



Coverage for Common CF Medications and Durable Medical Equipment

Find more information on the Centers for Medicare & Medicaid Services Medicare Coverage Database (www.cms.gov/medicare-coverage-database/indexes/lcd-state-index.aspx?)

Medication or Equipment	Medicare Part	Notes
Inhalation Medications		
<i>Bronchodilators</i>		
Albuterol nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Levalbuterol hydrochloride (Xopenex®) nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Albuterol inhaler	D	
Levalbuterol hydrochloride (Xopenex®) inhaler	D	
<i>Mucolytics</i>		
Dornase alfa (Pulmozyme®)	B	Twice daily administration not covered
Hypertonic saline		Not covered as it is not approved by the FDA
Acetylcysteine (Mucomyst®)	B	May require prior authorization
<i>Inhaled Antibiotics</i>		
Tobramycin inhalation solution (TOBI®, Kitabis®, Bethkis®)	B	May require prior authorization
Tobramycin inhalation powder (TOBI® Podhaler®)	D	(same)
Generic tobramycin inhalation solution	B	(same)
Aztreonam for inhalation solution (CAYSTON®)	D	(same)
<i>Modulators</i>		
Ivacaftor (Kalydeco®)	D	May require prior authorization, confirmation it is on formulary, and 5 percent coinsurance for each refill
Lumacaftor/ivacaftor (Orkambi®)	D	(same)
Tezacaftor/ivacaftor (Symdeko®)	D	(same)
Elexacaftor/tezacaftor/ivacaftor (Trikafta™)	D	(same)
Pancreatic Enzymes		
Pancrelipase (CREON®, ZENPEP®, PANCREAZE®, PERTZYE®)	D	Be mindful of quantity limits, may require prior authorization
Postural Drainage Devices		
Therapy vests	B	
Mobile therapy vests	B	
Aerosol machine	B	Can only be replaced every five years
Nebulizer cups	B	May have quantity limits
Acapella®	B	

Medication or Equipment	Medicare Part	Notes
Diabetic Supplies		
Blood glucose meter	B	
Lancet devices and lancets	B	
Meter test strips	B	
External insulin pump	B	
Insulin for a pump	B	Not covered by Part B unless administered by a pump
Insulin	D	If not covered by Part D, person with CF responsible for 100 percent of the cost; may require prior authorization
Syringes	D	(same)
Needles	D	(same)
Gastrostomy tube supplies		
Replacement percutaneous endoscopic gastrostomy (PEG) tubes	B	May be limited coverage on some Original Medicare and Medicare Advantage plans
Enteral formula	B	(same)
Tubing	B	(same)
Bags	B	(same)
Syringes (large for flushing)	B	(same)
Pump	B	(same)
Immobilized lipase cartridge (RELIZORB®)		Currently not covered by any Medicare plan
Transplant Medications		
Immunosuppressant medications	B and/or D	Medicare Part B will ONLY pay if Medicare paid for the transplant. Medicare Part D may pay for some medications not covered by Part B.

*Medications and equipment covered by Part B have a 20 percent coinsurance.

▶ HELP AND MORE INFORMATION

Connect with *Compass*. CF Foundation Compass case managers can help with questions and issues related to Medicare coverage challenges for people with CF. Call 844-COMPASS (844-266-7277) or email compass@cff.org.



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