

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:

SABA: short-acting beta-agonist | 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](#) or [SingleCare](#) 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](#) or [singlecare.com](#) for details.

	Name	Type	FDA Approved Age*	Manufacturer Cost Savings		GoodRx or SingleCare#	
				With Prescription Insurance** Copay Cards	No Prescription Insurance	Strength (mcg/act)	Cost (\$)
SABA	Albuterol (Ventolin HFA, Proair HFA, Proventil HFA)	MDI <i>spacer</i>	≥ 4 yrs	<i>Brand Ventolin HFA:</i> Copay \$35 (1 inhaler/month) Savings card at gskforyou.com	<i>Brand Ventolin HFA:</i> Copay \$35 (1 inhaler/month) Savings at gskforyou.com	90	(G) \$20
	Levalbuterol (Xopenex HFA)	MDI <i>spacer</i>	≥ 4 yrs	<i>Brand Xopenex HFA:</i> Copay \$25 (1 inhaler/month) Max savings not advertised Savings card at xopenexhfa.com	None	45	(G) \$54
ICS	Beclomethasone dipropionate (QVAR Redihaler)	Breath actuated aerosol	≥ 4 yrs	None	None	40	(B) \$197
						80	(B) \$264
	Beclomethasone dipropionate HFA	MDI <i>spacer</i>	≥ 5 yrs	None	None	40	(G) \$214
						80	(G) \$265
	Budesonide (Pulmicort Flexhaler)	DPI	≥ 6 yrs	Copay \$20 (max savings \$50) Savings card at pulmicortflexhaler.com	None	90	(B) \$133
						180	(B) \$261
	Ciclesonide (Alvesco HFA)	MDI <i>spacer</i>	≥ 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	80	(B) \$146
						160	(B) \$155
	Fluticasone Propionate HFA (Flovent HFA)	MDI <i>spacer</i>	≥ 4 years	None	Free medication if eligible Apply at rxoutreach.org/prasco	44	(G) \$132
						110	(G) \$165
						220	(G) \$245
	Fluticasone Propionate Diskus (Flovent HFA)	DPI	≥ 4 years	None	None	50	(G) \$122
						100	(G) \$137
						250	(G) \$175
	Fluticasone furoate (Arnuity Ellipta)	DPI	≥ 5 yrs	Copay \$35 Savings card at gskforyou.com	Copay \$35 OR free medication if eligible Savings at gskforyou.com	50	(G) \$137
						100	(G) \$137
						200	(G) \$170
	Mometasone furoate (Asmanex HFA)	MDI <i>spacer</i>	≥ 5 yrs	Copay \$15 (max savings \$90) Savings card at asmanex.com	None	50	(B) \$80
						100	(B) \$86
						200	(B) \$100
	Mometasone furoate (Asmanex Twisthaler)	DPI	≥ 4 yrs	Copay \$15 (max savings \$90) Savings card at asmanex.com	None	110	(B) \$96
						220	(B) \$103

* 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)

#Price shown is the lowest cost option at the time the document was created. See website for up-to-date cost by pharmacy.

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				With Prescription Insurance** Copay Cards	No Prescription Insurance Patient Assistance Programs	Strength (mcg/act)	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>Breyna:</i> Copay \$20 (max savings \$30) Savings card at breyna.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 (G) \$86 Breyna \$78 160/4.5 (G) \$97 Breyna \$92	
	Fluticasone propionate/ Salmeterol (Advair HFA)	MDI spacer	≥ 12 yrs	<i>Brand Advair HFA:</i> Copay \$35 Savings card at gskforyou.com	<i>Brand Advair HFA:</i> Copay \$35 Savings card at gskforyou.com	45/21 (G) \$196 115/21 (G) \$237 230/21 (G) \$303	
	Fluticasone propionate/ salmeterol (AirDuo Respiclick)	DPI	≥ 12 yrs	None	None	55/14 (G) \$74 113/14 (G) \$74 232/14 (G) \$74	
	Fluticasone propionate/ salmeterol (Advair Diskus) Generics include Wixela Inhub	DPI	≥ 4 yrs	<i>Brand Advair Diskus:</i> Copay \$35 Savings card at gskforyou.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 gskforyou.com <i>Wixela Inhub:</i> free medication if eligible Apply at viatris.com/pap	100/50 (G) \$52 Wixela \$52 250/50 (G) \$60 Wixela \$60 500/50 (G) \$96 Wixela \$96	
	Fluticasone furoate/ vilanterol (Breo Ellipta)	DPI	≥ 5 yrs	<i>Brand Breo Ellipta:</i> Copay \$35 Savings card at gskforyou.com	<i>Brand Breo Ellipta:</i> Copay \$35 OR free medication if eligible Savings at gskforyou.com	50/25 (G) \$277 100/25 (G) \$226 200/25 (G) \$228	
	Mometasone furoate/ formoterol (Dulera)	MDI spacer	≥ 5 yrs	Copay \$15 (max savings \$90) Savings card at dulera.com	None	50/5 (B) \$199 100/5 (B) \$199 200/5 (B) \$199	
	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 (B) \$390 2.5 (B) \$446	
	Fluticasone/ umeclidinium/ vilanterol (Trelegy Ellipta)	DPI	≥ 18 yrs	Copay \$35 Savings card at trelegy.com	Copay \$35 OR free medication if eligible Savings at gskforyou.com	100/62.5/25 (B) \$570 200/62.5/25 (B) \$676	

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Last updated 8/12/2026