|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Program | Contact | Qualifications | Benefits | Limitations |
| Modulators |  | | | | |
| **Trikafta**  **Symdeko**  **Kalydeco**  **Orkambi** | Vertex GPS Copay Card Program | <https://www.vertexgps.com/>  877-752-5933 | Commercially insured patients (not eligible if on Medicare, Medicaid or Tricare) | Copay= $15\*  Patient education, refill reminders, benefit investigation, coordination with specialty pharmacies. Can enroll in GPS program if on Medicare/Medicaid but would not be eligible for copay card. | TBD  \*Healthwell may cover leftover out of pocket cost |
| Vertex GPS Patient Support Program | 877-752-5933 | Uninsured | If you are uninsured you may qualify for free Vertex medication | TBD |
| Enzymes |  | | | | |
| **Creon** | Creon Care Foward | <https://www.creon.com/cfcareforward>  855-227-3493 for vitamins/supplements  800-364-4767 for questions on copay card  \*\*Most non specialty mail order pharmacies will not process copay cards. You will likely need to fill at a local retail pharmacy in order to use this program | Commercially insured patients (not eligible if on Medicare, Medicaid or Tricare) | Copay= $5\*  Free vitamins/supplements | Annual max benefit of $8000, no monthly cap  \*Healthwell may cover leftover out of pocket cost |
| My Abbvie Assist | <https://www.abbvie.com/patients/patient-assistance.html>  click on “find my med”  800-222-6885 | * Uninsured * Underinsured (no coverage for this medication or unable to afford copay cost) | Free medication from the manufacturer | Based on annual income  Medicare patients may have additional criteria |
| **ZenPep** | Live 2 Thrive | <https://www.live2thrive.org/>  888-936-7371  \*\*Most non specialty mail order pharmacies will not process copay cards. You will likely need to fill at a local retail pharmacy in order to use this program | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $0  Free vitamins/supplements  Can earn points towards other free items | <2 yo max monthly benefit of:  $3500 for 30d rx  $10,500 for 90d rx  >2yo max monthly benefit of:  $2,000 for 30d rx  $6,000 for 90d rx |
| Nestle Health Science Patient Assistance Program | <https://www.nestlehealthscience.us/patient-assistance-program>  855-210-6228 | * Uninsured * Underinsured (no coverage for this medication or unable to afford copay cost) | Free medication from the manufacturer | Based on annual income  Medicare patients may have additional criteria |
| **Pancreaze** | Pancreaze Engage | <https://pancreaze.com/savings-and-support/>  888-238-8059  \*\*Most non specialty mail order pharmacies will not process copay cards. You will likely need to fill at a local retail pharmacy in order to use this program | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $0  Pancreaze sends monthly coupon code to shop for vitamins/supplements on VIVUS Health | Max monthly benefit is  $100 for 30d rx  $300 for 90d rx |
| Pancreaze Patient Assistance Program | <https://pancreaze.com/savings-and-support/>  888-238-8059 | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free medication from the manufacturer | Annual income must be below 300% FPL  Medicare patients may have additional criteria |
| **Pertzye** | Chiesi Care Direct | <https://pertzyecares.com/chiesi-caredirect/>  888-865-1222  Email: [chiescicaredirect@caremetx.com](mailto:chiescicaredirect@caremetx.com)  \*\*Most non specialty mail order pharmacies will not process copay cards. You will likely need to fill at a local retail pharmacy in order to use this program | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $0  Nutrition Program for free vitamins/supplements OR  Wellness Program to earn points to purchase items  Must submit receipts of each fill for above benefits. | Max monthly benefit of $1440 x12 fills (if you fill 90d rx max benefit is still only $1440 per fill) |
| Chiesi Care Direct Patient Assistance Program | <https://pertzyecares.com/chiesi-caredirect/>  888-865-1222  Email: chiescicaredirect@caremetx.com | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) * May be eligible if Pertzye is an exclusion of coverage with 2 insurance denials | Free medication from manufacturer | Annual income must be below 450% FPL  Medicare patients may have additional criteria |
| Inhaled Antibiotics |  |  |  |  |  |
| **TOBI brand (tobramycin) inhaled solution**  **Tobi Podhaler (tobramycin dry powder)** | Podcare+ Support Program and savings card | [https://www.activatethecard.com/tobi/#](https://www.activatethecard.com/tobi/)  Above link for copay savings card only  877-999-8624  For optional enrollment in Podcare+ Support Program (education, refill reminders, benefit investigation):  <https://www.tobipodhaler.com/en/getting-started-with-tobi-podhaler/what-is-podcare> | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Podhaler Copay= $0  TOBI Solution copay= $4\* | Max annual benefit of $14,000  \*Healthwell may cover leftover out of pocket cost |
| Patient Assistance Program | 800-796-9526 option 2  <https://www.viatris.com/-/media/project/common/viatris/pdf/us/pap-medicine-drop-down/viatris-pap-application-1-final-111621.pdf> | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free medication from manufacturer | Income based  Medicare patients may have additional criteria |
| **Kitabis Pak**  **(tobramycin)** | Kitabis Copay Assistance | <https://www.kitabis.com/patient-access/CoPayAssistance>  Above link is for copay card only  For optional enrollment in Kitabis Connect Support Program for education, refill reminders, benefit investigation, free compressor  <https://www.kitabis.com/patient-access/KitabisConnect>  855-334-6730 | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $0  With enrollment in Kitabis Connect you may also receive a free compressor | Max benefit per fill is $1,440 |
| **Bethkis brand**  **(tobramycin)** |  | No pharmaceutical copay program available  Copay may be covered by Healthwell, Copays.org or Adult CF Funds- see below for more information about these resources |  |  |  |
| Chiesi Patient Assistance Program | <https://resources.chiesiusa.com/Bethkis/BETHKIS_Patient_Assistance_Program_Application.pdf>  888-865-1222 | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free medication from manufacturer or assistance with cost | Income based |
| **Tobramycin inhaled solution (generic) 300mg/5mL**  **Tobramycin inhaled solution (generic Bethkis) 300mg/4mL** |  | No pharmaceutical copay program available  Copay may be covered by Healthwell, Copays.org or Adult CF Funds- see below for more information about these resources |  |  |  |
| **Cayston (Aztreonam)** | Cayston Access Program | <https://www.caystonhcp.com/resources>  877-722-9786 | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $10\*  Free Altera system with first fill, free handset with each additional fill, benefit investigation, education | Max annual benefit of $8,000  \*Healthwell may cover leftover out of pocket cost |
| Cayston Patient Assistance Program | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free drug from manufacturer | Income based  Medicare patients may have additional criteria |
| **Arikayce (Amikacin)** | Arikares | <https://www.arikayce.com/support-programs/>  833-274-5273 | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $0  Free Lamira system with first fill, free handset with each additional fill,  Patient education  Refill reminders  Benefit investigation | Monthly max benefit of $8,000  Annual max benefit of $32,000 |
| Arikayce Patient Assistance Program | 833-274-5273 | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free drug from manufacturer | Income based  Medicare patients may have additional criteria |
| **Colistin** |  | No pharmaceutical copay program available  Copay may be covered by Healthwell, Copays.org or Adult CF Funds- see below for more information about these resources |  |  |  |
| Mucolytic |  |  |  |  |  |
| **Pulmozyme (dornase alfa)** | Pulmozyme Copay Assistance Program | <https://www.pulmozyme.com/patient/financial-support/ways-to-save.html>  877-794-8723 | Commercially insured (not eligible if on Medicare, Medicaid or Tricare) | Copay= $30\* | Annual max benefit of $10,000  \* Healthwell may cover leftover out of pocket cost |
| Genentech Patient Foundation | <https://www.gene.com/patients/patient-foundation/apply-for-help#patients>  866-422-2377 | * Uninsured * Underinsured (no coverage for this medication or unable to afford cost) | Free medication from the manufacturer | Income must be below $150,000  Medicare patients may have additional criteria |
| **Hypertonic Saline (sodium chloride) 3%, 3.5%, 7%** |  | No pharmaceutical copay program available  GoodRx App has coupon to reduce cost  Copay may be covered by Healthwell, Copays.org or Adult CF Funds- see below for more information about these resources |  |  |  |
| Other Assistance Programs |  |  |  |  |  |
| **Healthwell Foundation**  \*Healtwell also has non CF related grant funds which you may qualify for under other diagnoses. Check the Healthwell website for a list of all available funds | Cystic Fibrosis Treatments Fund | <https://www.healthwellfoundation.org/disease-funds/>  800-675-8416  Email: grants@healthwellfoundation.org  List of covered meds:  <https://www.healthwellfoundation.org/what-is-covered-cft/> | Can be on any type of insurance. Enrollment is based on income. You may be required to provide supporting documents to verify income. | $15,000 per year in copay assistance for approved list of meds  If pharmacy unwilling to apply pharmacy card you can upload copy of bills for reimbursement | Income must be below 500% of FPL |
| Cystic Fibrosis Vitamins and Supplements  Fund | <https://www.healthwellfoundation.org/disease-funds/>  800-675-8416  Email: grants@healthwellfoundation.org  List of covered vits/supplements: <https://www.healthwellfoundation.org/fund/cystic-fibrosis-vitamins-supplements/> | Can be on any type of insurance, enrollment is based on income. You may be required to provide supporting documents to verify income | $1,500 per year in assistance for approved list of vitamins and nutritional supplements | Income must be below 400% of FPL |
| **Copays.org** | Cystic Fibrosis Fund | <https://copays.org/funds/cystic-fibrosis/>  866-512-3861  Can apply online or over the phone | Can be on any type of insurance, enrollment is based on income. You may be required to provide supporting documents to verify income. | $15,000 per year in assistance for out of pocket expenses related to CF.  Can include:  Medication copays  Nutrition supplements  Office Visit Copays  Hospital Bills  Labs  Imaging  Insurance Premiums  Cobra Premiums | Income must be below 400% of FPL |
| **The Assistance Fund** | Cystic Fibrosis Fund | Tafcares.org  Dedicated CF line: 855-506-0629  Apply online | Can be on any type of insurance, enrollment is based on income. You may be required to provide supporting documents to verify income. | No upper limit to assistance amount, however program is often on a waitlist for approval. You would need to join waitlist each year.  The cover FDA approved treatments for CF. List of approved therapies available online. Will consider additional items per individual request. | Income must be below 700% of FPL |
| **AZ Department of Health Services- Adult CF Grant** | Adult CF Funds | Enrollment is managed by the CF clinic- must complete an application and W9 Form  Contacts  Justin Hattori- Social Worker: [jhattori@phoenixchildrens.com](mailto:jhattori@phoenixchildrens.com)  P: 602-933-0739  Chris Verdugo- Social Worker: [cverdugo@phoenixchildrens.com](mailto:cverdugo@phoenixchildrens.com)  P: 602-933-0775  Elvia Piceno- MA Care Coordinator: [epiceno1@phoenixchildrens.com](mailto:epiceno1@phoenixchildrens.com)  P:602-933-3394 | **Must be at least 21 years old**  Uninsured OR insured and out of pocket medical costs equal to at least 5% of annual income. You do not need to submit income documents  Must utilize all above copay programs that you qualify for before utilizing this grant. This is payer of last resort. | Assistance with out of pocket costs related to CF care.  Can include:  Medication copays  Nutrition supplements  Office Visit Copays  Copays for specialist visits related to CF (GI, ENT, Endo)  Hospital Bills  Labs  Imaging | Annual limit varies based on need and available funds. |
| **Piper’s Angels Foundation** |  | <https://www.pipersangels.org/urgent-financial-assistance>  Urgent Financial Assistance Grant- Download grant application at above website | Child or adult with CF who has experienced a hardship due to hospitalization, missed work, unforeseen medication copays, etc. Financial hardship must be related to CF | Assistance with rent/utilities, medical bills, prescription copays, etc. | Annual limit of $1000 per CF patient (families with more than one CF child can submit one application per child 6mo after initial application).  Approval determined on individual basis by the foundation |
| **Claire’s Place Foundation** |  | <https://clairesplacefoundation.org/extended-hospital-stay#covidapply>  CF Clinic staff (social worker or nurse) must submit referral on your behalf. Claire’s Place will then send application to you | Child or Adult with CF who has experienced a hospital stay of 14 or more days w/in the last calendar year | Assistance with rent, utilities, or other monthly bills | Determined on individual basis by foundation |
| **Boomer Esiason Foundation** |  | <https://www.esiason.org/>  Must complete online application at above website | CF Family impacted by COVID-19  Patients currently in the process of lung transplant evaluation | COVID Relief Program- helps families struggling with monthly bills, rent/mortgage homeschooling needs, cleaning products. One time payment  Lung Transplant Grant Program- helps with transportation or relocation costs related to transplant, housing, food |  |
| **Cystic Fibrosis Lifestyle Foundation** |  | <https://www.cflf.org/recreation-grants>  CFLF offers activity grants for patients with CF to participate in some sort of physical activity (sports, gym membership, yoga classes, gymnastics, dance, swim lessons, etc). Must submit application online. |  | $500 per year for patient or  $1000 per year grant for patient and friend/support person also participating in activity | Grant cycles are open twice per year. See website for application deadlines. Only one award per person per year. |
| **The Oley Foundation** |  | <https://oley.org/> |  | Connects patients in need of tube feed formula/supplies with those that have extra to donate | You are responsible for shipping but receive donated supplies for free |
| **CF Compass** |  | <https://www.cff.org/support/get-help-cf-foundation-compass>  Cystic Fibrosis Foundation support program  844-266-7277 |  | Help investigating insurance coverage options, coverage issues, help identifying other assistance programs | Free resource for CF patients and families |
| **CF Legal** |  | 800-622-0385  Email: [cflegal@sufianpassamano.com](mailto:cflegal@sufianpassamano.com)  Call or email and they will set up a phone call with you to discuss questions. |  | Assistance understanding/applying for social security disability  FMLA  Employment rights/ADA protections  Insurance issues  School laws that protect children with CF  Understanding your rights under the ACA | Free legal resource for CF patients/families |

Federal Poverty Limit (FPL) Guidelines for coverage year 2022 (Updated 1/12/22)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **# in Household** | **100% FPL** | **200% FPL** | **300% FPL** | **400% FPL** | **500% FPL** | **600% FPL** | **700% FPL** |
| **1** | **$13,590** | **$27,180** | **$40,770** | **$54,360** | **$67,950** | **$81,540** | **$95,130** |
| **2** | **$18,310** | **$36,620** | **$54,930** | **$73,240** | **$91,550** | **$109, 860** | **$128,170** |
| **3** | **$23,030** | **$46,060** | **$69,090** | **$92,120** | **$115,150** | **$138,180** | **$161,210** |
| **4** | **$27,750** | **$55,500** | **$83,250** | **$111,000** | **$138,750** | **$166,500** | **$194,250** |
| **5** | **$32,470** | **$64,940** | **$97,410** | **$129,880** | **$162,350** | **$194,820** | **$227,290** |
| **6** | **$37,190** | **$74,380** | **$111,570** | **$148,760** | **$185,950** | **$223,140** | **$260,330** |

Arizona Medicaid (AHCCCS) Eligibility income requirements: <https://www.azahcccs.gov/Members/Downloads/EligibilityRequirements.pdf>

Arizona Nutrition Assistance Program eligibility requirements (SNAP benefits, formerly known as food stamps program): <https://www.benefits.gov/benefit/1050>