

Patient Assistance Resource Guide

	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 Forward	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	<ul style="list-style-type: none"> • 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

Patient Assistance Resource Guide

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

Patient Assistance Resource Guide

Pertzye	Chiesi Care Direct	https://pertzycare.com/chiesi-caredirect/ 888-865-1222 Email: chiesicaredirect@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://pertzycare.com/chiesi-caredirect/ 888-865-1222 Email: chiesicaredirect@caremetx.com	<ul style="list-style-type: none"> • 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

Patient Assistance Resource Guide

Inhaled Antibiotics					
TOBI brand (tobramycin) inhaled solution Tobi Podhaler (tobramycin dry powder)	Podcare+ Support Program and savings card	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	<ul style="list-style-type: none"> • 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

Patient Assistance Resource Guide

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	<ul style="list-style-type: none"> • 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		<ul style="list-style-type: none"> • Uninsured • Underinsured (no coverage for this medication or unable to afford cost) 	Free drug from manufacturer	Income based Medicare patients may have additional criteria

Patient Assistance Resource Guide

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	<ul style="list-style-type: none"> • 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			

Patient Assistance Resource Guide

Patient Assistance Resource Guide					
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	<ul style="list-style-type: none"> • 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			

Patient Assistance Resource Guide

Other Assistance Programs					
Healthwell Foundation *Healthwell 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

Patient Assistance Resource Guide

<p>The Assistance Fund</p>	<p>Cystic Fibrosis Fund</p>	<p>Tafcares.org</p> <p>Dedicated CF line: 855-506-0629</p> <p>Apply online</p>	<p>Can be on any type of insurance, enrollment is based on income. You may be required to provide supporting documents to verify income.</p>	<p>No upper limit to assistance amount, however program is often on a waitlist for approval. You would need to join waitlist each year.</p> <p>The cover FDA approved treatments for CF. List of approved therapies available online. Will consider additional items per individual request.</p>	<p>Income must be below 700% of FPL</p>
<p>AZ Department of Health Services- Adult CF Grant</p>	<p>Adult CF Funds</p>	<p>Enrollment is managed by the CF clinic- must complete an application and W9 Form</p> <p>Contacts Justin Hattori- Social Worker: jhattori@phoenixchildrens.com P: 602-933-0739 Chris Verdugo- Social Worker: cverdugo@phoenixchildrens.com P: 602-933-0775 Elvia Piceno- MA Care Coordinator: epiceno1@phoenixchildrens.com P:602-933-3394</p>	<p>Must be at least 21 years old</p> <p>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</p> <p><u>Must utilize all above copay programs that you qualify for before utilizing this grant. This is payer of last resort.</u></p>	<p>Assistance with out of pocket costs related to CF care.</p> <p>Can include: Medication copays Nutrition supplements Office Visit Copays Copays for specialist visits related to CF (GI, ENT, Endo) Hospital Bills Labs Imaging</p>	<p>Annual limit varies based on need and available funds.</p>

Patient Assistance Resource Guide

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	

Patient Assistance Resource Guide

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 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

Patient Assistance Resource Guide

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>