assistance to individuals with complex illnesses, including ITP, in over 40 U.S. states. They can assist with everything from insurance approvals to providing in-home care services to make the treatment process as convenient and affordable as possible for eligible patients.

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)

canadiancaregiving.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.

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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*.

Express Scripts
www.express-scripts.com

Express Scripts® Pharmacy Benefit Services works with your plan to help you use and manage your prescription benefits. This may include understanding your coverage, filling prescriptions, exploring medication home delivery—if part of your plan—and staying on track with medications over time. Visit the website to register and check eligibility.

HealthInsurance.org
healthinsurance.org

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

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*

Miracle Flights
miracleflights.org
800-359-1711

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

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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

NORD RareCare® ITP Program
ITP@rarediseases.org
475-365-6267

A nonprofit organization and federation of voluntary health organizations dedicated to helping people with rare diseases, like ITP. NORD offers several resources, including a RareCare® patient assistance program for eligible ITP patients. The program offers financial support to pay for out-of-pocket healthcare costs related to the care and treatment of ITP.

NeedyMeds
needymeds.org
800-503-6897

A national non-profit organization that connects people to programs that will help them afford their medications and other healthcare costs by providing information on healthcare programs, offering direct assistance, and facilitating programs.

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Patient Advocate Foundation (PAF)

totalassist.org
800-532-5274

Officially united with the Patient Access Network (PAN) Foundation as of July 2026, this national non-profit provides assistance to patients with nearly 150 different chronic, life threatening, and debilitating diseases — including ITP — to access care and treatment recommended by their doctor through their TotalAssist program.

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.

Pharmaceutical Research and Manufacturers of America (PhRMA)

phrma.org/resources/mat-one-pager

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), MAT provides patients, loved ones, and health care providers with access to hundreds of public and private assistance programs, and connects them with more information about the cost of medicine.

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Prescription Hope

prescriptionhope.com
1-877-296-HOPE (4673)

Prescription Hope provides access to hundreds of FDA-approved brand-name medications for a set fee per month per medication. Their patient advocates manage enrollment, coordination, and ongoing program requirements through patient assistance programs.

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.

The Assistance Fund (TAF)

tafcares.org
855-845-3663

The Assistance Fund is an independent 501(c)(3) organization that helps patients and families facing high medical out-of-pocket costs by providing financial assistance for their copays, coinsurance, deductibles, health insurance premiums, and incidental medical expenses.

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Q Are there state-run patient assistance programs?

A Individual U.S. states may run patient assistance programs for their residents. For example, California offers a program through its Office of the Patient Advocate. On their website (*https://www.ca.gov/departments/253/*), 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 assistance is available for people with ITP living outside of the United States?

A Health insurance regulations, coverage, and assistance programs vary greatly depending on your country of residence. People with ITP in Canada can visit the PDSA Canada web page at *pdsa.org/canada* for additional resources and information about health insurance in Canada. For information about health insurance in other countries, visit the International ITP Alliance website at *globalitp.org*.

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QUICK TIPS FOR MANAGING COSTS AND INSURANCE ISSUES

- Regardless of your type of health insurance policy, understand your protections under federal and state laws where you live. Some states have a patient bill of rights to help you understand how you are protected.
- Many employer-sponsored plans are subject to federal ERISA (Employee Retirement Income Security Act) rules. Under ERISA, your plan must provide information about its provisions, explain how to file a claim and appeal a denial, and provide a process for reviewing denied claims and appeals.
- Keep detailed records of all bills, calls, and letters from your healthcare providers and insurer.
- Whenever possible, ask your insurance providers about prior authorization requirements for treatments and procedures you may need before receiving them.
- If you need to submit an appeal, be sure to meet all applicable deadlines and consider asking your healthcare provider to submit a letter supporting the medical necessity of the treatment, if appropriate.
- Health insurance regulations, coverage, and assistance programs vary greatly by country. People with ITP in Canada can find additional resources and health insurance information specific to Canada on the PDSA Canada webpage at: *pdsa.org/canada*. For information on insurance in other countries, visit the International ITP Alliance website at *globalitp.org*.

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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*

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

ITP POKE-R CLUB℠: 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*
- *For Women and Girls+ with ITP: Periods, Pregnancy, Menopause and More*
- *Coping with ITP – Frequently Asked Questions*
- *Living with ITP – Answers to Common Questions*
- *The Role and Function of Platelets in ITP*

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

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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 our 28-page publication, The Platelet News, and discounts to the annual ITP Conference.

PDSA is a 501(c) (3) organization. Contributions are tax-deductible to the extent permitted by law. This patient information guide is supported by an educational donation provided by **Novartis.**

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.

Information Current as of September 2026: Insurance coverage, eligibility requirements, assistance programs, websites, and contact information may change. Please verify current information with the applicable health plan, program, or organization before making decisions about your coverage or care.

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