

Mass Health Partial Unified Formulary: Effective 1/1/21: Respiratory Agents

Anticholinergics

- Atrovent HFA and ipratropium inhalation solution are **PREFERRED**
- Existing Lonhala and Yupelri utilizers will ***not be grandfathered. New prescriptions will need to be written.***

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drug			
Atrovent HFA (ipratropium inhalation aerosol)	Covered	Covered	No action
Ipratropium inhalation solution			Switch patients from Lonhala or Yupelri to ipratropium inhalation solution
Incruse Ellipta (umeclidinium)	Covered	QL	Ensure patients are being prescribed within the new QL
Seebri (glycopyrrolate inhalation powder)	Not Covered		
Spiriva HandiHaler (tiotropium inhalation powder)	Not Covered		
Spiriva Respimat (tiotropium inhalation solution)	1.25 mcg: Covered 2.5 mcg: Not Covered		
Tudorza Pressair (aclidinium)	Not Covered		
Non-preferred Drugs			
Lonhala (glycopyrrolate inhalation solution)	Not Covered	PA, QL	Switch patients to ipratropium inhalation solution

Inhaled Corticosteroids

- Asmanex HFA/Twisthaler, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler are **PREFERRED**
- Existing utilizers of budesonide inhalation suspension, Alvesco, Arnuity Ellipta, and Qvar Redihaler will ***not be grandfathered. New prescriptions will need to be written.***

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drug			
Asmanex HFA (mometasone inhalation aerosol)	Covered	Covered	Switch patients on budesonide inhalation suspension, Alvesco, Arnuity Ellipta, or Qvar Redihaler to Asmanex HFA, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler, or age-appropriate Asmanex Twisthaler dose
Flovent HFA (fluticasone propionate inhalation aerosol)			
Flovent Diskus (fluticasone propionate inhalation powder)			
Pulmicort FlexHaler (budesonide inhalation powder)	Covered	< 12 y.o.: Covered ≥ 12 y.o.: PA	
Asmanex Twisthaler 110 mcg (mometasone inhalation powder)		< 12 y.o.: PA ≥ 12 y.o.: Covered	
Asmanex Twisthaler 220 mcg (mometasone inhalation powder)			
Non-preferred Drugs			
Budesonide inhalation suspension (generic Pulmicort)	Covered	PA, QL	Switch patients to Asmanex HFA, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler, or age-appropriate Asmanex Twisthaler dose
Alvesco (ciclesonide inhaler)	Covered	PA, QL	
Arnuity Ellipta (fluticasone furoate inhalation powder)	Not Covered	PA, QL	
Qvar Redihaler (beclomethasone inhaler)	QL	PA, QL	

Combination Inhaled Corticosteroids/Long-Acting Beta-Agonists

- Advair Diskus, Advair HFA, and Dulera are **PREFERRED**
- Patients who are currently using generic Advair Diskus (fluticasone/salmeterol, Wixela) and generic Symbicort (budesonide/formoterol) should switch to the brands. ***It is recommended that prescriptions be written for brand Advair Diskus and brand Symbicort.***
- Utilizers of generic Advair Diskus, generic AirDuo Respiclick, Breo Ellipta, and generic Symbicort will **not be grandfathered.**

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Advair Diskus (fluticasone/salmeterol inhalation powder)	Not Covered	QL, Brand Preferred	Switch patients on generic Advair Diskus (including Wixela), generic AirDuo Respiclick, or Breo Ellipta to brand Advair Diskus within the new QL
Advair HFA (fluticasone/salmeterol inhalation aerosol)	PA	QL	Switch patients on generic AirDuo Respiclick or Breo Ellipta to Advair HFA or Dulera within the new QLS
Dulera (mometasone/formoterol)	PA	QL	
Symbicort (budesonide/formoterol)	Not Covered	QL, Brand Preferred	Switch patients on generic budesonide/formoterol or Breo Ellipta to brand Symbicort within the new QL
Non-preferred Drugs			
Fluticasone/salmeterol inhalation powder (generic Advair Diskus)	Covered	Not Covered, QL	Switch patients to brand Advair Diskus within the new QL
Wixela (generic Advair Diskus)			
Fluticasone/salmeterol inhalation powder (generic AirDuo Respiclick)	Covered	PA, QL	Switch patients to brand Advair Diskus, Advair HFA, Dulera, or brand Symbicort within the new QLS
AirDuo Respiclick (fluticasone/salmeterol inhalation powder)	Not Covered	Not Covered, QL	
Breo Ellipta (fluticasone/vilanterol)	PA	PA, QL	
Budesonide/formoterol (generic Symbicort)	80/4.5: PA (NO PA for 6 through 11 y/o) 160/4.5: PA	Not Covered, QL	Switch patients to brand Symbicort within the new QL

Generally QL (quantity limits) = 30 day supply based on dosing schedule. For a member to receive coverage for quantities above the new limit, the prescriber must request coverage through the medical review process subject to the Pharmacy Medical Necessity Guidelines for Drugs with Quantity Limitations

Short-Acting Beta Agonists

- ProAir HFA, ProAir RespiClick, and Xopenex HFA are **PREFERRED**
 - Patients currently filling generic albuterol HFA need to switch to brand Proair HFA. It is ***recommended that providers write the prescription for brand Proair HFA.***
 - Patients currently filling generic levalbuterol HFA need to switch to brand Xopenex HFA. It is ***recommended that providers write the prescription for brand Xopenex HFA.***
- Patients currently filling levalbuterol nebulization solution will need to switch to albuterol nebulization solution.

Medication Name	Current Coverage	Coverage effective 1/1/2021	Suggested ACO action
Partial Unified Formulary – Preferred Drugs			
Albuterol inhalation solution	Covered	Covered	No action
Proair HFA (albuterol sulfate inhalation aerosol)	Not Covered	Brand Preferred	Switch patients to brand Proair HFA
Xopenex HFA (levalbuterol inhaler)			Switch patients from generic levalbuterol HFA to brand Xopenex HFA
Proair RespiClick (albuterol sulfate inhalation powder)	PA	Covered	No action
Non-preferred Drugs			
Albuterol sulfate HFA (generic Proair HFA)	Covered	Not Covered	Switch patients to brand Proair HFA
Albuterol sulfate HFA (generic Proventil)		PA	
Albuterol sulfate HFA			

(generic Ventolin)			
Proventil HFA (albuterol sulfate inhaler)	Not Covered	Not Covered	
Ventolin HFA (albuterol sulfate inhaler)	Not Covered	Not Covered	
Levalbuterol HFA (generic Xopenex)	Covered	Not Covered	Switch patients from generic levalbuterol HFA to brand Xopenex HFA
Levalbuterol nebulization solution (generic Xopenex)	Covered	PA	Switch patients to albuterol nebulization solution
Proair Digihaler (albuterol sulfate)	PA	PA	Switch patients to brand Proair HFA or Proair Respiclick

Updated 11-2020