



PHARMACOLOGICAL TREATMENT OPTIONS AND TIER COVERAGE FOR COPD/ASTHMA

The following chart is a list of inhalers, as well as oral and injectable medications approved for use in patients with asthma and/or COPD. Medications are listed by class and their respective insurance coverage and/or coverage requirements for BCBS, HPHC, Tufts, TMP, and MassHealth. Guidelines for both asthma and COPD can be found here: [Global Initiative for Asthma \(GINA\)](#) and [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\)](#).

Medications	BCBSMA	HPHC*	Tufts	Tufts Medicare Preferred	MassHealth
Short-acting beta-agonists (SABA)					
ProAir Digihaler (albuterol sulfate) - DPI	NC	NC	NC	NC	PA
ProAir RespiClick (albuterol sulfate) – DPI	NC	Tier 2;3	NC	Tier 3	PA
ProAir HFA (albuterol sulfate HFA) - MDI	NC	Tier 2;3	NC	NC	Covered
albuterol HFA (ProAir HFA generic) – MDI	Tier 1;2	Tier 1;2	Tier 1	Tier 1	NC (Brand Preferred)
Proventil HFA (albuterol sulfate HFA) - MDI	NC	NC	NC	NC	PA
albuterol HFA (Proventil HFA generic) – MDI	Tier 1;2	Tier 1;2	NC	Tier 1	PA
Ventolin HFA (albuterol sulfate HFA) - MDI	NC	Tier 2;3	NC	NC	PA
albuterol HFA (Ventolin HFA generic) – MDI	NC	Tier 1;2	Tier 1	Tier 1	PA
Accuneb nebulizer solution (albuterol)	NC	-	NC	-	PA (covered if generic unavailable)
albuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	Covered
Xopenex HFA (levalbuterol) – MDI	NC	NC	NC	NC	Covered (Brand Preferred)
levalbuterol HFA - MDI	NC	Tier 1;2	Tier 1	Tier 3	NC
Xopenex nebulizer solution (levalbuterol)	NC	NC	NC	NC	PA
levalbuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	PA



PHARMACOLOGICAL TREATMENT OPTIONS AND TIER COVERAGE FOR COPD/ASTHMA

Medications	BCBSMA	HPHC*	Tufts	Tufts Medicare Preferred	MassHealth
Inhaled Corticosteroids (ICS)⁺					
Qvar RediHaler (beclomethasone) - MDI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>PA (Tier 3 once approved)</i>	<i>Tier 3</i>	<i>PA</i>
Pulmicort Flexhaler (budesonide) - DPI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>Covered</i>
Pulmicort Respules (budesonide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA if pt ≥13 yo</i>
budesonide respules	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 2 (B vs D)</i>	<i>NC (Brand Preferred)</i>
Alvesco (ciclesonide) - MDI	<i>NC</i>	<i>NC</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>PA</i>
Arnuity Ellipta (fluticasone furoate) - DPI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>PA</i>
Asmanex HFA/Asmanex Twisthaler (mometasone) – MDI/DPI	<i>NC</i>	<i>Tier 3;4;ST (Premium Formulary - NC)</i>	<i>PA (Tier 3 once approved)</i>	<i>NC</i>	<i>HFA Covered (Twisthaler 110 mcg – PA ≥ 12 yo; Twisthaler 220 mcg - PA < 12 yo)</i>
Flovent HFA/Flovent Diskus (fluticasone propionate) – MDI/DPI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>Covered (Brand Preferred)</i>
Inhaled corticosteroids (ICS)/Long-acting beta-agonists (LABA)					
Symbicort (budesonide/formoterol) - MDI	<i>PA (Tier 2;3 once approved)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>Covered</i>
budesonide/formoterol - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC (Brand Preferred)</i>
Breo Ellipta (fluticasone furoate/vilanterol) - DPI	<i>NC</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
Advair Diskus (fluticasone propionate/salmeterol) - DPI	<i>PA (Tier 2;3;4 once approved)</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i>
fluticasone/salmeterol (Advair Diskus generic) - DPI	<i>PA (Tier 2;3 once approved)</i>	<i>NC</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>NC (Brand Preferred)</i>
Advair HFA (fluticasone propionate/salmeterol) - MDI	<i>PA (Tier 2;3;4 once approved)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>Covered</i>
AirDuo RespiClick/AirDuo Digihaler (fluticasone propionate/salmeterol) – DPI/DPI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



PHARMACOLOGICAL TREATMENT OPTIONS AND TIER COVERAGE FOR COPD/ASTHMA

Medications	BCBSMA	HPHC*	Tufts	Tufts Medicare Preferred	MassHealth
fluticasone/salmeterol (AirDuo generic) - DPI	PA (Tier 2;3 once approved)	Tier 1;2	Tier 1	Tier 2	PA
Wixela Inhub (fluticasone propionate/salmeterol) - DPI	PA (Tier 2;3 once approved)	NC	Tier 1	Tier 3	NC
Dulera (mometasone/formoterol) - MDI	PA (Tier 2;3 once approved)	NC	NC	NC	Covered
Short-acting muscarinic antagonists (SAMA) ± short-acting beta agonists (SABA)					
Combivent Respimat (ipratropium/albuterol spray) - SMI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered
ipratropium/albuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	Covered
Atrovent HFA (ipratropium bromide) - MDI	Tier 2;3	Tier 2;3;4	Tier 2	Tier 3	Covered
ipratropium nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	Covered
Long-acting beta-agonists (LABA)					
Brovana nebulizer solution (arformoterol)	NC	Tier 3;4	NC	Tier 4 (B vs D)	PA
arformoterol nebulizer solution	Tier 1;2	Tier 2;3	Tier 2	Tier 3 (B vs D)	-
Perforomist nebulizer solution (formoterol)	Tier 2;3	Tier 3;4	Tier 2	Tier 3 (B vs D)	PA
formoterol nebulizer solution	Tier 1;2	Tier 2;3	NC	Tier 3 (B vs D)	
Arcapta Neohaler (indacaterol) – capsule/DPI	NC	NC	NC	NC	PA
Striverdi Respimat (olodaterol) - SMI	Tier 2;3	NC	Tier 2	Tier 4	PA
Serevent Diskus** (salmeterol) - DPI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	PA
Long-acting muscarinic antagonists (LAMA) - anticholinergics					
Tudorza Pressair (aclidinium) - DPI	NC	NC	NC	NC	Covered
Lonhala Magnair solution (glycopyrrolate)	NC	NC	NC	NC	PA
Seebri Neohaler (glycopyrrolate) – capsule/DPI	NC	NC	NC	NC	NC
Spiriva HandiHaler (tiotropium) – capsule/DPI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered
Spiriva Respimat (tiotropium bromide) - SMI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	Covered
Yupelri Solution (revefenacin)	NC	NC	NC	Tier 5 (B vs D)	PA
Incruse Ellipta (umeclidinium) - DPI	PA (Tier 2;3;4 once approved)	Tier 2;3	NC	NC	Covered



PHARMACOLOGICAL TREATMENT OPTIONS AND TIER COVERAGE FOR COPD/ASTHMA

Medications	BCBSMA	HPHC*	Tufts	Tufts Medicare Preferred	MassHealth
Long-acting muscarinic antagonists (LAMA)/Long-acting beta agonists (LABA)					
Duaklir Pressair (aclidinium/formoterol) - DPI	NC	NC	NC	NC	PA
Bevespi Aerosphere (glycopyrrolate/formoterol) - MDI	NC	Tier 3;4	NC	NC	PA
Utibron Neohaler (glycopyrrolate/indacaterol) – capsule/DPI	NC	NC	NC	NC	NC
Stiolto Respimat (tiotropium/olodaterol) - SMI	Tier 2;3	Tier 2;3	Tier 2	NC	PA
Anoro Ellipta (umeclidinium/vilanterol) - DPI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	PA
Corticosteroid (ICS)/long-acting muscarinic antagonist (LAMA)/long-acting beta agonist (LABA)					
Breztri Aerosphere (budesonide/glycopyrrolate/formoterol fumarate) - MDI	PA (Tier 2;3;4 once approved)	Tier 2;3	NC	Tier 3	PA
Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol) - DPI	PA (Tier 2;3 once approved)	Tier 2;3	Tier 2	Tier 3	PA
Leukotriene modifiers/receptor antagonists					
Singulair (montelukast tablets/granules)	NC	NC	NC	NC	PA (tablets/chewable covered if generic unavailable)
montelukast tablet/chewable/granules	Tier 1;2	Tier 1;2	Tier 1 (granules not covered)	Tier 1 (tablets); Tier 2 (chewable, granules)	Covered (granules - PA)
Accolate (zafirlukast)	NC	NC	NC	NC	PA
zafirlukast tablet	Tier 1;2	Tier 1;2	Tier 1	Tier 3	PA
Zyflo tablet (zileuton)	NC	Tier 3;4 (Value Formulary - NC)	Tier 3	NC	PA
Zyflo CR tablet (zileuton extended release)	NC	NC	NC	NC	NC
zileuton extended release tablet	Tier 2;3	Tier 3;4	Tier 2	Tier 5	PA
Phosphodiesterase-4 Inhibitors					
Daliresp (roflumilast)	NC	Tier 3;4	Tier 2	NC	PA



PHARMACOLOGICAL TREATMENT OPTIONS AND TIER COVERAGE FOR COPD/ASTHMA

Medications	BCBSMA	HPHC*	Tufts	Tufts Medicare Preferred	MassHealth
Mast cell stabilizer					
Cromolyn nebulizer solution	Tier 1;2	Tier 1;2	Tier 3	Tier 2 (B vs D)	Covered
Interleukin Receptor Antagonists					
Dupixent Pen/Pre-filled Syringe (dupilumab)	PA;SP (Tier 2;3;4;5 once approved)	PA;SP (Tier 2;3;4;5 once approved)	PA;SP (Tier 2;4 once approved)	PA;SP (Tier 5 once approved)	PA
Fasenra Pen/Pre-filled Syringe (benralizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	PA;SP – Pen only (Tier 2;3;4 once approved)	PA;SP – Pen only (Tier 2;4 once approved)	PA;SP (Tier 5 once approved)	PA
Nucala Pen/Pre-filled Syringe/Solution (mepolizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	PA;SP- Pen/Syringe only (Tier 2;3;4 once approved)	PA;SP – Pen/Syringe only (Tier 2;4 once approved)	NC	PA
Xolair Pre-filled Syringe/Solution (omalizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	NC	PA;SP – Syringe only (Tier 2;4 once approved)	NC	PA
Cinqair Solution (reslizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	NC	PA (Medical benefit)	NC	PA

* Long-term monotherapy with ICS is not recommended in patients with COPD


** For asthma, should be used in combination with ICS and not as monotherapy

NC = not covered


DPI – dry powder inhaler

SMI – soft mist inhaler

SP = only covered thru participating specialty pharmacy

 FDA approved for asthma

 FDA approved for COPD

 FDA approved for both asthma and COPD

Tier coverage is dependent on which plan patient is enrolled in

*HPHC has 2 formularies: Premium and Value (some medications are not covered in both formularies)

(-) = no information provided

MDI – metered dose inhaler

PA = prior authorization

ST = step therapy

REFERENCES:

Tier coverage based on the following:

- BCBS: <https://home.bluecrossma.com/medication/med-search>
- HPHC: https://www.harvardpilgrim.org/portal/page?_pageid=253,13048065&_dad=portal&_schema=PORTAL NOTE: HPHC has 2 formularies (Premium and Value) with different tier plans
- Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/plans-benefits/pharmacy-benefit/pharmacy-formularies>
- TMP: <https://www.tuftsmedicarepreferred.org/drug-coverage>
- MassHealth: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpdfcurrent.do?id=45>