



# 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>					
ProAir Digihaler (albuterol sulfate) - DPI	NC	NC	NC	NC	PA
ProAir RespiClick (albuterol sulfate) – DPI	Tier 2;3	Tier 2;3	NC	Tier 3	Covered
ProAir HFA (albuterol sulfate HFA) - MDI	Tier 2;3	Tier 2;3	NC	Tier 1	Covered (Brand preferred)
albuterol HFA (ProAir HFA generic) – MDI	Tier 1;2	Tier 1;2	Tier 1	Tier 1	NC
Proventil HFA (albuterol sulfate HFA) - MDI	NC	NC	NC	NC	PA (covered if generic unavailable)
albuterol HFA (Proventil HFA generic) – MDI	Tier 1;2	Tier 1;2	NC	Tier 1	Covered
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
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 2	Tier 3	NC
Xopenex nebulizer solution (levalbuterol)	NC	NC	Tier 3	NC	PA
levalbuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	PA
<b>Inhaled Corticosteroids (ICS)*</b>					
Qvar RediHaler (beclomethasone) - MDI	Tier 2;3	Tier 2;3	NC	Tier 3	PA
Pulmicort Flexhaler (budesonide) - DPI	Tier 2;3	Tier 2;3	Tier 2	Tier 2	Covered



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<b>Pulmicort Respules</b> (budesonide)	<i>Tier 2;3;4</i>	<i>NC</i>	<i>Tier 3</i>	<i>Tier 2</i>	<i>PA</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>PA</i>
<b>Alvesco</b> (ciclesonide) - MDI	<i>NC</i>	<i>Tier 3;4</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</i>	<i>Tier 2</i>	<i>PA</i>
<b>Asmanex HFA/Asmanex Twisthaler</b> (mometasone) – MDI/DPI	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>NC</i>	<i>HFA Covered (Twisthaler – PA ≥ 12yo)</i>
<b>Flovent HFA/Flovent Diskus</b> (fluticasone propionate) – MDI/DPI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 2</i>	<i>Covered</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</i>	<i>Tier 3</i>	<i>PA (Brand preferred once approved)</i>
budesonide/formoterol - MDI	<i>NC</i>	<i>NC</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Breo Ellipta</b> (fluticasone furoate/vilanterol) - DPI	<i>NC</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Advair Diskus</b> (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>PA (Brand preferred)</i>
fluticasone/salmeterol (Advair Diskus generic) - DPI	<i>PA (Tier 2;3 once approved)</i>	<i>NC</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Advair HFA</b> (fluticasone propionate/salmeterol) - MDI	<i>PA (Tier 2;3;4 once approved)</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>AirDuo RespiClick/AirDuo Digihaler</b> (fluticasone propionate/salmeterol) – DPI/DPI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
fluticasone/salmeterol (AirDuo generic) - DPI	<i>PA (Tier 2;3 once approved)</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 2</i>	<i>PA</i>
<b>Wixela Inhub</b> (fluticasone propionate/salmeterol) - DPI	<i>PA (Tier 2;3 once approved)</i>	<i>NC</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>-</i>
<b>Dulera</b> (mometasone/formoterol) - MDI	<i>PA (Tier 2;3 once approved)</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>



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<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	Tier 3	Covered
ipratropium/albuterol nebulizer solution	Tier 1;2	Tier 1;2	Tier 1	Tier 2 (B vs D)	Covered
<b>Atrovent HFA</b> (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
<b>Long-acting beta-agonists (LABA)</b>					
<b>Brovana nebulizer solution</b> (arformoterol)	NC	Tier 3;4	Tier 3	Tier 4 (B vs D)	PA
<b>Perforomist nebulizer solution</b> (formoterol)	Tier 2;3	Tier 2;3	Tier 2	Tier 3 (B vs D)	PA
<b>Arcapta Neohaler</b> (indacaterol) – capsule/DPI	NC	Tier 3;4	NC	NC	PA
<b>Striverdi Respimat</b> (olodaterol) - SMI	Tier 2;3	NC	Tier 2	Tier 4	PA
<b>Serevent Diskus<sup>++</sup></b> (salmeterol) - DPI	Tier 2;3	Tier 2;3	Tier 3	Tier 3	PA
<b>Long-acting muscarinic antagonists (LAMA) - anticholinergics</b>					
<b>Tudorza Pressair</b> (aclidinium) - DPI	NC	Tier 2;3	NC	NC	PA > 1 inhaler/month
<b>Lonhala Magnair solution</b> (glycopyrrolate)	NC	NC	NC	Tier 3	PA
<b>Seebri Neohaler</b> (glycopyrrolate) – capsule/DPI	NC	Tier 3;4 (Value Formulary - NC)	NC	NC	PA > 1 inhaler/month
<b>Spiriva HandiHaler</b> (tiotropium) – capsule/DPI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	PA > 30 units/month
<b>Spiriva Respimat</b> (tiotropium bromide) - SMI	Tier 2;3	Tier 2;3	Tier 2	Tier 3	PA > 1 inhaler/month
<b>Yupelri Solution</b> (revefenacin)	NC	NC	NC	NC	PA
<b>Incruse Ellipta</b> (umeclidinium) - DPI	PA (Tier 2;3;4 once approved)	Tier 2;3	NC	Tier 3	PA > 1 inhaler/month
<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>Beverpi Aerosphere</b> (glycopyrrolate/formoterol) - MDI	NC	Tier 3;4	NC	Tier 3	PA



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Utibron Neohaler (glycopyrrolate/indacaterol) – capsule/DPI	<i>NC</i>	<i>Tier 3;4 (Value Formulary - NC)</i>	<i>NC</i>	<i>NC</i>	<i>PA</i>
Stiolto Respimat (tiotropium/olodaterol) - SMI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>NC</i>	<i>PA</i>
Anoro Ellipta (umeclidinium/vilanterol) - DPI	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 2</i>	<i>Tier 3</i>	<i>PA</i>
<b>Corticosteroid (ICS)/long-acting muscarinic antagonist (LAMA)/long-acting beta agonist (LABA)</b>					
Breztri Aerosphere (budesonide/glycopyrrolate/formoterol fumarate) - MDI	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>NC</i>	<i>-</i>
Trelegy Ellipta (fluticasone furoate/umeclidinium/vilanterol) - DPI	<i>NC</i>	<i>Tier 2;3</i>	<i>NC</i>	<i>Tier 3</i>	<b><i>PA</i></b>
<b>Leukotriene modifiers/receptor antagonists</b>					
Singulair (montelukast tablets/granules)	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>Tier 1</i>	<i>PA (tablets/chewable covered if generic unavailable)</i>
montelukast tablet/chewable/granules	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 1 (tablets); Tier 2 (chewable, granules)</i>	<i>Covered (granules - PA)</i>
Accolate (zafirlukast)	<i>NC</i>	<i>NC</i>	<i>Tier 3</i>	<i>NC</i>	<i>PA</i>
zafirlukast tablet	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 3</i>	<i>PA</i>
Zyflo tablet (zileuton)	<i>NC</i>	<i>Tier 3;4 (Value Formulary - NC)</i>	<i>Tier 3</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>	<i>-</i>
zileuton extended release tablet	<i>Tier 2;3</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 5</i>	<i>PA</i>
<b>Phosphodiesterase-4 Inhibitors</b>					
Daliresp (roflumilast)	<i>NC</i>	<i>Tier 2;3</i>	<i>Tier 3</i>	<i>Tier 4</i>	<i>PA</i>
<b>Mast cell stabilizer</b>					
Cromolyn nebulizer solution	<i>Tier 1;2</i>	<i>Tier 1;2</i>	<i>Tier 1</i>	<i>Tier 2 (B vs D)</i>	<i>Covered</i>



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<b>Interleukin Receptor Antagonists</b>					
<b>Dupixent Pre-filled Syringe</b> (dupilumab)	PA;SP <i>(Tier 2;3;4;5 once approved)</i>	PA;SP <i>(Tier 2;3;4 once approved)</i>	PA;SP <i>(Tier 2;4 once approved)</i>	PA <i>(Tier 5 once approved)</i>	PA
<b>Fasenra Pen/Pre-filled Syringe</b> (benralizumab)	PA;SP <i>(Tier 2;3;4;5;6 once approved)</i>	NC	PA;SP – Pen only <i>(Tier 2;4 once approved)</i>	PA <i>(Tier 5 once approved)</i>	PA
<b>Nucala Pen/Pre-filled Syringe/Solution</b> (mepolizumab)	PA;SP <i>(Tier 2;3;4;5;6 once approved)</i>	NC	PA;SP – Pen/Syringe only <i>(Tier 2;4 once approved)</i>	PA <i>(Tier 5 once approved)</i>	PA
<b>Xolair Pre-filled Syringe/Solution</b> (omalizumab)	PA;SP <i>(Tier 2;3;4;5;6 once approved)</i>	-	PA	PA <i>(Tier 5 once approved)</i>	PA
<b>Cinqair Solution</b> (reslizumab)	PA;SP <i>(Tier 2;3;4;5;6 once approved)</i>	-	PA	-	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

## 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](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>

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