



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, Point32Health, TMP, and MassHealth/Wellsense. The latest 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	Point32Health* (HPHC & Tufts)	Tufts Medicare Preferred**	MassHealth/Wellsense
Short-Acting Beta-Agonists (SABA)				
albuterol nebulizer solution	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>PA</i> <i>(Tier 2 once approved (B vs D))</i>	<i>Covered</i>
ProAir RespiClick (albuterol sulfate) – DPI	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>Covered</i>
ProAir HFA (albuterol sulfate HFA) - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	-
albuterol HFA (ProAir HFA generic) – MDI	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	-
Proventil HFA (albuterol sulfate HFA) - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	-
albuterol HFA (Proventil HFA generic) – MDI	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	-
Ventolin HFA (albuterol sulfate HFA) - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>Covered</i> <i>(Brand Preferred)</i>
albuterol HFA (Ventolin HFA generic) – MDI	<i>NC</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>PA</i>
Xopenex HFA (levalbuterol) – MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i> <i>(covered if generic unavailable)</i>
levalbuterol HFA - MDI	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Covered</i>
Xopenex nebulizer solution (levalbuterol)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
levalbuterol nebulizer solution	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>PA</i> <i>(Tier 4 once approved (B vs D))</i>	<i>PA</i>
Short-Acting Beta Agonists (SABA) + Inhaled Corticosteroid (ICS)				
AirSupra (albuterol/budesonide) - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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Inhaled Corticosteroids (ICS)*				
Alvesco (ciclesonide) - MDI	NC	NC	NC	PA
Arnuity Ellipta (fluticasone furoate) - DPI	Tier 2;3	Tier 2;3	NC	Covered
Asmanex HFA/Twisthaler (mometasone) – MDI/DPI	NC	Tier 3;4;ST (Premium Formulary - NC)	NC	Covered
Flovent HFA/Diskus (fluticasone propionate) – MDI/DPI	DISCONTINUED BY MANUFACTURER 12/31/2023			
fluticasone propionate HFA/Diskus – MDI/DPI	Tier 1;2	Tier 3;4;ST (HFA only and max age limit of 6 yrs)	Tier 4 (ST required – 50 mcg)	MDI- PA ≥ 12 yo DPI- PA
Pulmicort Flexhaler (budesonide) - DPI	Tier 2;3	Tier 2;3	NC	Covered
Pulmicort Respules (budesonide)	Tier 2;3;4	NC	NC	PA if pt ≥ 13 yo (covered if generic unavailable)
budesonide respules	Tier 1;2	Tier 1;2	PA (Tier 4 once approved (B vs D))	PA if pt ≥13 yo
Qvar RediHaler (beclomethasone) - MDI	Tier 2;3	Tier 2;3	Tier 3	PA
Inhaled Corticosteroids (ICS)/Long-Acting Beta-Agonists (LABA)				
Advair Diskus (fluticasone propionate/salmeterol) - DPI	PA (Tier 2;3;4 once approved)	NC	NC	Covered (Brand Preferred – ‘No Substitution’)
fluticasone/salmeterol (Advair Diskus generic) - DPI	PA (Tier 1;2 once approved)	Tier 1;2	Tier 3	NC
Advair HFA (fluticasone propionate/salmeterol) - MDI	PA (Tier 2;3;4 once approved)	Tier 2;3	NC	Covered (Brand Preferred – ‘No Substitution’)
AirDuo RespiClick (fluticasone propionate/salmeterol) – DPI	NC	NC	NC	PA
fluticasone/salmeterol (AirDuo generic) - DPI	PA (Tier 2;3 once approved)	Tier 1;2	Tier 3	NC
Breo Ellipta (fluticasone furoate/vilanterol) - DPI	NC	Tier 2;3 (Must write ‘No Substitution’)	Tier 3 (Must write ‘No Substitution’)	Covered (Brand Preferred – ‘No Substitution’)



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fluticasone furoate/vilanterol - DPI	NC	NC	NC	PA
Breyna (budesonide/formoterol) - MDI	Tier 1;2	NC	Tier 4	NC
Dulera (mometasone/formoterol) - MDI	PA (Tier 2;3 once approved)	NC	NC	Covered
Symbicort (budesonide/formoterol) - MDI	NC	Tier 2;3 (Must write 'No Substitution')	NC	Covered (Brand Preferred – 'No Substitution')
budesonide/formoterol - MDI	Tier 1;2	NC	NC	NC
Wixela Inhub (fluticasone propionate/salmeterol) - DPI	PA (Tier 1;2 once approved)	Tier 1;2	Tier 3	NC
Short-Acting Muscarinic Antagonists (SAMA) ± Short-Acting Beta Agonists (SABA)				
Atrovent HFA (ipratropium bromide) - MDI	Tier 2;3	Tier 2;3;4	Tier 4	Covered
ipratropium nebulizer solution	Tier 1;2	Tier 1;2	PA (Tier 2 once approved (B vs D))	Covered
Combivent Respimat (ipratropium/albuterol spray) - SMI	Tier 2;3	Tier 2;3	Tier 3	Covered
ipratropium/albuterol nebulizer solution	Tier 1;2	Tier 1;2	PA (Tier 2 once approved (B vs D))	Covered
Long-Acting Beta-Agonists (LABA)				
Brovana nebulizer solution (arformoterol)	NC	NC	NC	PA
arformoterol solution	Tier 1;2 [∞]	Tier 2;3	PA (Tier 4 once approved (B vs D))	NC
Perforomist nebulizer solution (formoterol)	Tier 2;3	NC	NC	PA
formoterol solution	Tier 1;2	Tier 2;3	PA (Tier 4 once approved (B vs D))	NC
Serevent Diskus⁺⁺ (salmeterol) - DPI	Tier 2;3	Tier 2;3	Tier 3	Covered
Striverdi Respimat (olodaterol) - SMI	Tier 2;3	NC	Tier 3	PA



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Long-Acting Muscarinic Antagonists (LAMA) - Anticholinergics				
Incruse Ellipta (umeclidinium) - DPI	PA (Tier 2;3;4 once approved)	Tier 2;3	Tier 3	Covered
Spiriva HandiHaler (tiotropium) – capsule/DPI	Tier 2;3	Tier 2;3	NC	Covered
Spiriva Respimat (tiotropium) - SMI	Tier 2;3	Tier 2;3	Tier 3	Covered
Tudorza Pressair (aclidinium) - DPI	NC	NC	NC	Covered
Yupelri Solution (revefenacin)	NC	NC	NC	PA
Long-Acting Muscarinic Antagonists (LAMA)/Long-Acting Beta Agonists (LABA)				
Anoro Ellipta (umeclidinium/vilanterol) - DPI	Tier 2;3	Tier 2;3	Tier 3	Covered
Bevespi Aerosphere (glycopyrrolate/formoterol) - MDI	NC	NC	Tier 3	PA
Duaklir Pressair (aclidinium/formoterol) - DPI	NC	NC	NC	PA
Stiolto Respimat (tiotropium/olodaterol) - SMI	Tier 2;3	Tier 2;3	Tier 3	PA
Inhaled Corticosteroid (ICS)/Long-Acting Muscarinic Antagonist (LAMA)/Long-Acting Beta Agonist (LABA)				
Breztri Aerosphere (budesonide/glycopyrrolate/formoterol fumarate) - MDI	PA (Tier 2;3 once approved)	Tier 2;3	Tier 3	PA
Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol) - DPI	PA (Tier 2;3 once approved)	Tier 2;3	Tier 3	PA
Leukotriene Modifiers/Receptor Antagonists				
Accolate Tablet (zafirlukast)	NC	NC	NC	PA
zafirlukast tablet	Tier 1;2	Tier 1;2	Tier 4	NC
Singulair (montelukast tablet/chewable/granules)	NC	NC	NC	PA (tablets/chewable covered if generic unavailable)



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montelukast tablet/chewable/granules	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 2</i>	<i>Covered (granules - PA)</i>
Zyflo Tablet (zileuton)	<i>NC</i>	<i>Tier 3;4;SP (Value Formulary - NC)</i>	<i>NC</i>	<i>PA</i>
Zyflo CR Tablet (zileuton extended release)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>
zileuton extended-release tablet	<i>Tier 2;3</i>	<i>Tier 3;4 (Premium formulary – SP)</i>	<i>NC</i>	<i>PA</i>
Phosphodiesterase Inhibitors				
Daliresp Tablet (roflumilast)	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
roflumilast tablet	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 4</i>	<i>NC</i>
Ohtuvayre Solution (ensifentrine)	<i>NC</i>	<i>PA (Tier 3;4 once approved)</i>	<i>NC</i>	<i>PA</i>
Mast Cell Stabilizer				
Cromolyn nebulizer solution	<i>Tier 1;2</i>	<i>Tier 2;3 (Premium formulary – SP)</i>	<i>PA (Tier 3 once approved (B vs D))</i>	<i>Covered</i>
Monoclonal Antibodies				
Cinqair Solution (reslizumab)	<i>PA;SP (Tier 2;3;4;5;6 once approved)</i>	<i>NC</i>	<i>PA (Tier 5 once approved)</i>	<i>PA (available in hospital setting only)</i>
Dupixent Pre-filled Syringe/Autoinjector[#] (dupilumab)	<i>PA;SP (Tier 2;3;4;5 once approved)</i>	<i>PA;SP (Tier 2;3;4 once approved)</i>	<i>PA (Pre-filled Syringe-Tier 5 once approved)</i>	<i>PA (Preferred Drug)</i>
Fasenra Pre-filled Syringe/Autoinjector (benralizumab)	<i>PA;SP (Tier 2;3;4;5 once approved)</i>	<i>PA;SP – Autoinjector only (Tier 2;3;4 once approved)</i>	<i>PA (Pen- tier 5 once approved) (10 mg/0.5 mL Pre-filled Syringe - Tier 4 once approved) (30 mg/mL Pre-filled Syringe – Tier 5 once approved)</i>	<i>PA</i>
Nucala Pre-filled Syringe/Autoinjector (mepolizumab)	<i>PA;SP (Tier 2;3;4;5 once approved)</i>	<i>PA;SP (Tier 2;3;4 once approved)</i>	<i>NC</i>	<i>PA</i>



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Tezspire Pre-filled Syringe/Autoinjector (Tezepelumab)	<i>PA;SP (Tier 2;3;4;5 once approved)</i>	<i>PA;SP –Autoinjector only (Tier 2;3;4 once approved)</i>	<i>NC</i>	<i>PA</i>
Xolair Pre-filled Syringe/Autoinjector (omalizumab)	<i>PA;SP (Tier 2;3;4;5 once approved)</i>	<i>PA;SP (Tier 2;3;4 once approved)</i>	<i>PA (Tier 5 once approved)</i>	<i>PA</i>

* 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

∞ Authorized brand product is not covered

FDA approved for add-on treatment for COPD in patients with eosinophilic phenotype

NC - not covered

DPI – dry powder inhaler

MDI – metered dose inhaler

SMI – soft mist inhaler

☐ FDA approved for asthma

☐ FDA approved for COPD

☐ FDA approved for asthma and COPD

Tier coverage is dependent on which plan patient is enrolled in

*Point32Health has 2 formularies: Premium and Value (some medications are not covered in both formularies)

** Tier 3 – 23% of the cost

Tier 4 – 50% of the cost

Tier 5 – 33% of the cost

PA – prior authorization

SP - only covered thru participating specialty pharmacy

ST – requires step therapy

REFERENCES:

Tier coverage based on the following:

- BCBS: <https://www.bluecrossma.org/medication/all-covered-med-search>
- Point32Health (HPHC, Tufts, TMP) <https://www.point32health.org/provider/pharmacy/formulary-lookup>
- MassHealth/Wellsense: <https://mhd1.pharmacy.services.conduent.com/MHDL>