

# ANTIASTHMATIC AND BRONCHODILATOR AGENTS

Last reviewed 5-25-21

Drug Name • Brand bolded if generic not available	Cost	Copay Card • Commercial insurance or cash payers • Government insurance not eligible, i.e. Medicaid, Medicare, VA, Tricare (exclusions apply)	Alternative Access • Cost savings through alternative pharmacy	Patient Assistance Program (PAP) * ** • Fill out patient and provider sections and submit • Patient may need assistance in determining financial information needed • Brand name medications ONLY	Manufacturer Website • Coupons
Albuterol HFA ( <b>Ventolin HFA</b> , <b>Proventil HFA</b> , ProAir HFA)	\$60 - \$75	<a href="#">HealthWell Foundation</a> • Commercial insurance or cash payers • Government insurance eligible  <a href="#">Patient Access Network Foundation</a> • Commercial insurance or cash payers • Government insurance eligibility varies	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> (Ventolin HFA) • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year  <a href="#">MerckHelps.com</a> (Proventil HFA) • Specific income requirements (see website) • Uninsured (may request exception if insured but unable to afford due to financial or medical hardship) • Must reside in U.S.  <a href="#">TevaCares.org</a> (ProAir HFA) • Specific income requirements (see website) • Uninsured • Must reside in U.S.	<a href="#">GSKForYou.com</a>  <a href="#">MerckHelps.com</a> "Products" tab  <a href="#">TevaCares.org</a>
Beclomethasone Nasal Spray ( <b>QNASL</b> , <b>Beconase AQ</b> )	\$280-\$330	<a href="#">QNASL Savings Offer</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Maximum copay assistance \$98.10 per device • If QNASL not covered by insurance, cost to patient \$75 per device	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> (Beconase AQ) • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year  <a href="#">TevaCares.org</a> (QNASL) • Specific income requirements (see website) • Uninsured • Must reside in U.S.	<a href="#">GSKForYou.com</a>  <a href="#">TevaCares.org</a>

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Beclomethasone Inhalation ( <b>QVAR</b> )	\$260-\$345	<a href="#">QVAR Savings Program</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Maximum copay assistance \$40 per device	<a href="#">GoodRx.com</a>	<a href="#">TevaCares.org</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S.	<a href="#">TevaCares.org</a>
Budesonide ( <b>Pulmicort Flexhaler</b> )	\$225-\$300	<a href="#">Pulmicort Flexhaler Savings Offer</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Maximum copay assistance \$50 per device	N/A	<a href="#">AZ&amp;Me Prescription Savings Program</a> • Specific income requirements (see website) • Must reside in U.S. • Uninsured OR • Medicare part D patients eligible if spends 3% or more of total household income on prescription drugs	AstraZeneca <a href="#">AZ&amp;Me Prescription Savings Program</a>
Budesonide and formoterol ( <b>Symbicort</b> )	~\$250	N/A	<a href="#">GoodRx.com</a>	<a href="#">AZ&amp;Me Prescription Savings Program</a> • Specific income requirements (see website) • Must reside in U.S. • Uninsured OR • Medicare part D patients eligible if spends 3% or more of total household income on prescription drugs	AstraZeneca <a href="#">AZ&amp;Me Prescription Savings Program</a>
Budesonide and formoterol and glycopyrrolate ( <b>Breztri</b> )	~\$700	<a href="#">Breztri Zero Pay Card</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Maximum copay assistance \$594.68 per device or \$100 per device for cash payers	<a href="#">GoodRx.com</a>	<a href="#">AZ&amp;Me Prescription Savings Program</a> • Specific income requirements (see website) • Must reside in U.S. • Uninsured OR • Medicare part D patients eligible if spends 3% or more of total household income on prescription drugs	AstraZeneca <a href="#">AZ&amp;Me Prescription Savings Program</a>

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Daliresp ( <b>Roflumilast</b> )	~\$500	<a href="#">Daliresp Savings Program</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Copay assistance as much as \$25 per device • Maximum assistance \$100 per device for cash payers	<a href="#">GoodRx.com</a>	<a href="#">AZ&amp;Me Prescription Savings Program</a> • Specific income requirements (see website) • Must reside in U.S. • Uninsured OR • Medicare part D patients eligible if spends 3% or more of total household income on prescription drugs	AstraZeneca <a href="#">AZ&amp;Me Prescription Savings Program</a>
Fluticasone ( <b>Arnuity Ellipta</b> )	~\$200	N/A	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="#">GSKForYou.com</a>
Fluticasone ( <b>Flovent Diskus and HFA</b> )	~\$300	N/A	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="#">GSKForYou.com</a>
Fluticasone Nasal Spray ( <b>Flonase</b> )	\$10 - \$25	N/A	<a href="#">GoodRx.com</a>	N/A	<a href="#">Flonase.com</a> "Savings & Coupons" tab
Fluticasone and salmeterol ( <b>Advair Diskus and HFA</b> )	~\$150	N/A	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="#">GSKForYou.com</a>

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Fluticasone and salmeterol ( <b>AirDuo</b> Respiclick and Digihaler)	~\$100	<a href="#">AirDuo Savings Card</a> (Respiclick) • Commercial insurance or cash payers • Government prescription or medical insurance-eligible patients ineligible • Maximum copay assistance \$100 each month supply or \$25 each month for generic  <a href="#">AirDuo Savings Program</a> (Digihaler) • Commercial insurance • Cash payers or government prescription or medical insurance patients ineligible • Maximum copay assistance variable	<a href="#">GoodRx.com</a>	<a href="#">TevaCares.org</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S.	<a href="#">TevaCares.org</a>
Fluticasone, umeclidinium, and vilanterol ( <b>Trelegy Ellipta</b> )	~\$650	<a href="#">Trelegy Ellipta Savings &amp; Coupon</a> • Commercial insurance or cash payers • Government prescription or medical insurance-eligible patients ineligible • Maximum copay assistance \$100 each month supply	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="#">GSKForYou.com</a>

# ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

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Fluticasone and vilanterol ( <b>Breo Ellipta</b> )	~\$400	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	<a href="http://GSKForYou.com">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="http://GSKForYou.com">GSKForYou.com</a>
Glycopyrrolate and formoterol ( <b>Bevespi Aerosphere</b> )	~\$450	<a href="#">Bevespi Savings Card</a> • Commercial insurance or cash payers • Government prescription insurance ineligible • Maximum copay assistance \$100 per device	N/A	<a href="#">AZ&amp;Me Prescription Savings Program</a> • Specific income requirements (see website) • Must reside in U.S. • Uninsured OR • Medicare part D patients eligible if spends 3% or more of total household income on prescription drugs	AstraZeneca <a href="#">AZ&amp;Me Prescription Savings Program</a>
Ipratropium and albuterol ( <b>Combivent Respimat</b> )	~\$500	<a href="#">Combivent Savings Card</a> • Commercial insurance • Cash payers and government prescription insurance ineligible • Maximum copay assistance \$50 each month supply • Not accepted in VA pharmacies	<a href="http://GoodRx.com">GoodRx.com</a>	<a href="#">BI Cares</a> • Specific income requirements established by BI • Must reside in U.S. • Uninsured OR • Insured but lack coverage of requested medication (need to submit denial letter) OR • Insured but unable to afford out-of-pocket expense	<a href="#">Boehringer Ingelheim (PAP)</a> Responsibility > Patient Assistance Program

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Ipratropium HFA <b>(Atrovent HFA)</b>	~\$500	<a href="#">Atrovent Savings Card</a> • Commercial insurance • Cash payers and government prescription insurance ineligible • Maximum copay assistance \$50 each month supply • Not accepted in VA pharmacies	<a href="#">GoodRx.com</a>	<a href="#">BI Cares</a> • Specific income requirements established by BI • Must reside in U.S. • Uninsured OR • Insured but lack coverage of requested medication (need to submit denial letter) OR • Insured but unable to afford out-of-pocket expense	<a href="#">Boehringer Ingelheim (PAP)</a> Responsibility > Patient Assistance Program
Mometasone <b>(Asmanex HFA and Twisthaler)</b>	~\$275	<a href="#">Asmanex Savings Card</a> • Commercial insurance • Cash payers and government prescription insurance ineligible • Maximum copay assistance \$90 per prescription for 12 prescriptions	<a href="#">GoodRx.com</a>	N/A	
Mometasone and budesonide <b>(Dulera)</b>	~\$380	<a href="#">Dulera Savings Offer</a> • Commercial insurance • Cash payers and government prescription insurance ineligible • Maximum copay assistance \$90 per prescription for 12 prescriptions	<a href="#">GoodRx.com</a>	N/A	

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Salmeterol ( <b>Serevent Diskus</b> )	~\$500	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	<a href="http://GSKForYou.com">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="http://GSKForYou.com">GSKForYou.com</a>
Tiotropium ( <b>Spiriva Handihaler and Respimat</b> )	~\$500	<a href="#">Spiriva Savings Card (Respimat)</a> • Commercial insurance • Cash payers and government prescription insurance ineligible • Maximum copay assistance \$100 each month supply • Not accepted in VA pharmacies	<a href="http://GoodRx.com">GoodRx.com</a>	<a href="#">BI Cares</a> • Specific income requirements established by BI • Must reside in U.S. • Uninsured OR • Insured but lack coverage of requested medication (need to submit denial letter) OR • Insured but unable to afford out-of-pocket expense	<a href="#">Boehringer Ingelheim (PAP)</a> Responsibility > Patient Assistance Program  <a href="http://Spiriva.com">Spiriva.com</a> Savings & Support
Umeclidinium ( <b>Incruse Ellipta</b> )	~\$350	N/A	<a href="http://GoodRx.com">GoodRx.com</a>	<a href="http://GSKForYou.com">GSKForYou.com</a> • Specific income requirements (see website) • Uninsured • Must reside in U.S. • Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year	<a href="http://GSKForYou.com">GSKForYou.com</a>

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Umeclidinium and vilanterol ( <b>Anoro Ellipta</b> )	~\$400	<a href="#">Anoro Ellipta Savings Offer</a> <ul style="list-style-type: none"> <li>• Commercial insurance or cash payers</li> <li>• Government prescription or medical insurance-eligible patients ineligible</li> <li>• Maximum copay assistance \$150 each month supply</li> <li>• Maximum \$100 each month for cash payers</li> </ul>	<a href="#">GoodRx.com</a>	<a href="#">GSKForYou.com</a> <ul style="list-style-type: none"> <li>• Specific income requirements (see website)</li> <li>• Uninsured</li> <li>• Must reside in U.S.</li> <li>• Medicare part D patients eligible if at least \$600 spent on prescription medicines through Part D plan this calendar year</li> </ul>	<a href="#">GSKForYou.com</a>

\* Most patient assistance programs require income verification by submission of W2 (1040 or 1040Z) federal tax forms, pay stubs or social security

\*\* Medication received through patient assistance programs may be sent to patient's home or physician's office depending on program requirements

If patient's income or household income is \$0, many patient assistance programs require letter explaining the financial situation and that the patient does not have income.