


These agilon training and related materials are confidential and proprietary and are not intended for external distribution beyond the agilon network. These materials provide educational support for BOI, Quality, and Clinical Programs, ensuring accurate documentation and coding. While efforts are made to ensure accuracy, medical knowledge evolves. This information is not medical advice. The authors and agilon health are not liable for errors or omissions. This document does not replace clinicians' judgment. Clinicians must stay current with best practices. Diagnosis and coding decisions rest with the treating clinician.



Inhaler Coverage: Best Practices

Zachary DeNardo, PharmD

Sr. Clinical Client Liaison, Stellus Rx



Sample Agenda Page



Agenda Item #1

Optimize Inhaler Selection and Patient Access



Agenda Item #2

Navigating Inhaler coverage and Reimbursement Policies




Agenda Item #3

Improving Operational and Clinical Outcomes



Optimize Inhaler Selection and Patient Access

Note: The following information about specific treatment types reflects clinical best practices used in physician-directed care plans and is not intended to constitute medical guidance.



Types of Inhalers and Clinical use

Metered Dose Inhaler (MDI)

Requires coordination by pressing and inhaling via slow, steady breath



Dry Powder Inhaler (DPI)

Requires a forceful, deep breath



Soft Mist Inhaler (SMI)

Delivers a long-lasting mist with the press of a button



COPD Treatment – Mechanisms of Action



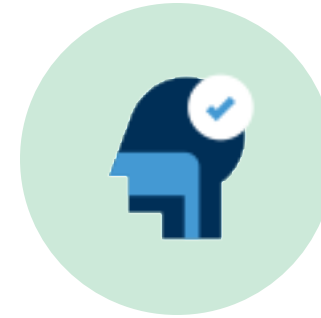
**Short Acting
Beta Agonist
(SABA)**



**Short Acting
Muscarinic
Antagonist
(SAMA)**



**Inhaled
Corticosteroid
(ICS)**



**Long Acting
Beta Agonist
(LABA)**



**Long Acting
Muscarinic
Antagonist
(LAMA)**

Short Acting Beta Agonist (SABA)



Albuterol

- Available as Nebulizer solution, MDI or DPI
- Used only for acute exacerbations
- Generic available



Levalbuterol

- Available as nebulizer solution, MDI
- Used only for acute exacerbations
- Generic available



Adverse Drug Reactions

- Heart Palpitations
- Headache
- Increased Heart Rate

Short Acting Muscarinic Antagonist



Ipratropium

- Available as nebulizer solution or MDI
- Used only for acute exacerbations
- Generic available



Adverse Drug Reactions

- Dry Mouth
- Urinary retention
- Increased heart rate
- Blurred vision

Long-Acting Beta Agonist



Formoterol (Perforomist)

- Nebulization solution
- Generic available



Salmeterol (Serevent)

- DPI

Long-Acting Muscarinic Antagonist



Tiotropium (Spiriva, Spiriva Respimat)

- SMI or DPI
- Handihaler generic available



Umeclidinium (Incruse)

- DPI



Aclidinium (Turdoza)

- DPI

Inhaled Corticosteroids

Fluticasone (Flovent)

- MDI, DPI
- Available as Generic
- Off-label use only



Inhaled Corticosteroid/Long-Acting Beta Agonist



Fluticasone/ Salmeterol (Advair)

DPI, or MDI

Generic Available



Fluticasone/ Vilanterol (Breo)

DPI

Generic Available



Budesonide/ Formoterol (Symbicort)

MDI

Generic Available

Long-Acting Beta Agonist/Long-Acting Muscarinic Antagonist



Umeclidinium/Vilanterol (Anoro)

DPI

Generic available



Tiotropium/Olodaterol (Stiolto)

SMI



Glycopyrrolate/Formoterol (Bevespi)

MDI

ICS/LABA/LAMA (Triple Therapy)



**Fluticasone/Umeclidinium/Vilanterol
(Trelegy)**

DPI



**Budesonide/Glycopyrrolate/Formoterol
(Breztri)**

DPI

Inhaler Summary

Short Acting Beta Agonist (SABA)



Abuterol



Levalbuterol

Short Acting Muscarinic Antagonist



Ipratropium

Long-Acting Beta Agonist



Formoterol
(Perforomist)



Salmeterol
(Serevent)

Long-Acting Muscarinic Antagonist



Tiotropium
(Spiriva, Spiriva
Respimat)



Umeclidinium
(Incruse)



Aclidinium
(Turdoza)

Inhaled Corticosteroids



Fluticasone
(Flovent)

Inhaled Corticosteroid/Long-Acting Beta Agonist



Fluticasone/
Salmeterol
(Advair)



Fluticasone/
Vilanterol
(Breo)



Budesonide/
Formoterol
(Symbicort)

Long-Acting Beta Agonist/Long-Acting Muscarinic Antagonist



Umeclidinium
/Vilanterol
(Anoro)



Tiotropium/
Olodaterol
(Stiolto)



Glycopyrrolate
/Formoterol
(Bevespi)

ICS/LABA/LAMA (Triple Therapy)



Fluticasone/
Umeclidinium
/Vilanterol
(Trelegy)



Budesonide/
Glycopyrrolate/
Formoterol
(Breztri)

Counseling points



Inhaled Corticosteroids

Oral Thrush – Important for patients to rinse mouth after use



Long-Acting Muscarinic Antagonist

- Dry Mouth
- Urinary retention
- Increased heart rate
- Blurred vision



Long-Acting Beta Agonist

- Heart Palpitations
- Headache
- Increased Heart Rate



Navigating Inhaler Coverage and Reimbursement Policies



Medicare Part D Coverage Updates

→ New phases of coverage in 2025 for Part D

→ Deductible Stage

- Depending on Plan, a deductible may need to be met before initial coverage phase starts
 - Maximum deductible for a part D plan is \$590
-

→ Initial Coverage Stage

- After deductible is met, the initial coverage stage starts
 - Patient pays 25% coinsurance on all generic and brand name medications until out of pocket spending reaches \$2,000
-

→ Catastrophic Coverage Stage

- Once \$2,000 out of pocket is reached the patient will not have to pay out of pocket for Part D covered drugs for the rest of the calendar year

**Medicare coverage information current as of September 2025. Coverage details subject to change. Verify current benefits with patient's specific plan.*

Medicare Prescription Payment Plan (M3P)

2025 Pharmacy Coverage Changes

- Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use the Medicare Prescription Payment Plan payment option.

- It works with your current drug coverage to help you manage out-of-pocket Medicare Part D drug costs by [spreading payments across the calendar year](#) (January-December).

- [All plans](#) offer this payment option and participation is voluntary.

- For patients that select this payment option, each month they continue to pay their plan premium (if they have one), they'll receive a bill from their health or drug plan to pay for your prescription drugs ([instead of paying the pharmacy](#)).

- There's [no cost](#) to participate in the Medicare Prescription Payment Plan.

**Medicare coverage information current as of September 2025. Coverage details subject to change. Verify current benefits with patient's specific plan.*

Extra Help

Medicare program that helps people with limited income pay for prescription drugs under Part D

Income limits to qualify

- \$22,836 for an individual
- \$30,900 for a couple

How to qualify

Monthly income below 150% of the Federal Poverty Limit

- Individual: \$1,956.25
- Couple: \$2,643.75

Resource limit (Bank account, stocks, bonds, and retirement accounts)

- Individual: \$17,600
- Couple: \$35,130

Benefits of Extra Help

- No plan premiums
- No deductibles
- Copayments (30 day supplies)
 - Max Generic: \$4.90
 - Max Brand: \$12.15

**Income and resource limits updated annually. Verify current thresholds with Social Security Administration.*

Patient Assistance Programs



Help patients afford medications and are usually administered by Pharmaceutical companies



Most available to Medicare beneficiaries and have application process that needs to be completed before approval

Patient Assistance Programs

→ **Requires proof of income submitted with application (Tax form 1040)**

→ **Income limits vary by medication and manufacturer (usually 200-500% of the Federal Poverty Limit)**

- One-person Household: \$31,300 to \$78,250
 - Two-person Household: \$42,300 to \$105,750
-

→ **Takeaways**

- Patient will be supplied the medication direct from the manufacturer
- Applications will have to be renewed yearly
- Program can change at any time

**Program eligibility and benefits vary by manufacturer and are subject to change. Patients should verify current program requirements directly with manufacturers*

Strategies for Success

→ **Generic inhalers are usually placed on a lower formulary tier (Tier 1 or 2)**

→ **Utilize other pharmacy forms of payment**

→ Preferred network pharmacies

→ 90-day supplies may offer copay benefits if utilized

→ Cost Plus Pharmacies

→ Medication Coupons

→ **Consolidate Inhalers when possible**

- Multiple inhalers will be multiple copayments for patients

- Utilize combination products when appropriate



Improving Operational and Clinical Outcomes



Improving Clinical Outcomes

In-Office management

Discuss Affordability with patient

If affordability a concern evaluate if patient is a candidate for Extra Help/Patient Assistance



Assess appropriate inhaler technique

Have patient demonstrate the use of their inhaler in office to assess technique

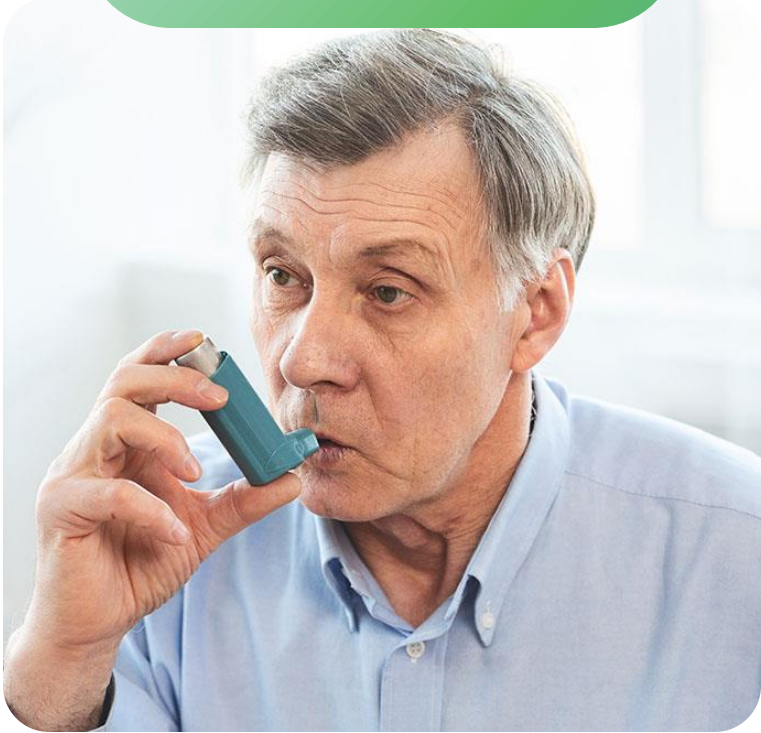


Utilize EMR Fill data

Surescripts feeds in EMR should be utilized during patient visits to assess adherence

Operational Outcomes

Sample use



Demonstrating technique



Patient assistance coordination



Key Takeaways



**Optimize Inhaler
Selection and Patient
Access**



**Navigating Inhaler
Coverage and
Reimbursement Policies**



**Improving
Operational and
Clinical outcomes**

Questions?

Answers.



CME Survey



Thank You.