

Quick View: Consider these first (based on insurance coverage and lowest cost)

Write for Brand name agents and allow for generic substitution where available.

Where Brand is preferred, do not write No Substitution. This will allow the pharmacy to choose what is covered by the plan.

Commercial Plans (BCBS, HPHC, Tufts)		MassHealth
Short-acting beta agonist (SABA) inhalers		
DPI	*	None are Covered
MDI	albuterol HFA (<i>allow generic substitution</i>)	Proventil or Ventolin HFA <u>brand</u>
Inhaled Corticosteroids (ICS)		
DPI	Arnuity Ellipta	Flovent Diskus
MDI	Flovent HFA <u>brand</u>	Flovent HFA <u>brand</u>
Long-Acting Beta-Agonists (LABA)		
DPI	Serevent Diskus	None are Covered
MDI	*	Striverdi Respimat
Inhaled corticosteroid/Long-acting beta agonist (ICS/LABA)		
DPI	AirDuo Respiclick (Preferred) (<i>allow generic substitution</i>) OR Advair Diskus (<i>allow generic substitution</i>)	Advair Diskus <u>brand</u>
MDI	Symbicort <u>brand</u>	Dulera HFA
Long-Acting Muscarinic Antagonist (LAMA)		
DPI	Spiriva Handihaler	Spiriva Handihaler
MDI	Spiriva Respimat	Spiriva Respimat
Long-acting muscarinic antagonist/beta agonist (LAMA/LABA)		
DPI	Anoro Ellipta	None are covered
MDI	Stiolto Respimat	None are covered
Triple therapy (LAMA/LABA/ICS)		
DPI	Trelegy Ellipta	None are covered
MDI	Breztri Aerosphere	None are covered

DPI = Dry-powder inhaler | MDI = Metered-dose inhaler | BCBS = Blue Cross Blue Shield | HPHC = Harvard Pilgrim Health Care

THPP = Tufts Health Public Plans | BMC = BMC HealthNet | * no single agent is universally covered, please see individual plan coverage