

CYSTIC FIBROSIS PATIENT ASSISTANCE PROGRAMS

HEALTHWELL GRANT FOUNDATION				
PROGRAM	CONTACT	QUALIFICATIONS	BENEFITS	OTHER INFORMATION
Cystic Fibrosis Treatments Fund	http://www.healthwellfoundation.org (800) 675-8416	Diagnosis of CF 500% Federal Poverty Level	\$15,000 annually to help with copays on drugs covered	Enroll online via Pharmacy or Provider Portal
Cystic Fibrosis Vitamins/Supplements Fund		Any type of insurance (including Federal/State)	\$2,000 annually to help with cost of nutritional supplements, vitamins, probiotics	Info needed: -# in household -annual income -Patient SSN -Parent date of birth and SSN

PANCREATIC ENZYMES *Also covered by Healthwell CF Treatment Grant					
	PROGRAM	CONTACT	QUALIFICATIONS	BENEFITS	LIMITATIONS
Creon®	CF CareForward Patient Support Copay Program	(855) 227-3493 https://www.creon.com/cfcareforward	Commercial insurance	Copay: \$0 or \$5 (if over \$75) 1 Free CF Vitamin and 1 nutritional supplement/month	Monthly max: \$1,750
Zenpep®	Live2Thrive®	(888) 936-7371 https://www.live2thrive.org/	Commercial insurance	Copay < 2 yr old: \$0 Copay > 2 yr old: \$0-\$40 1 Free CF vitamin, 1 Vitamin D3, 1 nutritional supplement/month Loyalty Rewards (earn points for rewards)	< 2 yr old: Monthly max \$3,500 > 2 yr old: Monthly max \$2,000
Pertzye®	Pertzye® \$0 Copay Assistance Program	(888) 865-1222 https://www.pertzyecf.com/physician/savings-support/	Commercial insurance	Copay: \$0	Monthly max: \$1,440 Have to use network specialty pharmacy
	Pertzye® \$20 Copay Card Program		Commercial insurance	Copay: \$20	Monthly max: \$500
	Chiesi CareDirect Nutrition Debit Card		Commercial insurance	\$75 monthly	Annual max: \$900 For vitamins/supplements

CFTR MODULATORS *Also covered by Healthwell CF Treatment Grant				
	PROGRAM	CONTACT	QUALIFICATIONS	BENEFITS
Kalydeco® Ivacaftor Orkambi® lumacaftor/ivacaftor Symdeko® tezacaftor/ivacaftor	Vertex Guidance and Patient Support (GPS)	https://www.vertexgps.com/	Commercial insurance	Copay: \$15

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INHALED ANTIBIOTICS *Also covered by Healthwell CF Treatment Grant					
	PROGRAM	CONTACT	QUALIFICATIONS	BENEFITS	LIMITATIONS
TOBI Podhaler®	TOBI Podhaler® Copay Program	(877) 999-8624 https://www.tobipodhaler.com/info/about/podcare-cf-patient-support.jsp	Commercial insurance	Copay: \$0	Annual max: \$14,000
	TOBI® tobramycin	Novartis Patient Support Copay Program https://www.copay.novartispharma.com/nvscopay/?#	Commercial insurance	Copay: \$4	Monthly max: \$1,750
Kitabis® Pak tobramycin	PARI Kitabis® Pak Copay Assistance Program	(844) 548-2247 http://kitabis.com/patient-access/copay-assistance/	Commercial insurance	Discounted copay	Max per Rx: \$1,440 (no yearly max)
	PARI PROVIDE Compressor Access Program	http://kitabis.com/patient-access/pari-provide-compressor-access/	Commercial insurance and Rx for Kitabis® Pak	Free PARI nebulizer compressor	Third party program
Bethkis® tobramycin	Chiesi CareDirect Bethkis® Copay Assistance Program	(888) 865-1222	Commercial insurance	Copay: \$0	Monthly max: \$1,440 Have to use network specialty pharmacy
	Chiesi CareDirect Nutrition Debit Card	https://bethkis.com/savings-support/	Commercial insurance	\$50 monthly each time RX filled	Annual max: \$300 For vitamins/supplements
Cayston® aztreonam	Gilead Cayston® Copay Program	(877) 722-9786	Commercial insurance (>\$10)	Copay: \$10	7 fills per calendar year Annual max: \$8,000
	Altera Copay Coupon Program	https://www.cayston.com/cayston-access-program/financial-assistance.html	Commercial insurance (>\$10) and Enrolled in Cayston Access Program		Max 2 units per year Max benefit: \$430

INHALED MUCOLYTIC *Also covered by Healthwell CF Treatment Grant					
	PROGRAM	CONTACT	QUALIFICATIONS	BENEFITS	LIMITATIONS
Pulmozyme® dornase alfa	Pulmozyme® Copay Program	https://www.pulmozyme.com/patient/pulmozyme-copay-patient-financial-support.html	Commercial insurance	Copay: \$30	Annual max: \$10,000

Healthwell Foundation CF Vitamins/Supplements grant

Covered supplements:

Alfamino Formula	Benecalorie	Boost and all variations	Boost Kids Essential
Bright Beginnings Soy Pediatric Drinks	Carnation Instant Breakfast	Compleat Tube Feeding and Pediatric	Duocal
E028 Splash Formula	EleCare	EleCare Formula	Enfamily Formula (all variations)
Ensure (all variations)	Enteral Tube Feeding Formula	ENU Nutritional Shake	Equate Nutritional Shake
Gerber Good Start Formula	Glucerna	Hormel Might Shakes	Jevity
Kate Farms Nutrition	Keyo	Liquid Hope Formula	Liquigen
Lutrish Chocolate Shake	Megace	Microlipid	Myoplex Bars
Neocate	Nutrament Nutrition Drink	Nutramigen	NutraSource Fiber Powder
Nutren 2.0	Nutren Jr.	NutriShake	Orgain Nutritional Shakes
Pedia Smart Powder Shake	PediaSure (all variations)	Pediasure Peptide	Peptamen (all variations)
Peptide	Perative	Pregestimil	Pulmocare
Resource Breeze	Scandical	Scandishake	Similac Formula (all variations)
Sol Carb	Tolerex	Two Cal HN	Two Cal-HN Liquid
Vital (1.0, 1.5, 2.0)	Vivonex TEN	Walgreen's Nutritional Shake Plus	ZonePerfect Bars

Covered vitamins:

Alive Multi-Vitamins	AquaDeks (drops/softgel/tabs)	Aqua-E	ABDEK Multivitamin
ABDEK Plus Zine	Choiceful Multi-Vitamins	D3forMe Patch	DEKA Vitamins (liquid, capsule)
Ferrous sulfate 325mg tablet	Libertas Pediatric (drops, chewable, softgel)	Libertas Vitamins (multi-vitamins)	Mephyton (phytonadione - Vit K)
MVW Complete Formulation Multivitamins (softgels, chewables, and drops)	Nature Made Vitamins (A, D, E, K) or multi-vitamins	Poly-Vi-Sol Vitamin	Replesta Vitamin D
Vitamax	Vitamin D 1000 IU	Vitamin D 400 IU	Vitamin D2 50,000 IU
Vitamin D3 1000 IU	Vitamin D3 2000 IU	Vitamin D3 4000 IU	Vitamin D3 5000 IU
Vitamin D3 50,000 IU	Vitamin D3 8000 IU	Vitamin K	

Covered probiotics:

Culturelle Digestive Health	Floragen 3	Florastor Daily Probiotic
MVW Probiotic	VSL #3	

Healthwell Foundation CF Treatments grant

Medications covered:

Acetylcysteine solution	Actigall	AccuNeb	Albuterol sulfate HFA
Bethkis	Cayston	Colistin	Combivent
DuoNeb	Hypertonic saline solution or Hyper-Sal or sodium chloride (3, 7, and 10%)	Ipratropium/albuterol	Kalydeco
Kitabis	Mucomyst (10 and 20%)	Nebcin	Nebusal
Orkambi	Pancreaze	Pertzye	Proair HFA
Proventil HFA	Pulmosal	Pulmozyme	Symdeko
Tobi	Tobi Podhaler	Ultresa	Ventolin HFA
Viokace	VoSpire ER	Xopenex	Xopenex HFA
Zenpep			

Nebulizer handsets covered:*

Hudson T Up-draft II Handset	PARI LC Plus Handset
PARI Baby Handset	PARI PEP Handset
PARI eRapid Nebulizer Handset	PARI Sprint Handset
Altera Nebulizer System (when prescribed with Cayston)	

*Up to 2 nebulizer systems (compressors) per enrollment period.