



# 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
<b>Short-acting beta-agonists (SABA)</b>					
<b>ProAir Digihaler</b> (albuterol sulfate) - DPI	NC	NC	NC	NC	PA
<b>ProAir RespiClick</b> (albuterol sulfate) – DPI	NC	Tier 2;3	Tier 2;3	Tier 3	PA
<b>ProAir HFA</b> (albuterol sulfate HFA) - MDI	NC	NC	NC	NC	Covered
albuterol HFA (ProAir HFA generic) – MDI	Tier 1;2	Tier 1;2	Tier 1;2	Tier 1	PA (Brand Preferred)
<b>Proventil HFA</b> (albuterol sulfate HFA) - MDI	NC	NC	NC	NC	Covered
albuterol HFA (Proventil HFA generic) – MDI	Tier 1;2	NC	NC	Tier 1	PA (Brand Preferred)
<b>Ventolin HFA</b> (albuterol sulfate HFA) - MDI	NC	Tier 2;3	Tier 2;3	NC	Covered
albuterol HFA (Ventolin HFA generic) – MDI	NC	Tier 1;2	Tier 1;2	Tier 1	PA (Brand Preferred)
<b>Accuneb nebulizer solution</b> (albuterol)	NC	NC	NC	NC	PA (covered if generic unavailable)
albuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1;2	PA Tier 2 (B vs D)	Covered
<b>Xopenex HFA</b> (levalbuterol) – MDI	NC	NC	NC	NC	PA (covered if generic unavailable)
levalbuterol HFA - MDI	NC	Tier 1;2	Tier 1;2	Tier 3	Covered
<b>Xopenex nebulizer solution</b> (levalbuterol)	NC	NC	NC	NC	PA
levalbuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1;2	PA Tier 2 (B vs D)	PA



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



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<b>Advair HFA</b> (fluticasone propionate/salmeterol) - MDI	PA (Tier 2;3;4 once approved)	Tier 2;3	Tier 2;3	NC	Covered
<b>AirDuo RespiClick/AirDuo Digihaler</b> (fluticasone propionate/salmeterol) – DPI/DPI	NC	NC	NC	NC	PA
fluticasone/salmeterol (AirDuo generic) - DPI	PA (Tier 2;3 once approved)	Tier 1;2	Tier 1;2	Tier 2	PA
<b>Wixela Inhub</b> (fluticasone propionate/salmeterol) - DPI	PA (Tier 2;3 once approved)	NC	NC	Tier 3	-
<b>Dulera</b> (mometasone/formoterol) - MDI	PA (Tier 2;3 once approved)	NC	NC	NC	Covered
<b>Short-acting muscarinic antagonists (SAMA) ± short-acting beta agonists (SABA)</b>					
<b>Combivent Respimat</b> (ipratropium/albuterol spray) - SMI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
ipratropium/albuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1;2	PA Tier 2 (B vs D)	Covered
<b>Atrovent HFA</b> (ipratropium bromide) - MDI	Tier 2;3	Tier 2;3;4	Tier 2;3	Tier 3	Covered
ipratropium nebulizer solution	Tier 1;2	Tier 1;2	Tier 1;2	PA Tier 2 (B vs D)	Covered
<b>Long-acting beta-agonists (LABA)</b>					
<b>Brovana nebulizer solution</b> (arformoterol)	NC	NC	NC	NC	PA
arformoterol solution	Tier 1;2	Tier 2;3	Tier 2;3	PA Tier 3 (B vs D)	PA
<b>Perforomist nebulizer solution</b> (formoterol)	Tier 2;3	Tier 2;3	NC	NC	PA
formoterol solution	Tier 1;2	Tier 2;3	Tier 2;3	PA Tier 3 (B vs D)	PA
<b>Arcapta Neohaler</b> (indacaterol) – capsule/DPI	NC	NC	NC	NC	-
<b>Striverdi Respimat</b> (olodaterol) - SMI	Tier 2;3	NC	NC	Tier 3	PA
<b>Serevent Diskus<sup>++</sup></b> (salmeterol) - DPI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	PA
<b>Long-acting muscarinic antagonists (LAMA) - anticholinergics</b>					
<b>Tudorza Pressair</b> (aclidinium) - DPI	NC	NC	NC	NC	Covered



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<b>Lonhala Magnair solution</b> (glycopyrrolate)	NC	NC	NC	Tier 5	PA
<b>Spiriva HandiHaler</b> (tiotropium) – capsule/DPI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
<b>Spiriva Respimat</b> (tiotropium bromide) - SMI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	Covered
<b>Yupelri Solution</b> (revefenacin)	NC	NC	NC	PA Tier 5 (B vs D)	PA
<b>Incruse Ellipta</b> (umeclidinium) - DPI	PA (Tier 2;3;4 once approved)	Tier 2;3	Tier 2;3	NC	Covered
<b>Long-acting muscarinic antagonists (LAMA)/Long-acting beta agonists (LABA)</b>					
<b>Duaklir Pressair</b> (aclidinium/formoterol) - DPI	NC	NC	NC	NC	PA
<b>Bevespi Aerosphere</b> (glycopyrrolate/formoterol) - MDI	NC	Tier 3;4	Tier 3;4	Tier 3	PA
<b>Utibron Neohaler</b> (glycopyrrolate/indacaterol) – capsule/DPI	NC	NC	NC	NC	-
<b>Stiolto Respimat</b> (tiotropium/olodaterol) - SMI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	PA
<b>Anoro Ellipta</b> (umeclidinium/vilanterol) - DPI	Tier 2;3	Tier 2;3	Tier 2;3	Tier 3	PA
<b>Corticosteroid (ICS)/long-acting muscarinic antagonist (LAMA)/long-acting beta agonist (LABA)</b>					
<b>Breztri Aerosphere</b> (budesonide/glycopyrrolate/formoterol fumarate) - MDI	PA (Tier 2;3 once approved)	Tier 2;3	Tier 2;3	Tier 3	PA
<b>Trelegy Ellipta</b> (fluticasone furoate/umeclidinium/vilanterol) - DPI	PA (Tier 2;3 once approved)	Tier 2;3	Tier 2;3	Tier 3	PA
<b>Leukotriene modifiers/receptor antagonists</b>					
<b>Singulair</b> (montelukast tablets/granules)	NC	NC	NC	-	PA (tablets/chewable covered if generic unavailable)
montelukast tablet/chewable/granules	Tier 1;2	Tier 1;2	Tier 1;2	Tier 1 (tablets); Tier 2 (chewable/granules)	Covered (granules - PA)
<b>Accolate</b> (zafirlukast)	NC	NC	NC	NC	PA
zafirlukast tablet	Tier 1;2	Tier 1;2	Tier 1;2	Tier 3	PA



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<b>Zyflo tablet</b> (zileuton)	NC	Tier 3;4 (Value Formulary - NC)	Tier 3;4 (Value Formulary - NC)	NC	PA
<b>Zyflo CR tablet</b> (zileuton extended release)	NC	NC	NC	NC	-
zileuton extended-release tablet	Tier 2;3	Tier 3;4	Tier 3;4	Tier 5	PA
<b>Phosphodiesterase-4 Inhibitors</b>					
<b>Daliresp</b> (roflumilast)	NC	Tier 3;4	Tier 3;4	Tier 4	PA
roflumilast	Tier 1;2	Tier 3;4	Tier 3;4	Tier 3	PA
<b>Mast cell stabilizer</b>					
Cromolyn nebulizer solution	Tier 1;2	Tier 1;2	Tier 1;2	PA Tier 2 (B vs D)	Covered
<b>Interleukin Receptor Antagonists</b>					
<b>Dupixent Pen/Pre-filled Syringe</b> (dupilumab)	PA;SP (Tier 2;3;4;5 once approved)	PA;SP (Tier 2;3;4 once approved)	PA;SP (Tier 2;3 once approved)	PA;SP (Tier 5 once approved)	PA
<b>Fasenra Pen/Pre-filled Syringe</b> (benralizumab)	PA;SP (Tier 2;3;4;5 once approved)	PA;SP – Pen only (Tier 2;3;4 once approved)	PA;SP – Pen only (Tier 2; 3 once approved)	PA;SP (Tier 5 once approved)	PA
<b>Nucala Pen/Pre-filled Syringe/Solution</b> (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;3 once approved)	PA;SP (Tier 5 once approved)	PA
<b>Xolair Pre-filled Syringe/Solution</b> (omalizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	PA;SP – Syringe only (Tier 2;3;4 once approved)	PA;SP-Syringe only (Tier 2;3 once approved)	PA;SP (Tier 5 once approved)	PA
<b>Cinqair Solution</b> (reslizumab)	PA;SP (Tier 2;3;4;5;6 once approved)	NC	NC	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 & Tufts have 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



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**REFERENCES:**

Tier coverage based on the following:

- BCBS: [www.bluecrossma.org/medication](http://www.bluecrossma.org/medication)
- HPHC: <https://www.harvardpilgrim.org/public/prescription-drug-plans> NOTE: HPHC has 2 formularies (Premium and Value) with different tier plans
- Tufts: <https://tuftshealthplan.com/member/employer-individual-or-family-plans/member-information/optum-rx> NOTE: Tufts has 2 formularies (Premium and Value) with different tier plans
- TMP: <https://www.tuftsmedicarepreferred.org>
- MassHealth: <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpdfcurrent.do?id=45>