

ASTHMA (1 of 2)

Beta Agonists

BRAND	Generic	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Proair	<i>albuterol inhaler</i>	Brand	\$0	\$25	\$20-25	need PA	need PA	need PA
Proventil	<i>albuterol inhaler</i>	Generic	\$0	\$50	non-preferred	need PA	need PA	need PA
Ventolin	<i>albuterol inhaler</i>	Generic	\$0	\$50	\$20-25	\$0	\$0	\$0
Maxair	<i>pirbuterol inhaler</i>	Brand	need PA	not covered	not covered	need PA	need PA	need PA
Arcapta	<i>indacaterol</i>	Brand	need PA	\$25	not covered	need PA	need PA	\$0
Striverdi	<i>olodaterol</i>	Brand	need PA	\$50	\$20-25	\$0	need PA	\$0
Xopenex HFA	<i>levalbuterol</i>	Generic	need PA	\$50	non-preferred	need PA	\$0	need PA
Foradil	<i>formoterol</i>	Brand	need PA	\$50	\$20-25	need PA	\$0	need PA
Serevent	<i>salmeterol</i>	Brand	\$0	\$25	non-preferred	need PA	\$0	need PA

Inhaled Steroids

BRAND	Generic	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
QVAR	<i>beclomethasone</i>	Brand	\$0	\$25	\$20-25	need PA	need PA	need PA
Pulmicort	<i>budesonide</i>	Brand	\$0 flexhaler	\$25	\$20-25	nebs only	neb only age ≤ 8y	need PA
Arnuity Ellipta	<i>fluticasone furoate</i>	Brand	need PA	\$50	\$20-25	\$0	need PA	\$0
Flovent Diskus/HFA	<i>fluticasone propionate</i>	Brand	\$0 - HFA only	\$25 Diskus HFA	\$20-25	HFA age ≤ 11	Diskus, HFA	HFA age ≤ 11
Asmanex	<i>mometasone</i>	Brand	need PA	\$25	\$20-25	\$0	\$0	\$0

Steroid/Long-acting Beta-Agonists

BRAND	Generic	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Intal (neb)	<i>cromolyn sodium (neb)</i>	Generic	nebs	\$5	\$5-10	nebs	\$0	\$0
Combivent	<i>albuterol/ ipratropium</i>	Brand	\$0	\$25	\$20-25	\$0	\$0	\$0
Advair Diskus/HFA	<i>fluticasone propionate/ salmeterol</i>	Brand	Diskus, HFA	\$25 Diskus, HFA	\$20-25	Diskus, HFA	Diskus, HFA	need PA
Breo Ellipta	<i>fluticasone furoate/ vilanterol</i>	Brand	need PA	\$25	\$20-25	need PA	need PA	step therapy*
Symbicort	<i>budesonide/ formoterol</i>	Brand	\$0	Breo, Dulera	\$20-25	need PA	\$0	need PA
Dulera	<i>mometasone/formoterol</i>	Brand	need PA	\$25	\$20-25	\$0	\$0	step therapy*

United HealthCare. Breo Ellipta, Dulera - trial of 30 day inhaled steroids or trial of 60 day long-acting beta2 agonist or anticholinergic. Singular-60d ICS or cetirizine/loratadine + nasal steroid

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Anticholinergic (LAMA)

BRAND	Generic	Generic Brand	Aloha Care	CVS State employees	HMSA	HMSA Quest	Ohana	United Healthcare
Atrovent	<i>ipratropium bromide</i>	Generic	\$0	Spiriva	\$5-10	nebs	\$0	\$0 HFA
Spiriva	<i>tiotropium</i>	Brand	handihaler (not respimat)	\$25	\$20-25	\$0	\$0	need PA
Incruse Ellipta	<i>umeclidinium</i>	Brand	need PA	Spiriva	non-preferred	\$0	\$0	\$0
Anoro Ellipta	<i>umeclidinium/vilanterol</i>	Brand	need PA	\$25	non-preferred	need PA	need PA	\$0

Other

BRAND	Generic	Generic Brand	Aloha Care	CVS (State employees)	HMSA	HMSA Quest	Ohana	United Healthcare
Intal (neb)	<i>cromolyn sodium (neb)</i>	Generic	nebs	\$5	\$5-10	nebs	\$0	\$0
Combivent	<i>albuterol/ ipratropium</i>	Brand	\$0	\$25	\$20-25	\$0	\$0	\$0
Singulair	<i>montelukast</i>	Generic	step therapy	\$5	\$5-10	\$0	\$0	\$0
Accolate	<i>zafirlukast</i>	Generic	step therapy	\$5	\$5-10	needs PA	\$0	need PA

Spacers

E-Z Spacer, Vortex, Air Zone, Aerochamber	<i>spacers</i>	Brand	Aerochamber, vortex, E-Z Spacer	pay out of pocket	Air Zone E-Z Spacer Vortex	Aerochamber Vortex	Aerochamber, EZ spacer	Easivent, Vortex
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AlohaCare: Singulair and Accolate -- Needs trial of intranasal steroid or formulary asthma agent.