

## Review of Inhaler Coverage – All Products

As communicated in the [November 1, 2018 Provider Update](#), effective for fill dates on or after January 1, 2019, Tufts Health Plan will offer coverage for asthma and COPD inhalers as indicated below:

2019 Coverage Overview of Inhalers for Asthma and COPD*							
Drug Class	Drug Name	Indications		Commercial, Tufts Health Direct	Tufts Health RI Together, Tufts Health Together**	Tufts Health Plan SCO, Tufts Medicare Preferred HMO	Tufts Health Unify
		Asthma	COPD				
Anticholinergic	Atrovent HFA		✓	T2; QL	Covered	T3; QL	T2; QL
	Incruse Ellipta		✓		Covered	T3; QL	T2; QL
	Spiriva Handihaler		✓	T2; QL		T3; QL	T2; QL
	Spiriva Respimat	✓	✓	T2; QL		T3; QL	T2; QL
Anticholinergic -LABA Combinations	Anoro Ellipta		✓	T2; QL	PA	T3; QL	T2; QL
	Bevespi Aerosphere		✓			T3; QL	T2; QL
	Stiolto Respimat		✓	T2; QL			
Anticholinergic -SABA Combinations	Combivent Respimat		✓	T2	Covered	T3; QL	T2; QL
Corticosteroids	Alvesco	✓			Covered		
	Arnuity Ellipta	✓		T2; QL			
	Asmanex HFA	✓			Covered		
	Asmanex Twisthaler	✓			Covered		
	Flovent Diskus	✓		T2; QL	Covered		
	Flovent HFA	✓		T2; QL	Covered		
	Pulmicort Flexhaler	✓		T2; QL	Covered		
	Qvar	✓		T2; QL	Covered	T3; QL	T2; QL
	Qvar RediHaler	✓		T2; QL	Covered; QL		
Corticosteroid-LABA Combinations	<i>fluticasone/salmeterol</i> (generic AirDuo)	✓		T1; QL	Covered	T2; QL	T1; QL
	Advair Diskus	✓	✓	T2; QL	PA; 100/50 mcg covered for members age 4–11 years old	T3; QL	T2; QL
	Advair HFA	✓		T2; QL	PA	T3; QL	T2; QL
	Breo Ellipta	✓	✓	T2; QL	PA; QL	T3; QL	T2; QL

2019 Coverage Overview of Inhalers for Asthma and COPD*							
Drug Class	Drug Name	Indications		Commercial, Tufts Health Direct	Tufts Health RI Together, Tufts Health Together**	Tufts Health Plan SCO, Tufts Medicare Preferred HMO	Tufts Health Unify
		Asthma	COPD				
	Symbicort	✓	✓	T2; QL	PA; 80/4.5 mcg covered for members age 6–11 years old	T3; QL	T2; QL
LABA	Foradil Aerolizer	✓	✓	T2; QL			
	Serevent Diskus	✓	✓	T2; QL		T3; QL	T2; QL
	Striverdi Respimat		✓	T2; QL	Covered	T4; QL	T2; QL
SABA	<i>levalbuterol</i> HFA	Bronchospasm		T2; QL	PA	T3; QL	T1; QL
	ProAir HFA	✓		T2; QL	PA	T3; QL	T2; QL
	ProAir Respiclick	✓		T2; QL	PA	T3; QL	T2; QL
	Proventil HFA	✓			PA	T4; QL	T2; QL
	Ventolin HFA	✓			Covered	T4; QL	T2; QL

LABA = Long-acting Beta Agonist, SABA = Short-acting Beta Agonist  
 QL = Quantity Limitation Applies, PA = Prior Authorization Applies, T = Tier

\*If coverage is not noted or inhaler is not listed, inhaler is Not Covered, and may be accessed via exception.

\*\*Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs)