

INHALER PATIENT ASSISTANCE PROGRAMS

Partners For Kids designed this resource to support healthcare professionals in guiding uninsured or underinsured patients to the lowest out-of-pocket cost for their asthma inhalers. This resource is not intended for use for Ohio Medicaid patients. Please refer to the [PFK UPDL](#) for asthma inhaler coverage for Ohio Medicaid patients. For clinical decision-making guidance, please refer to the [PFK Asthma Toolkit](#).

Definitions:

ICS: inhaled corticosteroid | LABA: long-acting beta-agonist | LAMA: long-acting muscarinic antagonist

DPI: dry powder inhaler | MDI: metered dose inhaler | B: brand | G: generic

Medications are **BOLDED** if product is available as generic

Copay cards reduce the cost up to the maximum benefit of the card. The patient is responsible for any remaining balance.

GoodRx may be used instead of insurance coverage. The cost of the medication does not go towards the patient's insurance deductible. Final cost varies by pharmacy, refer to goodrx.com for details.

	Name	Type	FDA Approved Age*	Manufacturer Cost Savings		Good Rx Cost		
				With Prescription Insurance** Copay Cards	No Prescription Insurance	Strength (mcg)	Cost (\$)	
	Albuterol (Ventolin HFA)	MDI *spacer*	≥ 4 yrs	<i>Brand Ventolin HFA:</i> Copay \$35 (1 inhaler/month) Savings card at ventolin.com	<i>Brand Ventolin HFA:</i> Copay \$35 (1 inhaler/month) OR free medication if eligible Savings at gskforyou.com	90	B\$67 G\$34	
ICS	Beclomethasone dipropionate (QVAR Redihaler)	Breath actuated aerosol	≥ 4 yrs	None	None	40	\$197	
						80	\$264	
	Budesonide (Pulmicort Flexhaler)	DPI	≥ 6 yrs	None	None	None	90	\$196
							180	\$267
	Ciclesonide (Alvesco HFA)	MDI *spacer*	≥ 12 yrs	Copay \$60 (max savings \$175) eVoucher applied at participating pharmacy	\$60 on home delivery program OR free medication if eligible Apply at alvesco.us/savings	None	80	\$146
							160	\$155
	Fluticasone Propionate HFA (Flovent HFA)	MDI *spacer*	≥ 4 years	None	Free medication if eligible Apply at rxoutreach.org/prasco	None	44	\$136
							110	\$165
							220	\$246
	Fluticasone Propionate Diskus (Flovent HFA)	DPI	≥ 4 years	None	None	None	50	\$121
							100	\$137
							250	\$175
	Fluticasone furoate (Arnuity Ellipta)	DPI	≥ 5 yrs	Copay \$35 Savings card at arnuity.com	Copay \$35 OR free medication if eligible Savings at gskforyou.com	None	50	B\$223 G\$138
100							B\$219 G\$138	
200							B\$286 G\$168	
Mometasone furoate (Asmanex HFA)	MDI *spacer*	≥ 5 yrs	Copay \$15 (max savings \$90) Savings card at asmanex.com	None	None	50	\$107	
						100	\$115	
						200	\$132	
Mometasone furoate (Asmanex Twisthaler)	DPI	≥ 4 yrs	Copay \$15 (max savings \$90) Savings card at asmanex.com	None	None	110	\$107	
						220	\$112	

* Manufacturer copay cards and patient assistance programs apply to FDA approved indications and ages; this should not be interpreted as guidance against prescribing controller inhalers for patients outside of this age range, when clinically appropriate

**Commercial insurance plans are eligible, federal and state insurance programs are not eligible (Medicare, Medicaid, Tricare)

INHALER PATIENT ASSISTANCE PROGRAMS

	Name	Type	FDA Approved Age*	Manufacturer Cost Savings		Good Rx Cost	
				With Prescription Insurance** Copay Cards	No Prescription Insurance Patient Assistance Programs	Strength (mcg)	Cost (\$)
ICS/LABA	Budesonide/formoterol fumarate (Symbicort) Generics include Breyna	MDI *spacer*	≥ 6 yrs	<i>Brand Symbicort:</i> Copay \$35 (1 inhaler/month) Savings card at azpatientsupport.com	<i>Brand Symbicort:</i> Copay \$35 (1 inhaler/month) Savings card at azpatientsupport.com <i>Breyna:</i> free medication if eligible Apply at viatris.com/pap	80/4.5 160/4.5	B\$213 G\$86 Breyna\$78 B\$244 G\$97 Breyna\$92
	Fluticasone propionate/Salmeterol (Advair HFA)	MDI *spacer*	≥ 12 yrs	<i>Brand Advair HFA:</i> Copay \$35 Savings card at advair.com	<i>Brand Advair HFA:</i> Copay \$35 Savings card at advair.com	45/21	B\$260 G\$190
						115/21	B\$324 G\$232
						230/21	B\$431 G\$290
	Fluticasone propionate/salmeterol (AirDuo Respiclick)	DPI	≥ 12 yrs	None	None	55/14 113/14 232/14	G\$74
	Fluticasone propionate/salmeterol (Advair Diskus) Generics include Wixela Inhub	DPI	≥ 4 yrs	<i>Brand Advair Diskus:</i> Copay \$35 Savings card at advair.com <i>Wixela Inhub:</i> Copay \$10 (max savings \$50) Savings card at wixela.com	<i>Brand Advair Diskus:</i> Copay \$35 Savings card at advair.com <i>Wixela Inhub:</i> free medication if eligible Apply at viatris.com/pap	100/50	B\$168 G\$55
						250/50	B\$204 G\$65
500/50						B\$276 G\$101	
Fluticasone furoate/vilanterol (Breo Ellipta)	DPI	≥ 5 yrs	<i>Brand Breo Ellipta:</i> Copay \$35 Savings card at mybreo.com	<i>Brand Breo Ellipta:</i> Copay \$35 OR free medication if eligible Savings at qskforyou.com	50/25 100/25 200/25	B\$406 G\$228	
Mometasone furoate/formoterol (Dulera)	MDI *spacer*	≥ 5 yrs	Copay \$15 (max savings \$90) Savings card at dulera.com	None	50/5 100/5 200/5	\$199	
LAMA	Tiotropium Bromide (Spiriva Respimat)	Soft mist	≥ 6 yrs	Copay \$35 Savings card at Spiriva.com	Copay \$35 Savings card at Spiriva.com OR free medication if eligible Apply for BI Cares Patient Assistance Program	1.25	\$524
						2.5	
ICS/LABA/ LAMA	Fluticasone/umeclidinium/vilanterol (Trelegy Ellipta)	DPI	≥ 18 yrs	Copay \$35 Savings card at trelegy.com	Copay \$35 OR free medication if eligible Savings at qskforyou.com	100/62.5/25 200/62.5/25	\$676

* Manufacturer copay cards and patient assistance programs apply to FDA approved indications and ages; this should not be interpreted as guidance against prescribing controller inhalers for patients outside of this age range, when clinically appropriate

**Commercial insurance plans are eligible, federal and state insurance programs are not eligible (Medicare, Medicaid, Tricare)

