

Asthma/Respiratory Agents

Medication Class	Included Medications	Tier for Non-Participants	Tier for Asthma Participants	Medications Not Covered
Short Acting Beta ₂ -Agonists (Quick Reliever)	Ventolin HFA	2	1	Albuterol neb soln, Xopenex HFA, Proair HFA, Proventil HFA
Steroid Inhalants (Long-Term Controller)	Arnuity Ellipta, Asmanex HFA, Asmanex DPI, Flovent Diskus, Flovent HFA, budesonide nebulizer suspension	1	0	Aerospan HFA, Alvesco, Pulmicort Flexhaler, QVAR
Inhaled Corticosteroid/Long Acting Beta ₂ -Agonists (Long-Term Controller)	Advair Diskus, Advair HFA, Breo Ellipta, Dulera HFA	2	1	Symbicort HFA***
Leukotriene Modulators (Long-Term Controller)	Montelukast chew tablet montelukast tablet montelukast granule pack zafirlukast tablet Zyflo Tablet & Zyflo CR	1 1 2 3 3	0 0 1 2 2	

*The following medications are not covered under the program as they do not have an FDA indication for the treatment of asthma: Atrovent HFA, Incruse Ellipta, Anoro Ellipta, Combivent Respimat, Stiolto, Brovana, Striverdi

**The following medications are not covered under the program as they should only be used in combination with an inhaled corticosteroid: Foradil & Serevent

***Symbicort is not covered on the formulary; however, there is a coupon that can be used for members resulting in \$0/month copay.