Beth Israel Lahey Health

BILH Inhaler Coverage Charts

Updated 2/2023

Note: Insurance coverage information is subject to change and may vary based on the patient's individual plan.

Definitions	
BCBS = Blue Cross Blue Shield HPHC = Harvard Pilgrim Healthcare NC = Not covered PA = Prior authorization required ST = Step therapy	MDI = Metered dose inhaler DPI = Dry powder inhaler Preferred = on MassHealth Unified Formulary = Best coverage across all Commercial or all MassHealth plans

To minimize coverage issues or calls back from pharmacies:
Write for the brand to allow for dispensing the one preferred by insurance unless indicated
(do ***NOT*** indicate 'No Substitution')

Short-acting beta agonist (SABA) inhalers

Note: For MDIs, write for Albuterol HFA across the board to allow for correct insurance coverage

	Drug		Commercial			MassHealth
			BCBS	HPHC	Tufts	
DPI	**ProAir Respiclick** (*albuterol*)		NC	Tier 2	Tier 2	PA
MDI	**ProAir HFA** (*albuterol HFA*)	**Generic**	Tier 1	NC	NC	NC
	Proventil HFA (*albuterol HFA*)	**Brand**	NC	NC	NC	Preferred
		Generic	Tier 1	NC	Tier 1	NC
	Ventolin HFA (*albuterol HFA*)	**Brand**	NC	Tier 2	Tier 2	Preferred
		Generic	NC	Tier 1	NC	NC
	Xopenex HFA (*levalbuterol*)	**Brand**	NC	NC	NC	NC
		Generic	NC	Tier 1	Tier 1	Covered

Inhaled Corticosteroids (ICS)

	Drug		Commercial			MassHealth
			BCBS	HPHC	Tufts	
DPI	**Armonair Respiclick** (*fluticasone propionate*)		NC	NC	NC	PA
	Arnuity Ellipta (*fluticasone furoate*)		Tier 2	Tier 2	Tier 2	PA
	Asmanex Twisthaler (*mometasone*)		NC	NC	NC	PA[1]
	Flovent Diskus (*fluticasone propionate*)		Tier 2	Tier 2	Tier 2	Covered
	Pulmicort Flexhaler (*budesonide*)		Tier 2	Tier 2	Tier 2	Covered
MDI	**Alvesco HFA** (*ciclesonide*)		NC	NC	NC	PA
	Asmanex HFA (*mometasone*)		NC	NC	NC	Covered
	Flovent HFA (*fluticasone propionate*)	**Brand**	Tier 2	Tier 2	Tier 2	Preferred
		Generic	NC	Tier 2	Tier 2	NC
	QVAR Redihaler (*beclomethasone*)		Tier 2	Tier 2	Tier 2	PA

Long-Acting Beta-Agonists (LABA)

	Drug	Commercial			MassHealth ACO
		BCBS	HPHC	Tufts	
DPI	**Serevent Diskus** (*salmeterol*)	Tier 2	Tier 2, QL	Tier 2	NC
MDI	**Striverdi Respimat** (*olodaterol*)	Tier 2	NC	NC	Covered

[1] = *PA for 100mcg & 200mcg for members <12 y/o*

Inhaled corticosteroid/Long-acting beta agonist (ICS/LABA)						
	Drug		Commercial			MassHealth
			BCBS	HPHC	Tufts	
DPI	**Advair Diskus**** *(fluticasone propionate/salmeterol)*	**Brand**	3, PA	2, QL	2	Covered*
		Generic	2, PA	NC	NC	NC
	AirDuo Respiclick *(fluticasone propionate/salmeterol)*	**Brand**	NC	NC	NC	NC
		Generic	2	1, QL	1	PA, QL
	Breo Ellipta *(fluticasone furoate/vilanterol)*		NC	2, QL	2	PA, QL
	Wixela Inhub *(fluticasone propionate/salmeterol)*		2, PA	NC	NC	NC
MDI	**Advair HFA** *(fluticasone propionate/salmeterol)*		3, PA	2, QL	2	Covered
	Dulera HFA *(mometasone/formoterol)*		2, PA	NC	NC	Preferred
	Symbicort HFA* *(budesonide/formoterol)*	**Brand**	2, PA	2, QL	2	Covered*
		Generic	NC	NC	NC	NC

Long-Acting Muscarinic Antagonist (LAMA)					
	Drug	Commercial			MassHealth
		BCBS	HPHC	Tufts	
DPI	**Incruse Ellipta** *(umeclidinium bromide)*	3, PA	2, QL	2	Covered
	Spiriva Handihaler *(tiotropium bromide)*	2	2, QL	2	Preferred
	Tudorza Pressair *(aclinidium bromide)*	NC	NC	NC	Covered
MDI	**Spiriva Respimat** *(tiotropium bromide)*	2	2, QL	2	Covered

Long-acting muscarinic antagonist/beta agonist (LAMA/LABA)					
	Drug	Commercial			MassHealth
		BCBS	HPHC	Tufts	
DPI	**Anoro Ellipta** *(umeclidinium/vilanterol)*	2	2, QL	2	PA
	Duaklir Pressair *(aclidinium/formoterol)*	NC	NC	NC	NC
MDI	**Bevespi Aerosphere** *(glycopyrrolate/formoterol)*	NC	3	3	NC
	Stiolto Respimat *(tiotropium/olodaterol)*	2	2, QL	2	NC

Triple therapy (LAMA/LABA/ICS)					
	Drug	Commercial			MassHealth
		BCBS	HPHC	Tufts	
DPI	**Trelegy Ellipta** *(umeclidinium/vilanterol/fluticasone furoate)*	2, PA	2, QL	2	NC
MDI	**Breztri Aerosphere** *(glycopyrrolate/formoterol/budesonide)*	2, PA	2	2	NC

** = Brand ONLY covered*

*** = Either brand or generic covered by all plans*