



Covered California Formulary Analysis of
Top 100 Drugs and Select Classes
Prepared for the California HealthCare Foundation

2015
Avalere.com

About the Researchers

ABOUT THE CALIFORNIA HEALTHCARE FOUNDATION

- The California HealthCare Foundation (CHCF) works as a catalyst to fulfill the promise of better health care for all Californians. CHCF supports ideas and innovations that improve quality, increase efficiency, and lower the costs of care.

ABOUT AVALERE HEALTH

- Avalere is a strategic advisory firm dedicated to solving the challenges of the healthcare system. It delivers a comprehensive perspective, compelling substance, and creative solutions to stakeholders from across the full healthcare spectrum to help improve care delivery through better data, insights, and strategies.

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Study Overview

Objective

- The study analyzed formulary inclusion for 100 commonly utilized brand name and generic drugs and 11 drug classes representing certain medical conditions in unique qualified health plans offered in the 2014 Covered California market compared to select employer plans.
- Formulary features examined included listing, tier placement, and utilization management.

Two Analyses of Focus

- **Top 100 Drug Analysis:** The analysis focused on 100 commonly utilized drugs by a commercial population, as compiled by Symphony Health based on 2014 data (through early May).¹
- **Drug Class List Analysis:** For products within the 11 selected classes, Avalere collected data on all drug names available in the US market at the time of the study, including brands and generics, immediate release and extended release, and combination products.

1. Symphony Health collects data from commercially insured consumers to drive analytics of physician prescribing and pharmacy fulfillment

Methodology

Methodology¹

- Each single-source brand drug, including multiple formulations, is counted as a single distinct chemical entity.
- Where multiple versions of the same drug exist—i.e., legally substitutable, generics and the corresponding brand—data are reported only for the drug that is placed on the lower tier.
- The study compared 2014 Covered California formularies to the group formularies from the top four fully-insured carriers in California, plus the CALPERS preferred drug list that covers state employees.

Limitations

- The findings of this study rely on publicly available formulary documents as of May 2014, which vary in format, comprehensiveness, and accuracy across carriers.
- Due to the ever evolving nature of coverage policies and the lag time in updating public documents, the formularies reviewed in this study may not reflect the most up-to-date prescription drug benefits for the plans analyzed.
- The analysis focused on pharmacy benefit drugs and excluded over-the-counter medications and medical benefit drugs.

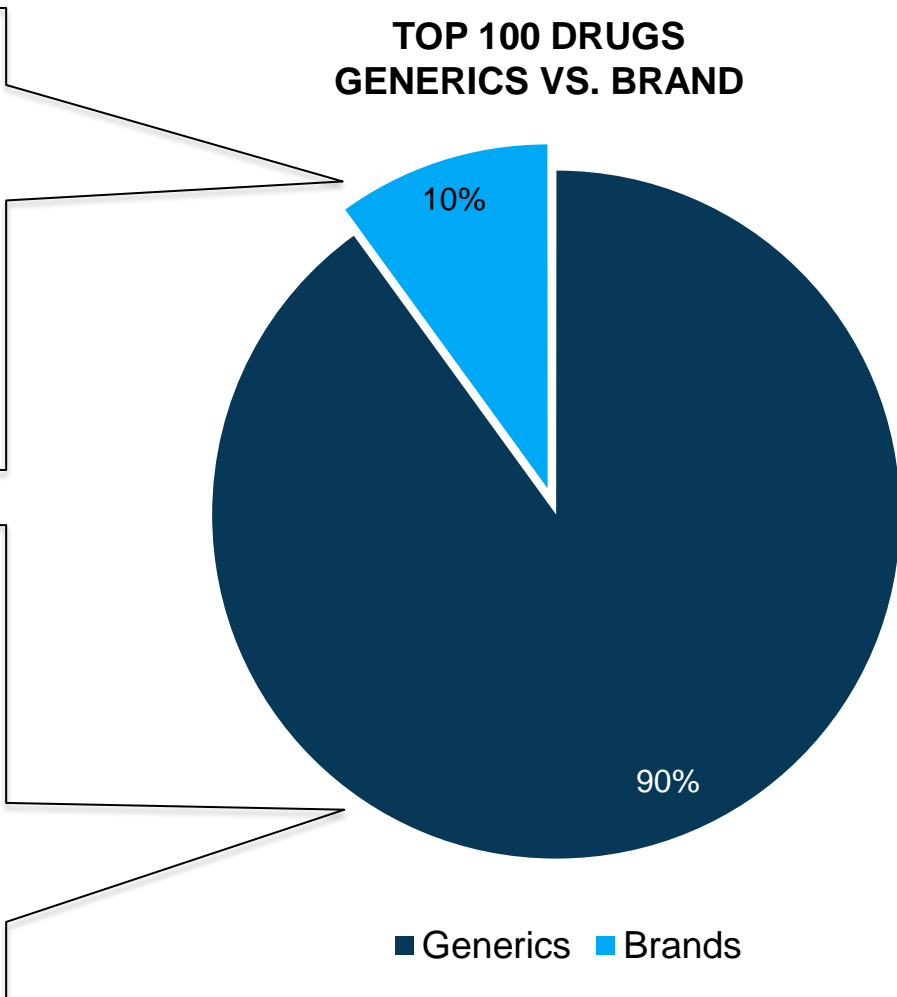
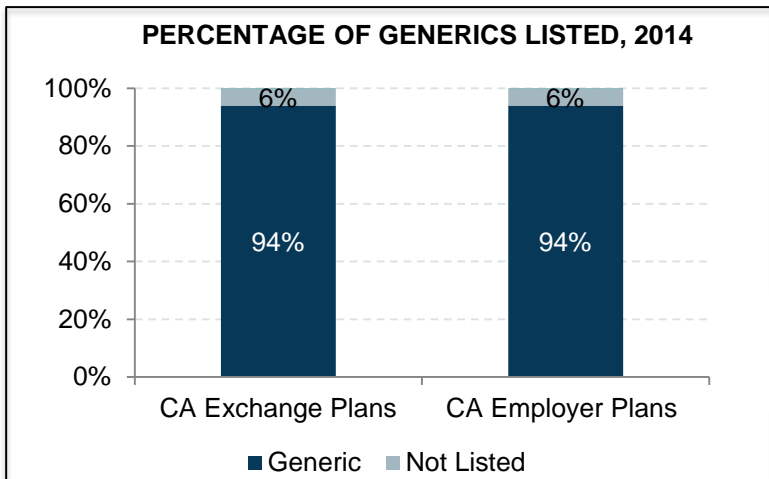
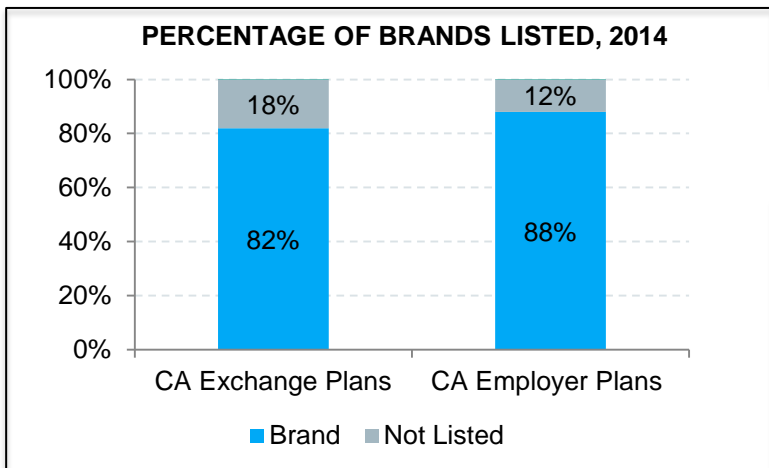
1. A more detailed methodology description is available in the full report entitled “Disease Matters: Comparing Prescription Drug Benefits in Covered California Plans” available at www.chcf.org/drugs-covered



Top 100 Drug Analysis

Younger and healthier consumers, as well as those with relatively limited drug needs, often select health coverage based on premium price and access to other health services. However, their ability to obtain affordable commonly used medications when needed is vital to maintaining good health. Ninety of the top 100 most commonly prescribed drugs, such as those used to treat high blood pressure, high cholesterol, and acid reflux, are generics and they are widely included on Covered California formularies with low cost sharing.

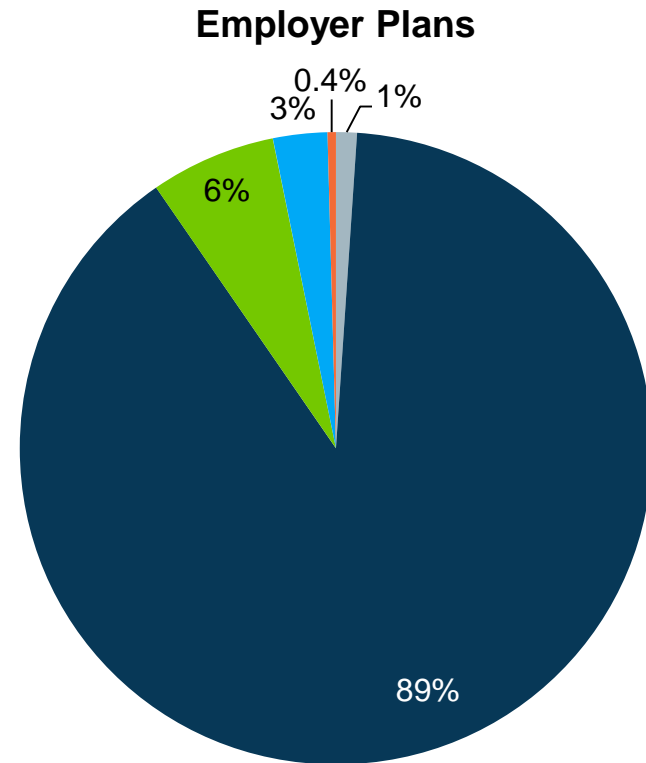
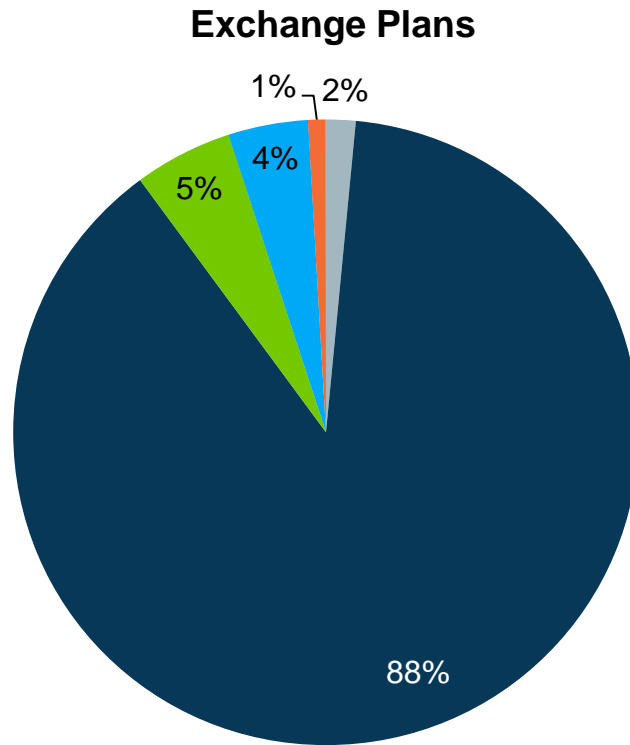
Exchange Formulary Breadth for Commonly Used Generics Is Similar to Select Employer Plans, Slightly Less Generous for Brands



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Most Commonly Used Drugs Are Placed on the Generic Tier, Which Is Not Surprising Given the Drug List Composition

DISTRIBUTION OF TIER PLACEMENT FOR TOP 100 DRUGS, AMONG LISTED DRUGS, 2014



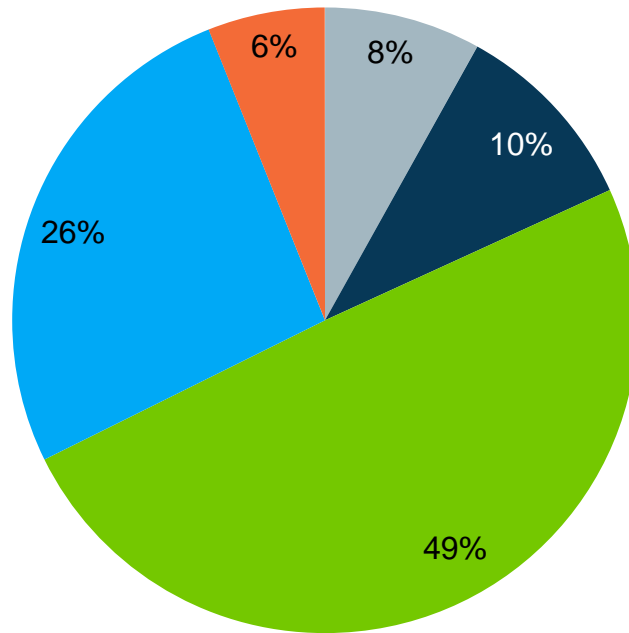
■ \$0 Tier ■ Generic ■ Preferred Brand ■ Non-preferred Brand ■ Specialty

Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

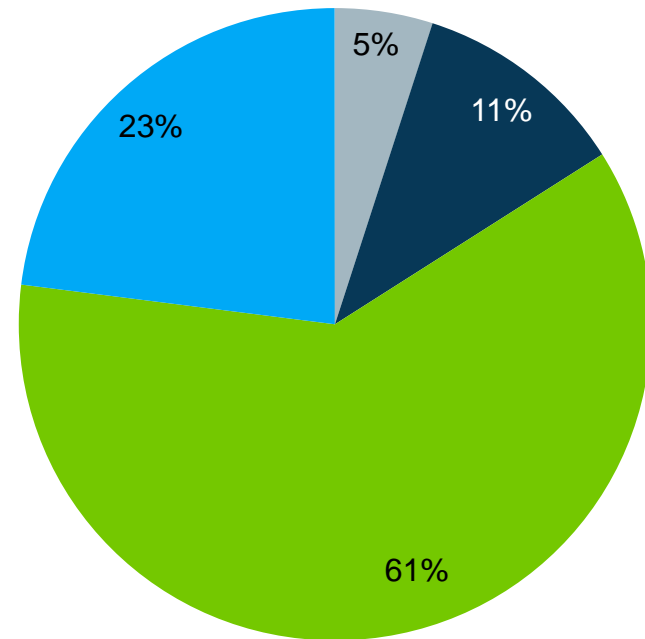
Exchange Plans Place Commonly Used Brand Therapies on Higher Tiers than Employer Plans

DISTRIBUTION OF TIER PLACEMENT FOR TOP 100 DRUGS,
AMONG LISTED BRAND DRUGS, 2014

Exchange Plans



Employer Plans

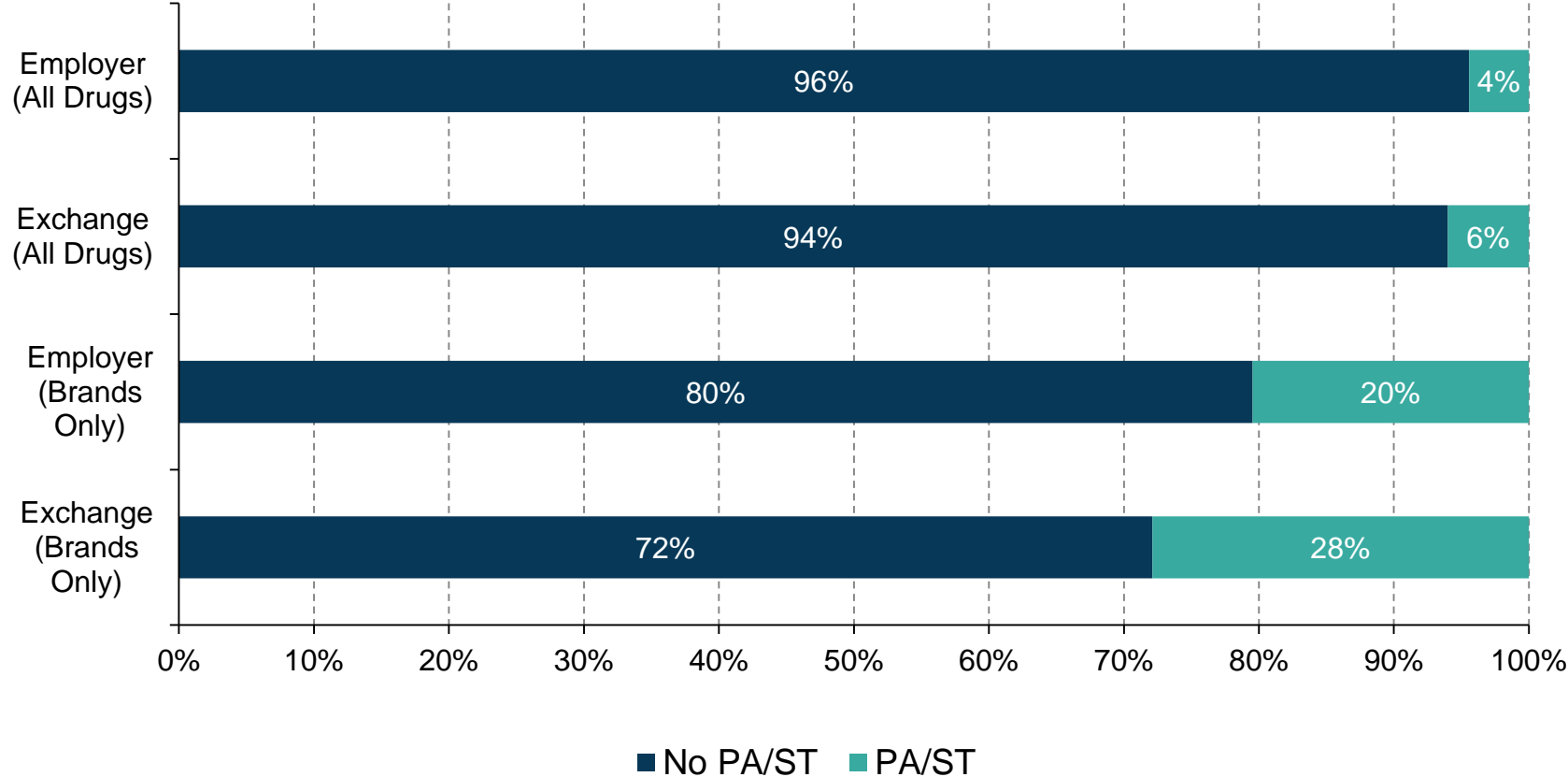


■ \$0 Tier ■ Generic ■ Preferred Brand ■ Non-preferred Brand ■ Specialty

Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Employer and Exchange Plans Use Similar Rates of UM for Commonly Used Generics; PA Required More Often for Brands

DISTRIBUTION OF UM
TOP 100 DRUGS, AMONG LISTED DRUGS, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies
 PA – Prior Authorization
 ST – Step Therapy
 UM – Utilization Management



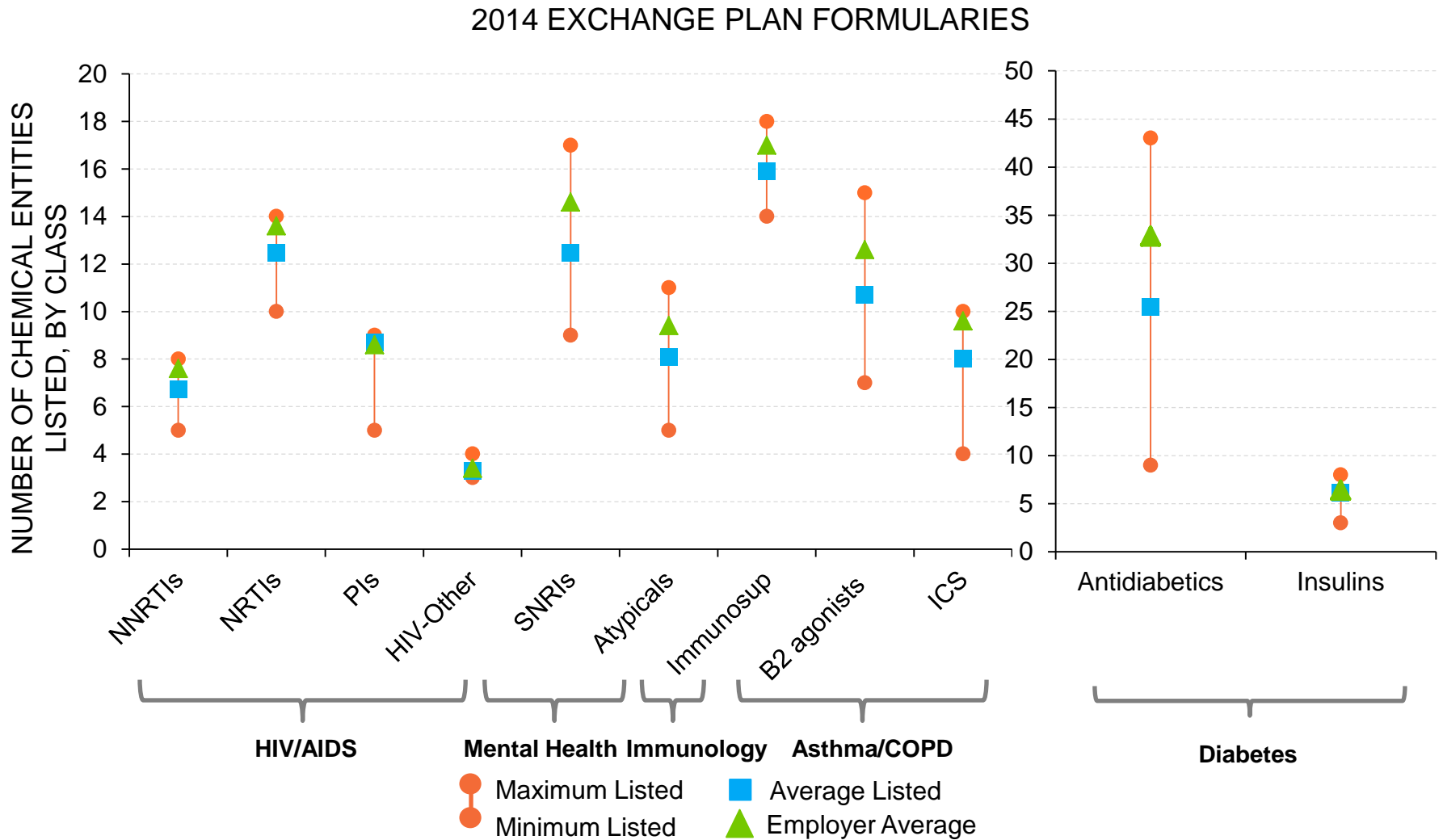
Formulary Analysis by Therapeutic Area: Cross-Class Summary

While commonly used drugs are broadly included on plan formularies with low cost sharing, some patients with chronic diseases or those who rely on specialty drugs may face more access and affordability challenges. For some medications, specialty tiers and tight utilization management can lead to higher out-of-pocket costs or barriers to obtaining necessary drugs in a timely manner. The following section summarizes drug coverage in 2014 Covered California plans for products used to treat medication-dependent chronic conditions.

Categories and Classes of Analyzed Drugs, 2014

DISEASE STATE	USP CATEGORY	USP CLASS	ABBREVIATION
HIV/AIDS	Antivirals	Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors	NNRTIs
		Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors	NRTIs
		Anti-HIV agents, protease inhibitors	PIs
		Anti-HIV agents, other	HIV-Other
Mental Health	Antidepressants	Serotonin/ Norepinephrine reuptake inhibitors	SNRIs
	Antipsychotics	2 nd generation/ atypical	Atypicals
Diabetes	Blood Glucose Regulators	Antidiabetic agents	Antidiabetics
		Insulins	Insulins
Immunology	Immunological Agents	Immune suppressants	Immunosup
COPD/Asthma	Respiratory Tract Agents	Bronchodilators, Sympathomimetic	B ₂ agonists
		Anti-inflammatories, Inhaled Corticosteroids	ICS

On Average, Across the Classes, 80% of Drugs Are Listed on Exchange Plan Formularies



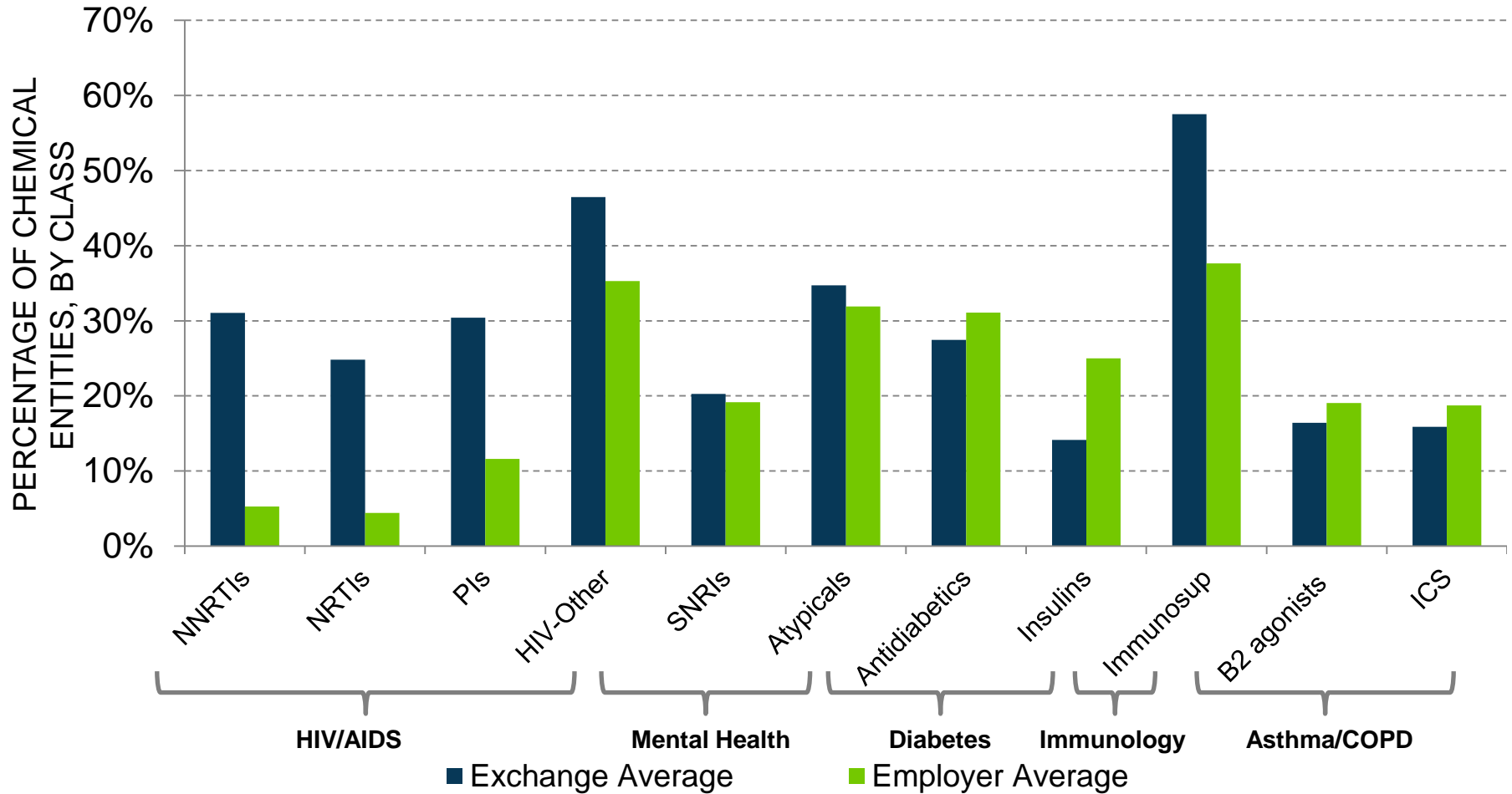
Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Antidiabetics - Antidiabetic agents; Atypicals - 2nd generation/ atypical; B2 agonists -Bronchodilators, Sympathomimetic; ICS -Anti-inflammatory, Inhaled Corticosteroids; NNRTIs - Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors ; NRTIs - Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors; PIs - Anti-HIV agents, protease inhibitors; SNRIs - Serotonin/ Norepinephrine reuptake inhibitors



HIV Drugs and Immunology Medicines Are Placed on Higher Tiers in Exchange Plans than in Employer Plans

AVERAGE PERCENTAGE OF CHEMICAL ENTITIES LISTED ON NON-PREFERRED BRAND OR SPECIALTY TIER, BY CLASS, 2014



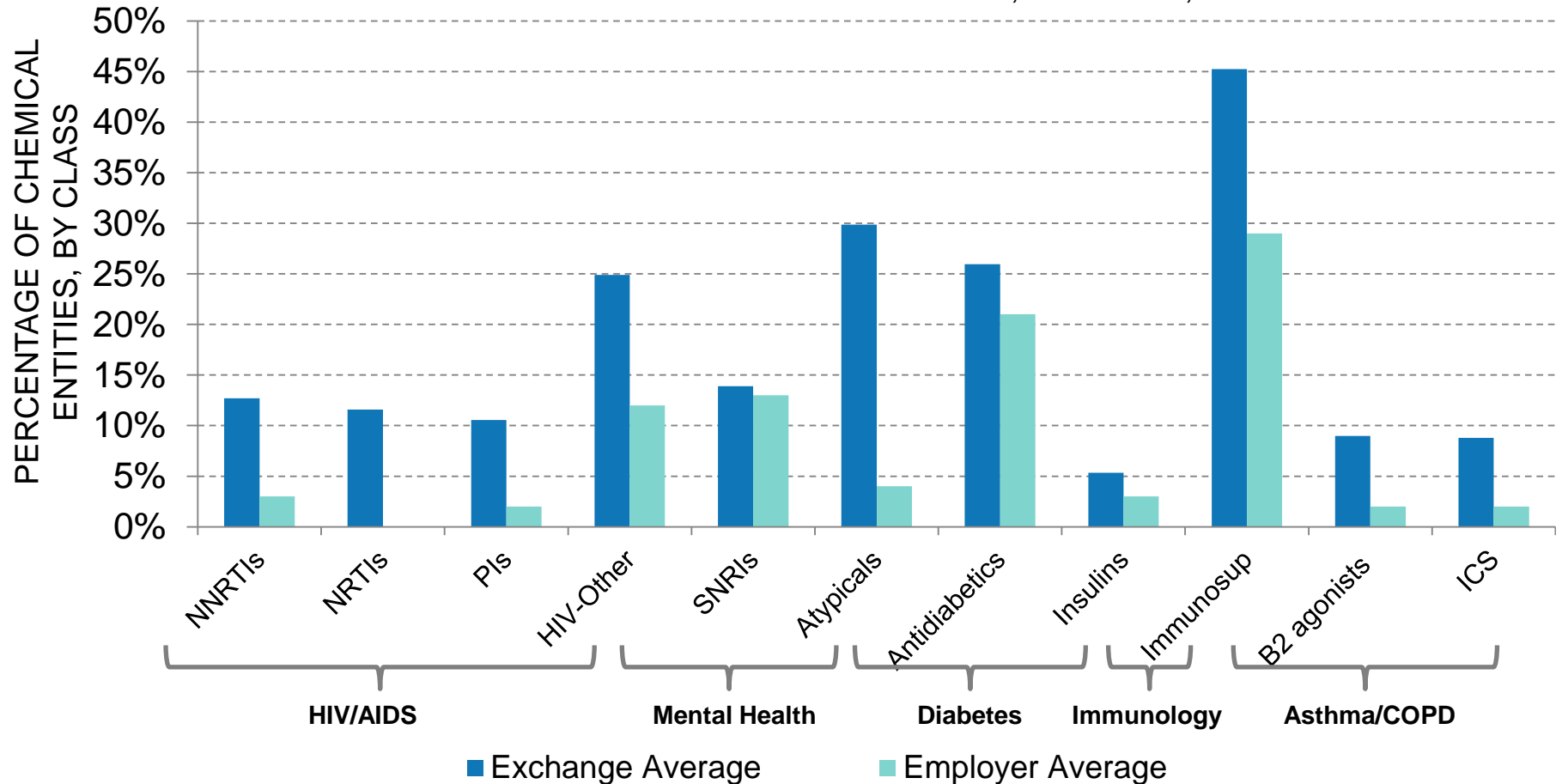
Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Antidiabetics - Antidiabetic agents; Atypicals - 2nd generation/ atypical; B2 agonists -Bronchodilators, Sympathomimetic; ICS -Anti-inflammatory, Inhaled Corticosteroids; NNRTIs - Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors ; NRTIs - Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors; PIs - Anti-HIV agents, protease inhibitors; SNRIs - Serotonin/ Norepinephrine reuptake inhibitors



Mental Health, Immunology, and HIV Drugs Face Greater UM in Exchange Plans Compared to Employer Plans

AVERAGE PERCENTAGE OF LISTED CHEMICAL ENTITIES SUBJECT TO UM IN EXCHANGE AND EMPLOYER PLANS, BY CLASS, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Antidiabetics - Antidiabetic agents; Atypicals - 2nd generation/ atypical; B2 agonists -Bronchodilators, Sympathomimetic; ICS -Anti-inflammatories, Inhaled Corticosteroids; NNRTIs - Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors ; NRTIs - Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors; Pls - Anti-HIV agents, protease inhibitors; SNRIs - Serotonin/ Norepinephrine reuptake inhibitors

UM – Utilization Management

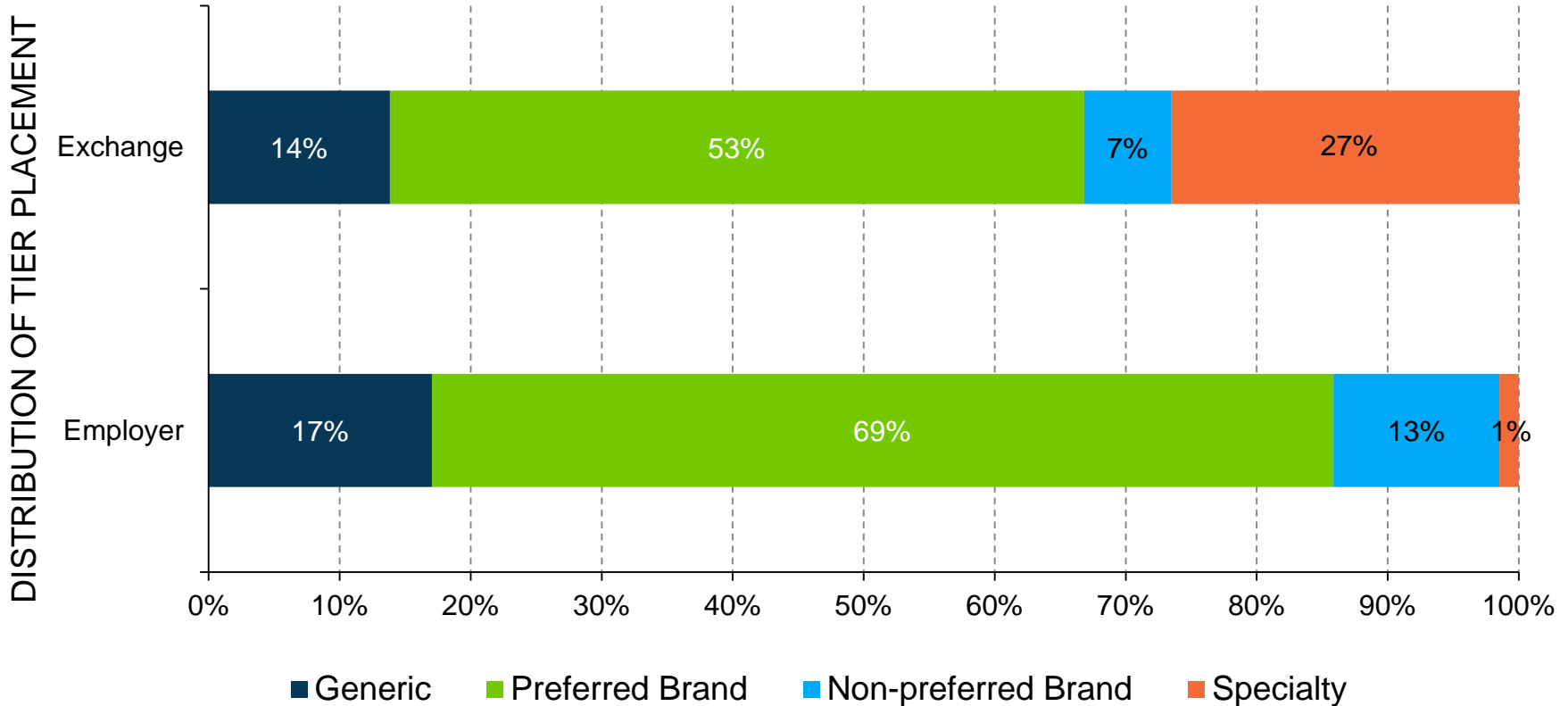


Formulary Analysis by Therapeutic Area: HIV/AIDS Summary

Most individuals with HIV/AIDS rely on a combination of several antiretroviral medications to reduce their viral load, limit symptoms, and improve immune system function. A single-tablet regimen (STR) contains several different drugs in one tablet and can reduce pill burden for patients. If HIV/AIDS patients have difficulty accessing their prescribed therapies, they may interrupt their treatment, which could lead to drug resistance and increased risk of spreading the disease.

HIV/AIDS Medications Appear on Specialty Tier More Often in Exchange Plans than in Employer Plans

DISTRIBUTION OF TIER PLACEMENT IN EXCHANGE AND EMPLOYER PLANS, LISTED **HIV/AIDS**¹ CHEMICAL ENTITIES, 2014

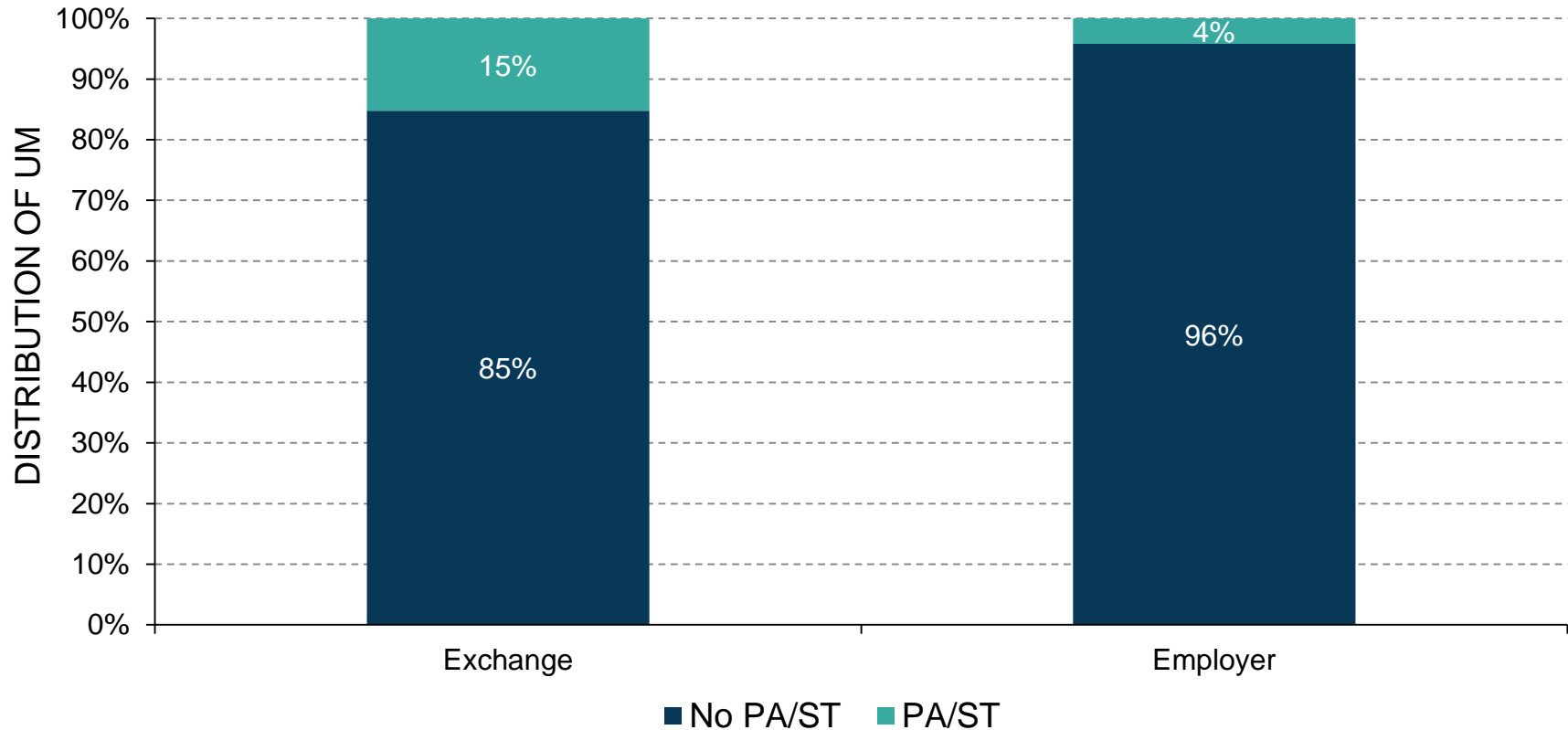


Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. Includes Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs), Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTIs), Protease Inhibitors (PIs), and HIV-Other (Enfuvirtide, Maraviroc, and Raltegravir)

Exchange Plans Employ UM Three Times More Often than Employer Plans for HIV/AIDS Medications

DISTRIBUTION OF UM IN EXCHANGE AND EMPLOYER PLANS, LISTED HIV/AIDS¹ CHEMICAL ENTITIES, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

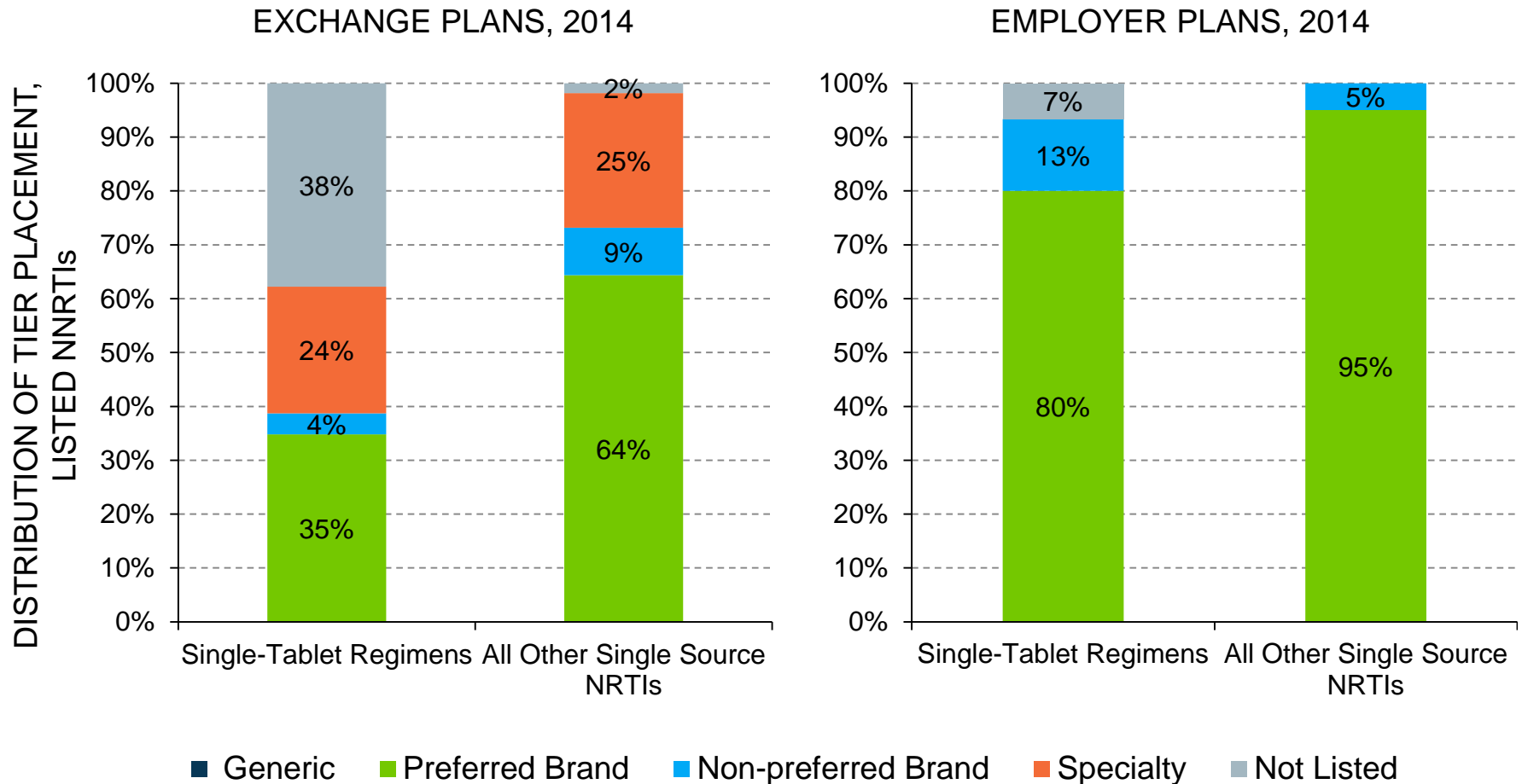
1. Includes Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs), Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTIs), Protease Inhibitors (PIs), and HIV-Other (Enfuvirtide, Maraviroc, and Raltegravir)

PA – Prior Authorization

ST – Step Therapy

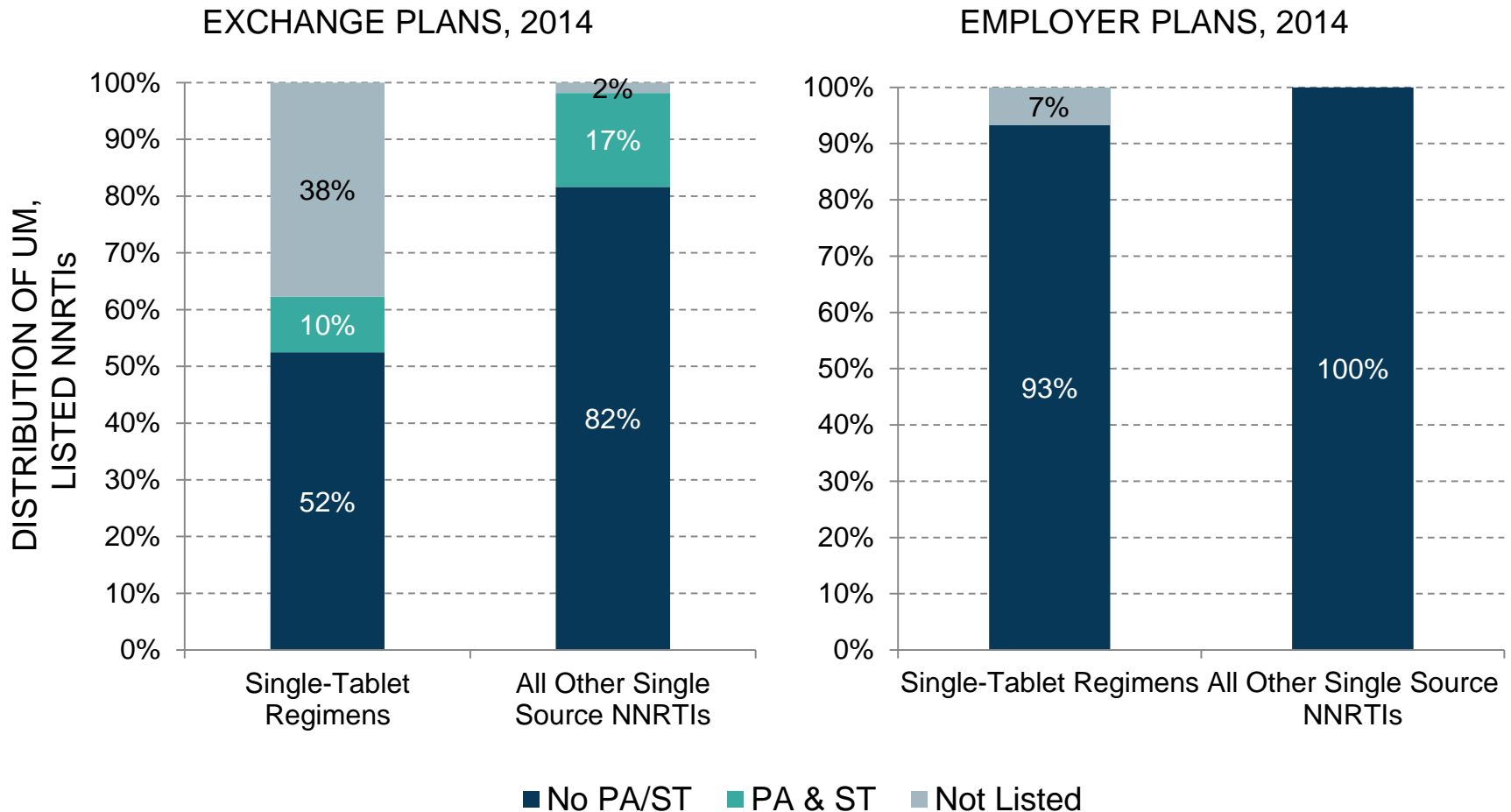
UM – Utilization Management

Fewer STRs Are Listed in Exchange Formularies Compared to Other NNTRIs and Placed on Higher Tiers than in Employer Plans



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies
 NRTI = Nucleoside and Nucleotide Reverse Transcriptase Inhibitors STR = Single Tablet Regimen

Similarly, STRs Face Stricter UM in Exchange Plans Compared to Employer Plans Where UM is Rare



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies
 NNRTI = Nucleoside and Nucleotide Reverse Transcriptase Inhibitors STR = Single Tablet Regimen
 PA – Prior Authorization
 ST – Step Therapy
 UM – Utilization Management

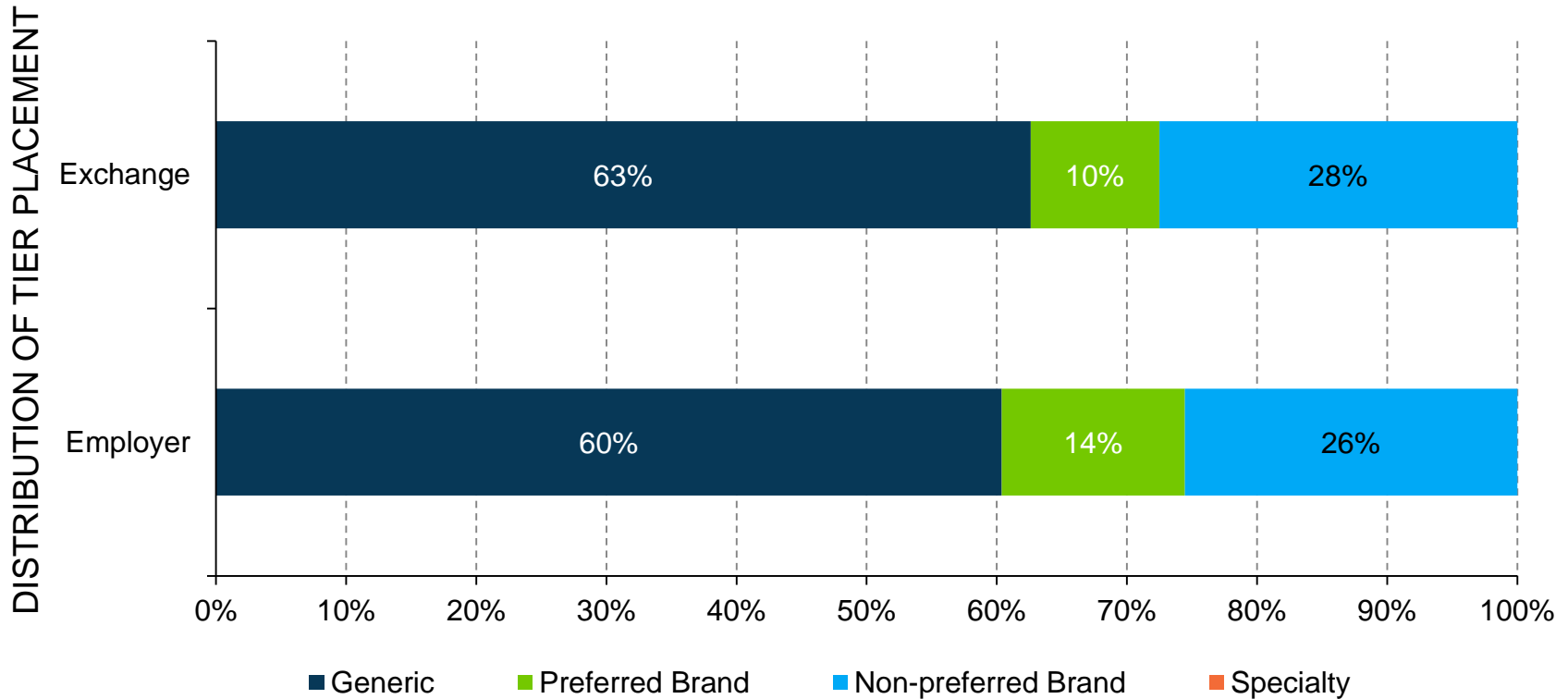


Formulary Analysis by Therapeutic Area: Mental Health Summary

Consumers with mental health diagnoses like depression, anxiety, or schizophrenia often rely on medications to manage their condition. Some patients may respond to one drug better than another, and understanding their prescription drug access is very important to ensure medication adherence.

Majority of Mental Health Medicines Appear on Generic Tiers in Both Exchange and Employer Plans

DISTRIBUTION OF TIER PLACEMENT IN EXCHANGE AND EMPLOYER PLANS, **MENTAL HEALTH**¹ LISTED CHEMICAL ENTITIES, 2014

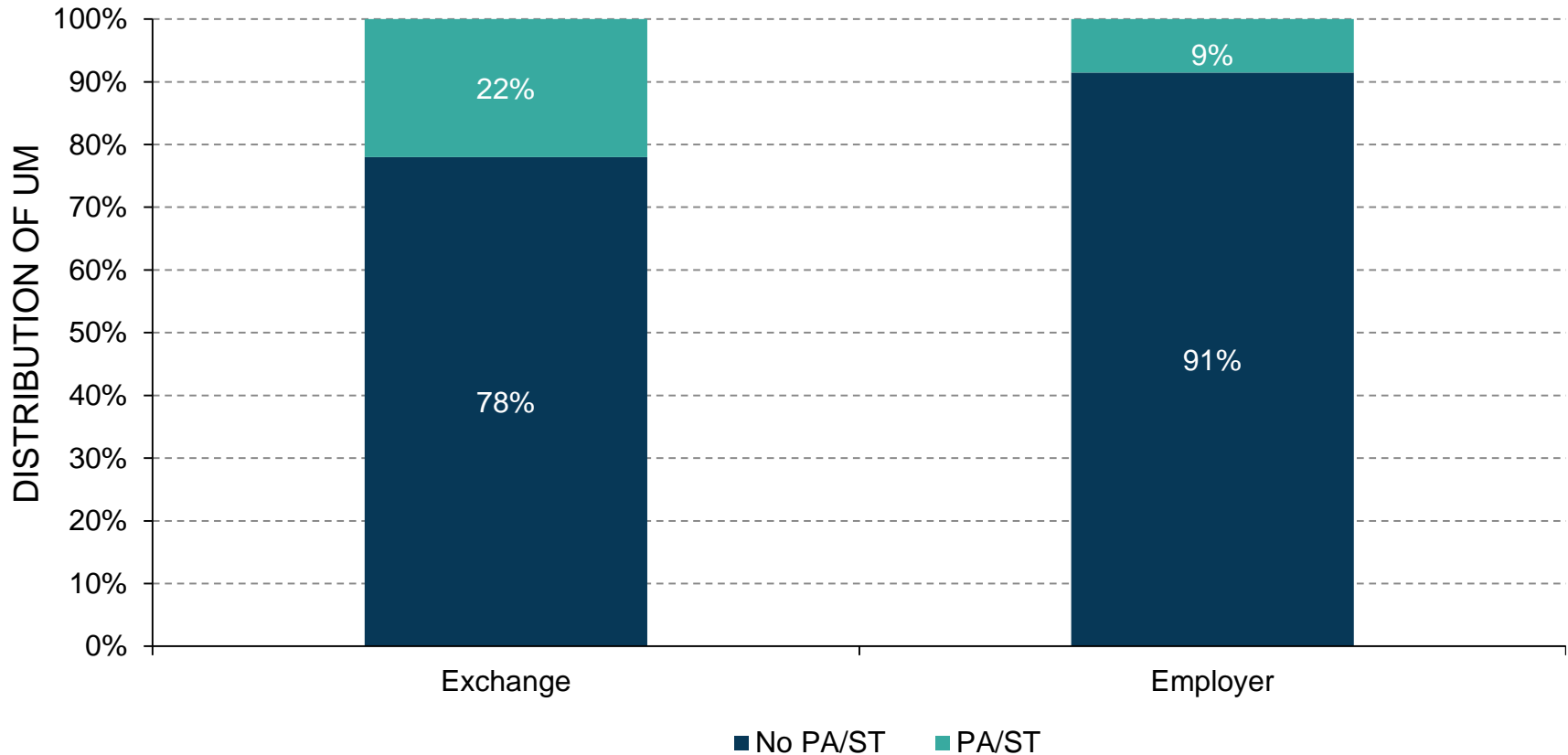


Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. Includes 2nd Generation/Atypical and SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

Mental Health Drugs Require Prior Authorization Twice as Often in Exchange Compared to Employer Plans

DISTRIBUTION OF UM IN EXCHANGE AND EMPLOYER PLANS, LISTED MENTAL HEALTH¹ MEDICINES, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. Includes 2nd Generation/Atypical and SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

PA – Prior Authorization

ST – Step Therapy

UM – Utilization Management





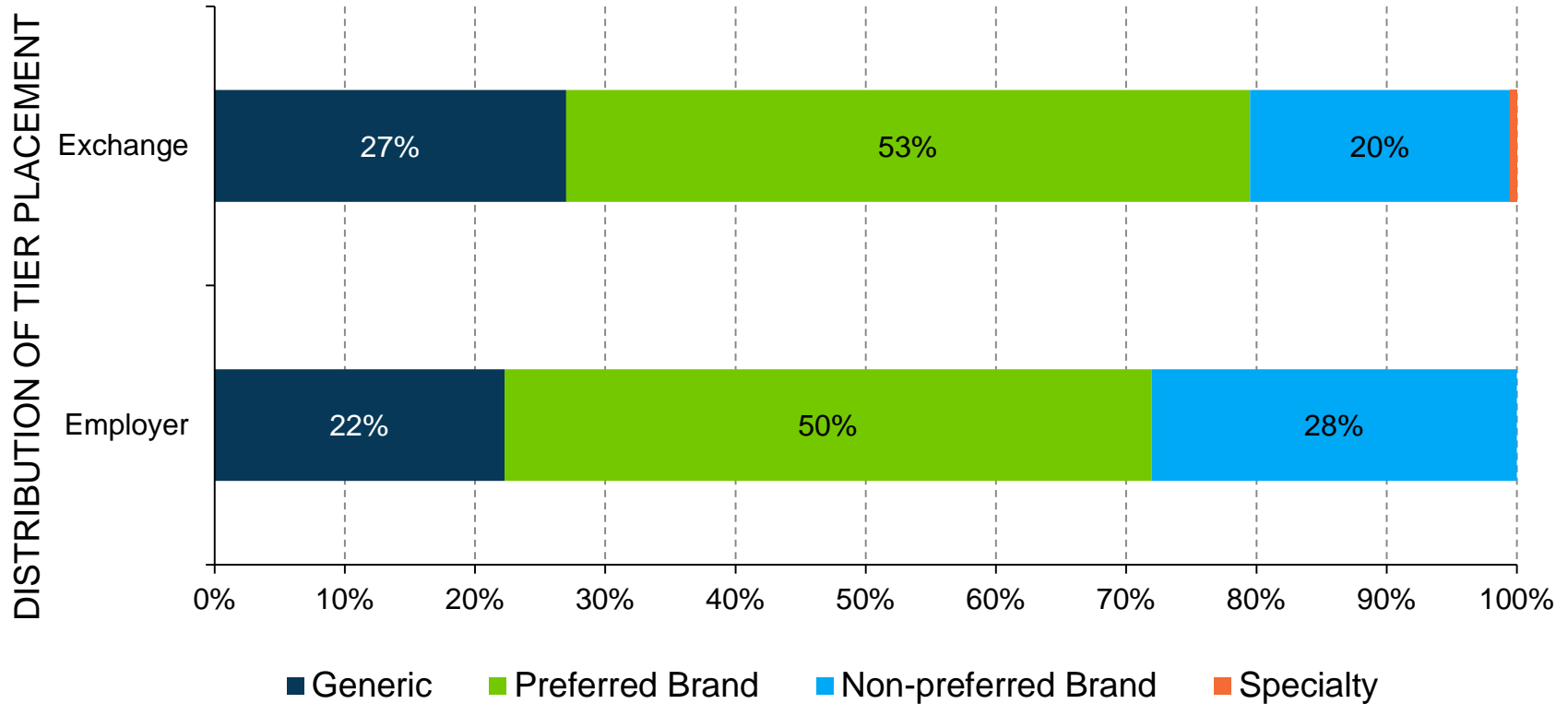
Formulary Analysis by Therapeutic Area: Diabetes Summary

Diabetes is a chronic and often progressive disease that is primarily self-managed.

Adequate and affordable access to antidiabetic therapies is important in order to prevent or delay the onset of complications.

Diabetes Medicines Tend to Be Placed on Generic or Brand Tiers in Both Exchange and Employer Plans

DISTRIBUTION OF TIER PLACEMENT IN EXCHANGE AND EMPLOYER PLANS, LISTED **DIABETES**¹ CHEMICAL ENTITIES, 2014

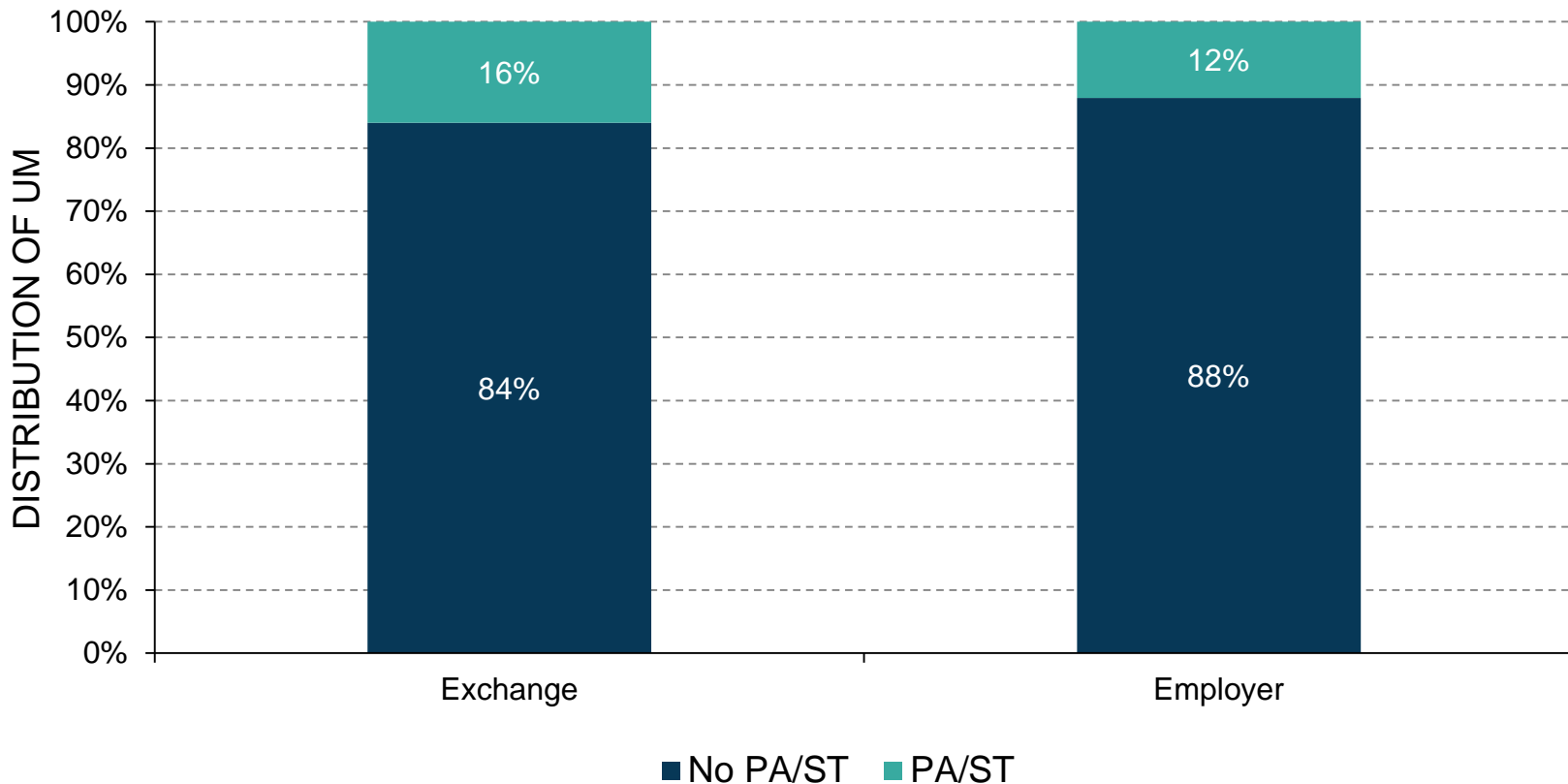


Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. Includes Antidiabetics and Insulins

Most Plans Grant Fairly Open Access for Most Diabetic Medicines; UM Slightly More Common in Exchange Plans

DISTRIBUTION OF UM IN EXCHANGE AND EMPLOYER PLANS, LISTED **DIABETES**¹ CHEMICAL ENTITIES, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. Includes Antidiabetics and Insulins

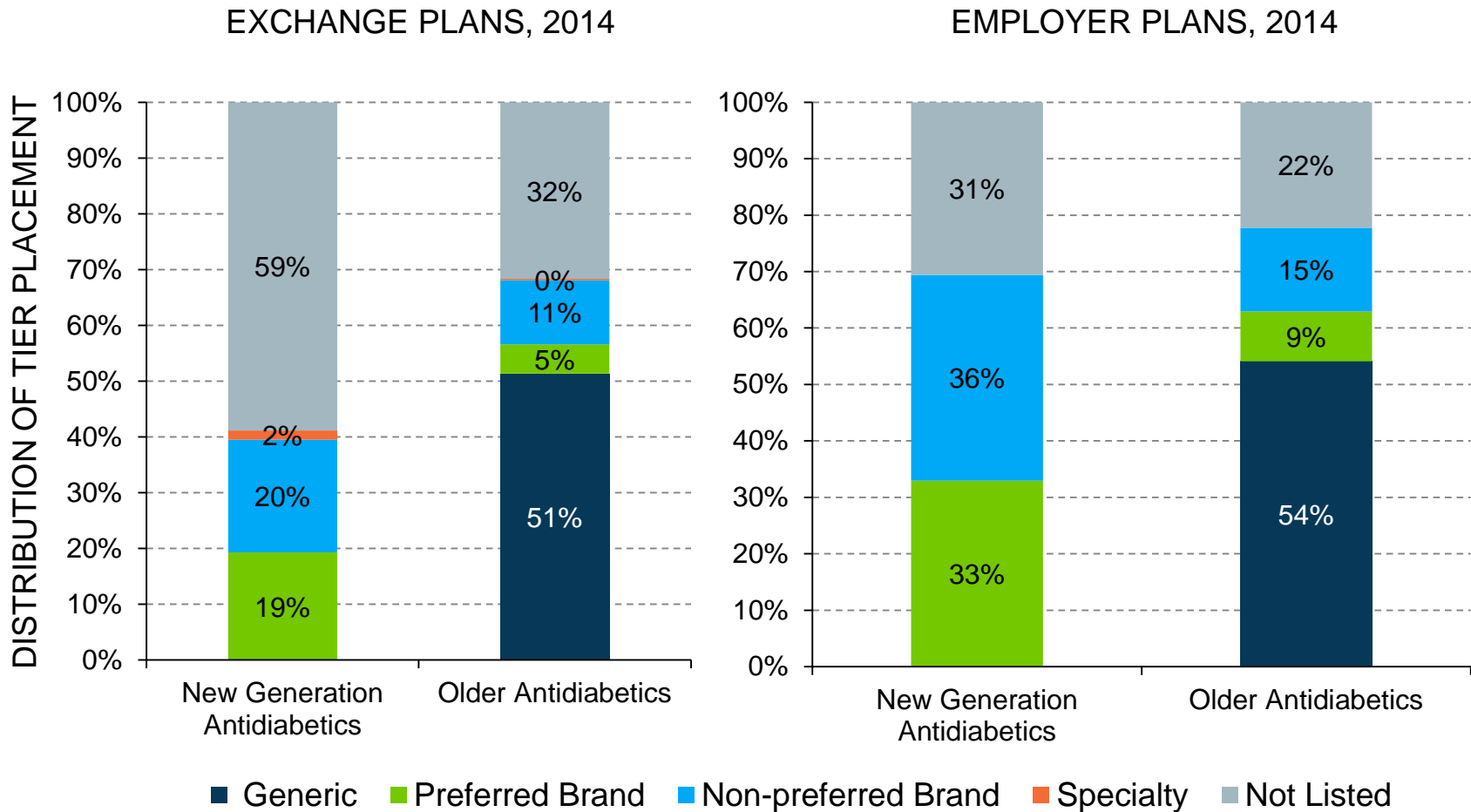
PA – Prior Authorization

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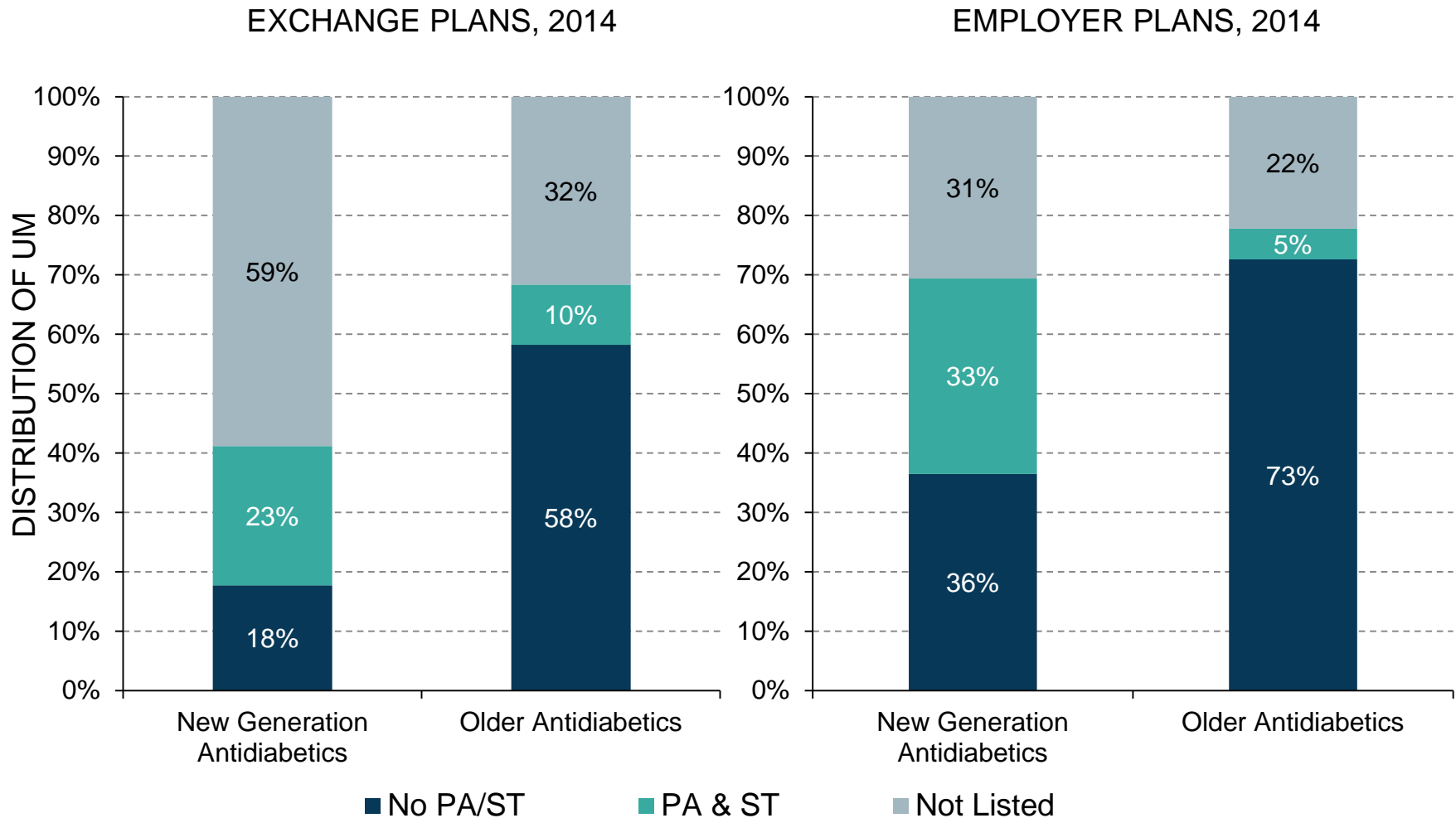


Newer Antidiabetic Therapies Are Included on Formularies Less Frequently in the Exchanges than in Employer Plans



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Newer Antidiabetic Drugs Require Prior Authorization More Often Compared to Other Drugs in the Class in Both Markets



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

PA – Prior Authorization

ST – Step Therapy

UM – Utilization Management

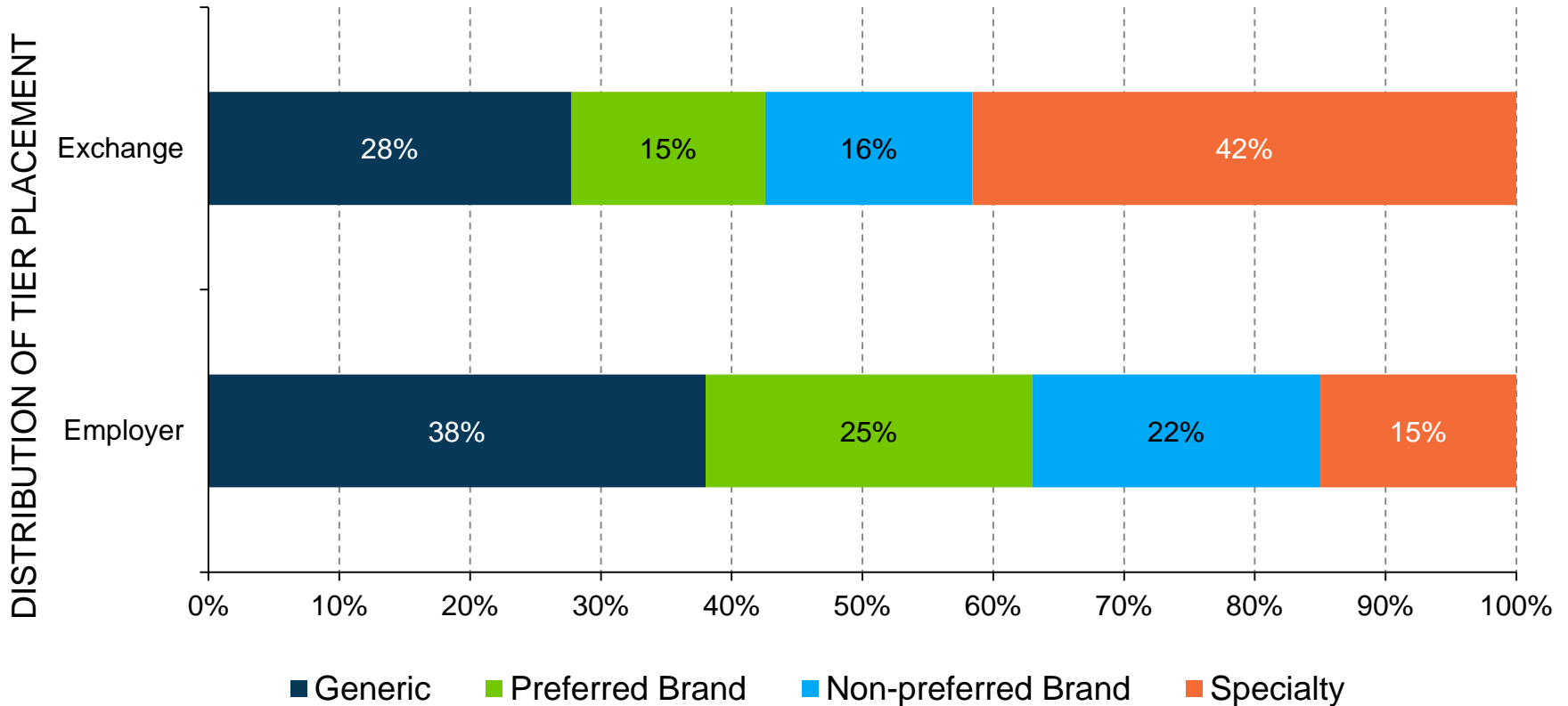


Formulary Analysis by Therapeutic Area: Immunology Summary

Immunological drugs work by suppressing the immune system in order to treat auto-immune conditions like rheumatoid arthritis (RA), Crohn's disease, and psoriasis, as well as to prevent organ rejection after transplants. Many immunosuppressants are biologic drugs genetically engineered in a living system, like plant or animal cells, which means their production process is more complex and expensive. Due to their high cost, drugs in the immunology class are often tightly managed by health plans.

Immune Suppressants, When Listed, Most Commonly Appear on Specialty Tier Among Exchange Plans

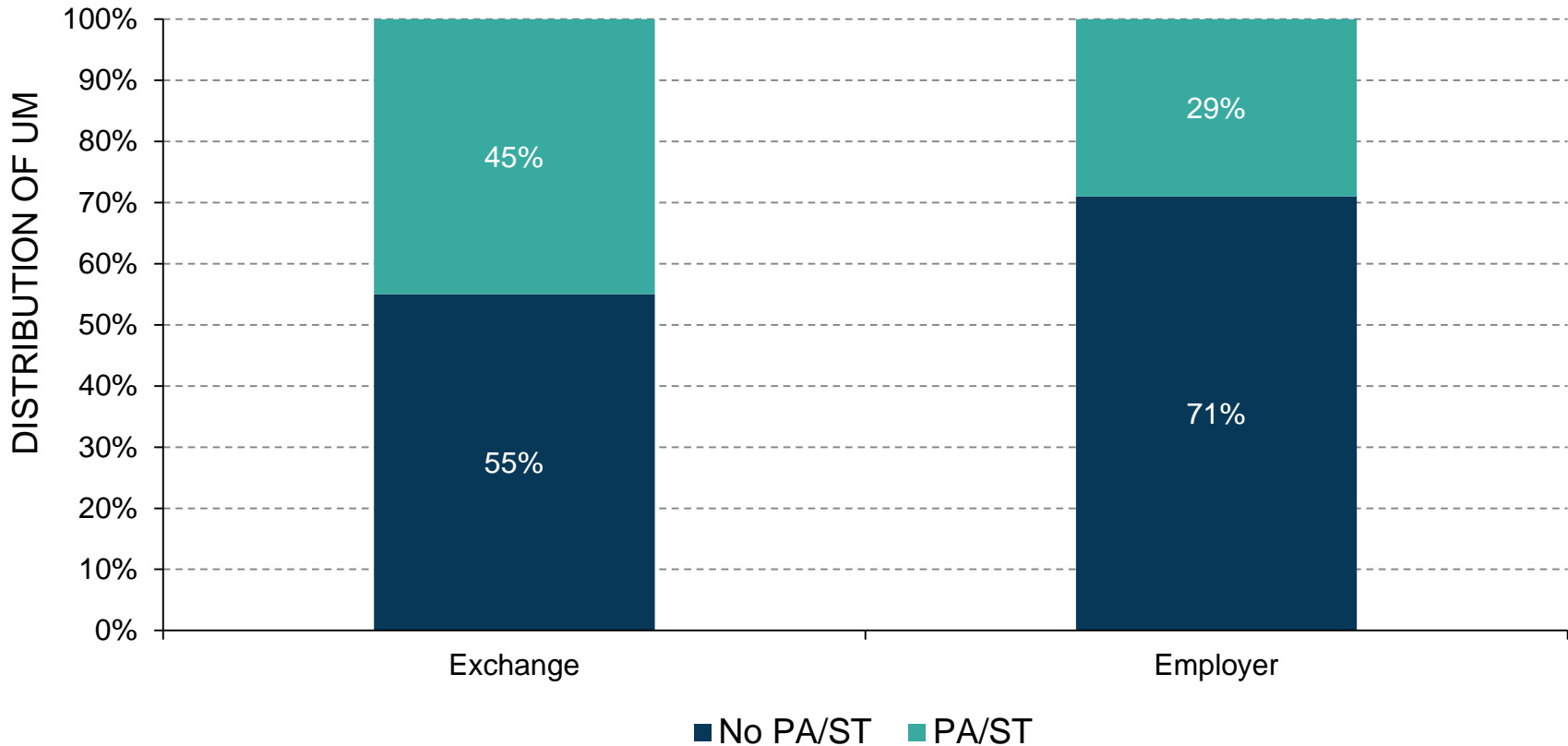
DISTRIBUTION OF TIER PLACEMENT IN EXCHANGE AND EMPLOYER PLANS, LISTED IMMUNE SUPPRESSANTS, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Almost Half of Immune Suppressants Are Subject to Prior Authorization in the Exchange Plans

DISTRIBUTION OF UM IN EXCHANGE AND EMPLOYER PLANS, LISTED IMMUNE SUPPRESSANTS, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScope®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

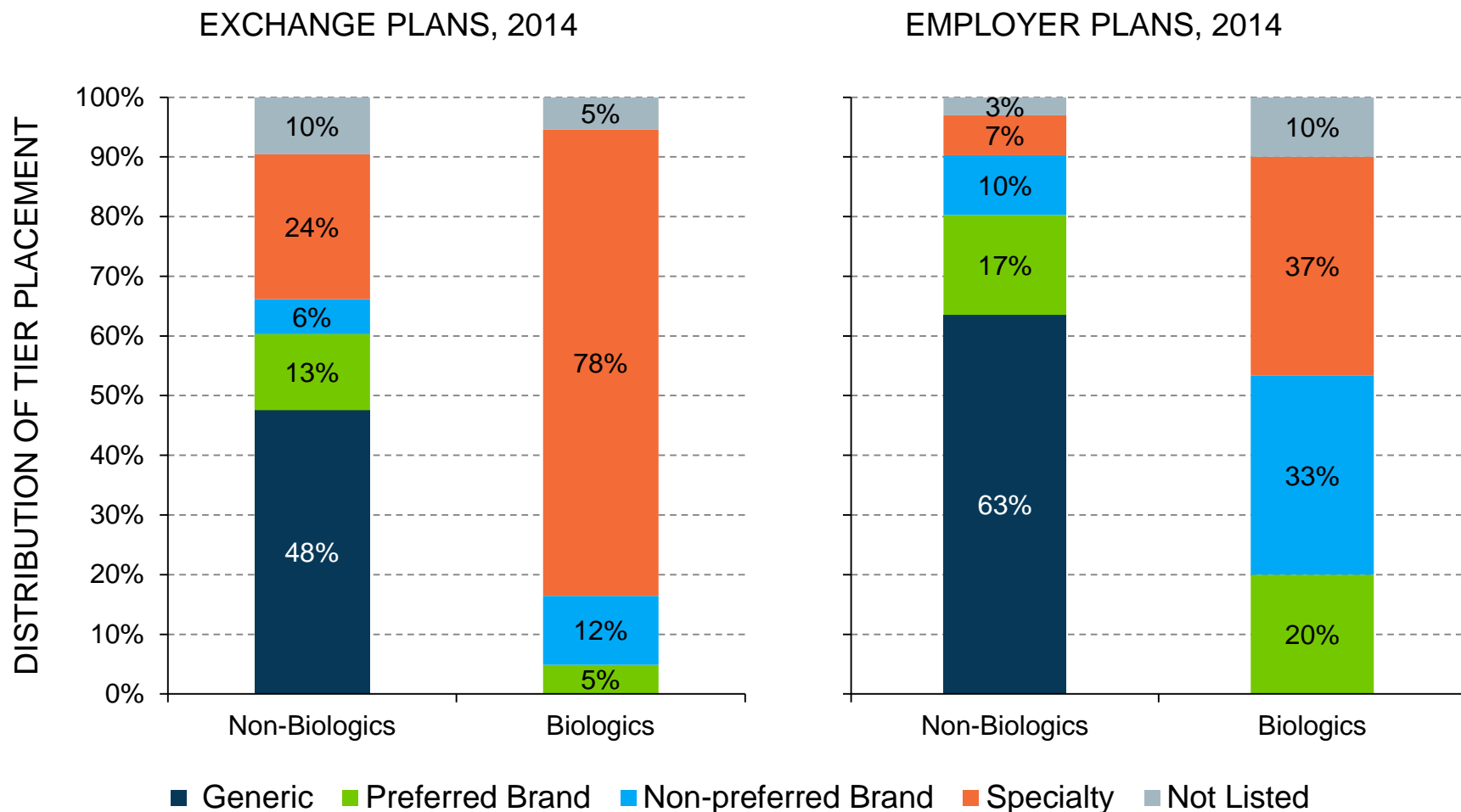
PA – Prior Authorization

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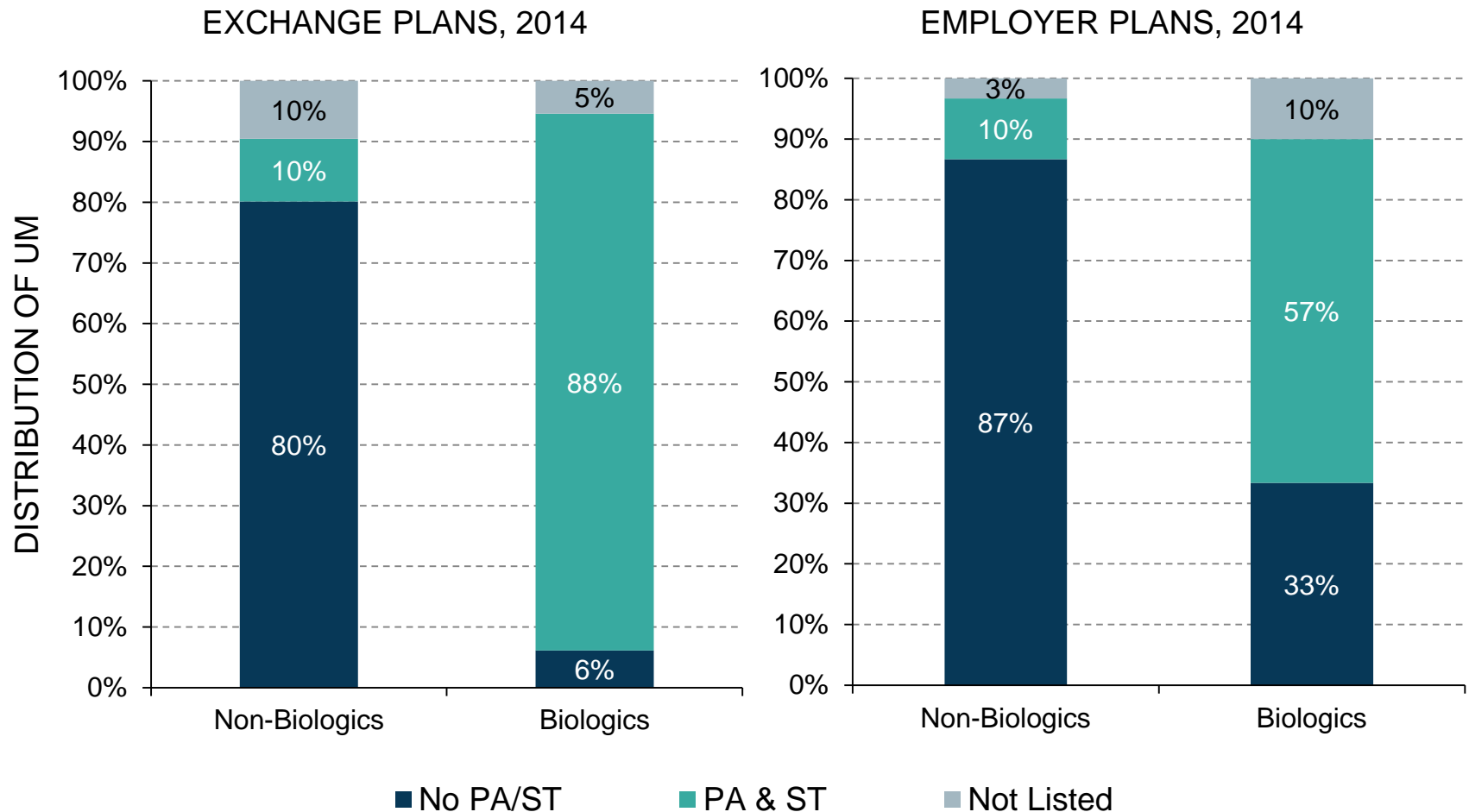


Biologic Immune Suppressants Are More Frequently Placed on Specialty Tiers in Exchange Plans than Employer Plans



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

Biologic Immune Suppressants More Frequently Subject to PA in Exchange Plans Compared to Employer Plans



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

PA – Prior Authorization

ST – Step Therapy

UM – Utilization Management

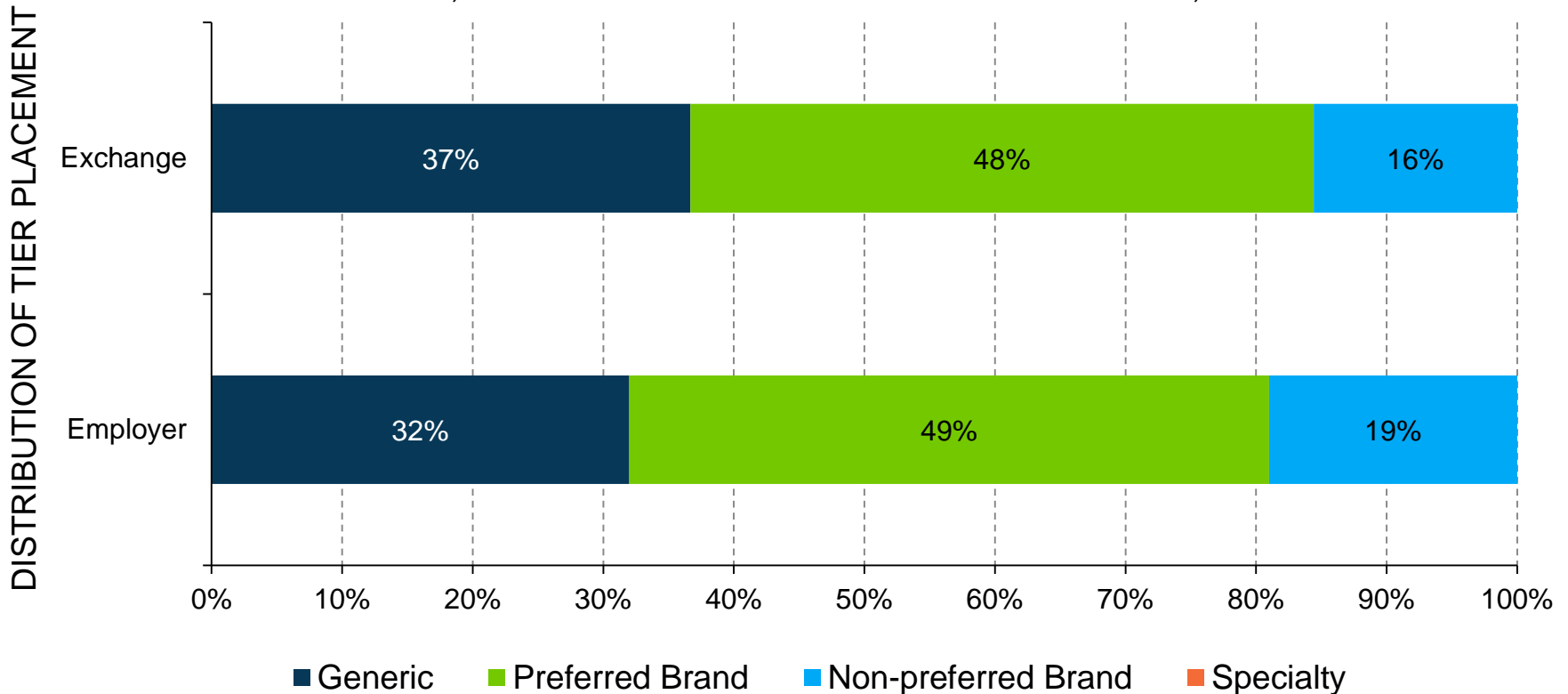


Formulary Analysis by Therapeutic Area: Asthma/COPD Summary

Chronic obstructive pulmonary disease (COPD) and asthma are chronic respiratory conditions. Reliable and affordable access to medications is particularly important for consumers who need to control and prevent exacerbations that can be life-threatening.

Majority of Asthma/COPD Medicines Appear on Preferred Brand Tier in Both Exchange and Employer Formularies

DISTRIBUTION OF TIER PLACEMENT IN EXCHANGE AND EMPLOYER PLANS, LISTED **ASTHMA/COPD**¹ CHEMICAL ENTITIES, 2014



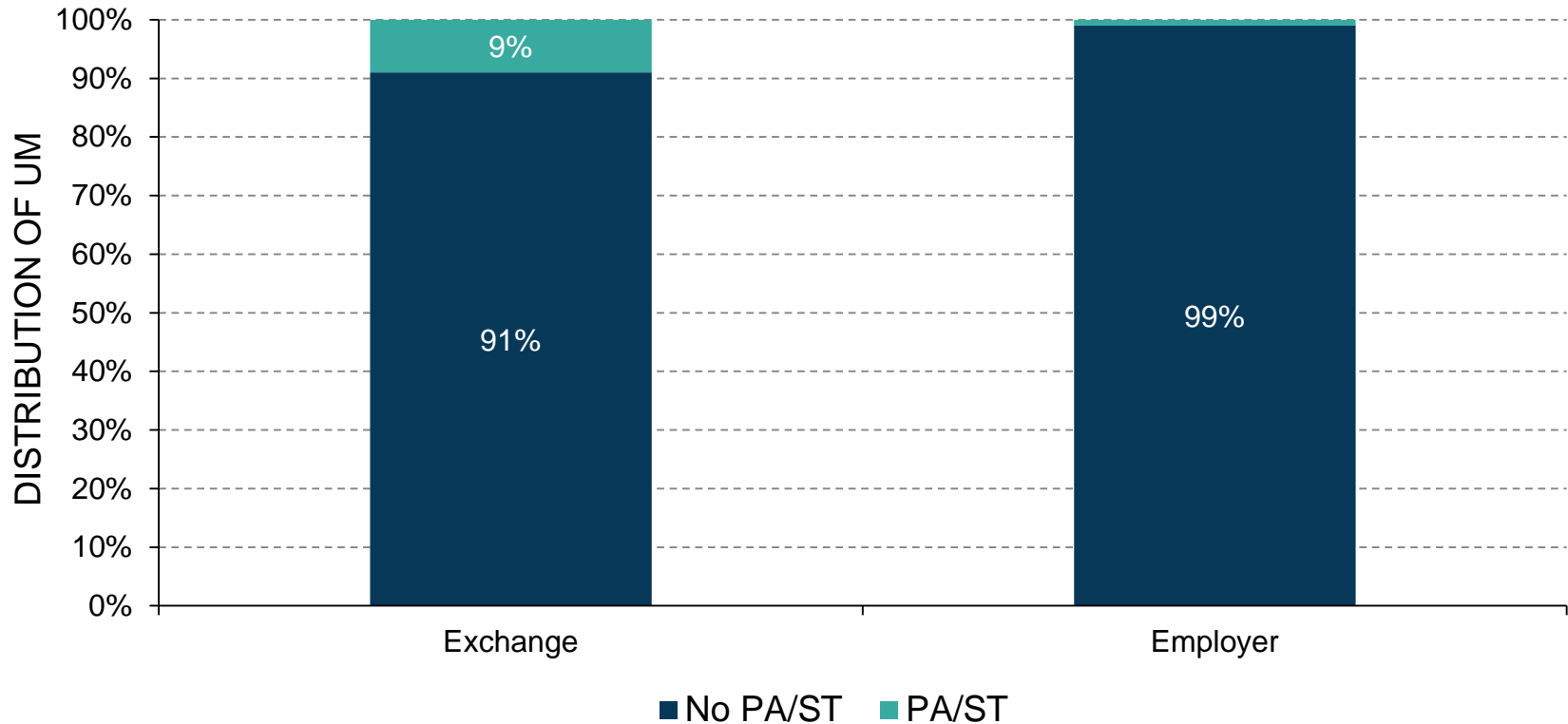
Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. B2 Agonists = Bronchodilators, Sympathomimetic; ICS = Anti-inflammatories, Inhaled Corticosteroids

COPD = Chronic Obstructive Pulmonary Disease

Access to Asthma/COPD Medicines Largely Unrestricted, UM Is More Common in Exchange Plans

DISTRIBUTION OF UM IN EXCHANGE AND EMPLOYER PLANS, LISTED
ASTHMA/COPD¹ CHEMICAL ENTITIES, 2014



Source: Avalere analyzed Covered California exchange plan coverage using Avalere Health's PlanScape®, a proprietary tool analyzing exchange plan features. Additionally, Avalere analyzed select employer plan formularies

1. B2 Agonists = Bronchodilators, Sympathomimetic; ICS = Anti-inflammatories, Inhaled Corticosteroids

COPD = Chronic Obstructive Pulmonary Disease

PA – Prior Authorization

ST – Step Therapy

UM – Utilization Management



Appendix and Glossary

Glossary

- **Formulary Tiers:** Health plans array drugs on “tiers” that link to consumer cost sharing, providing financial incentives for consumers to select lower-cost drugs.
 - **Tier \$0:** Formulary tier for drugs (typically generics) covered with no cost-sharing.¹
 - **Generic Tier:** Lowest formulary tier (Tier 1), usually with lowest cost-sharing and fewest limits on access.
 - **Preferred Brand Tier:** Tier 2, usually with higher cost-sharing and more UM than Tier 1.
 - **Non-Preferred Brand Tier:** Tier 3, usually with higher cost-sharing and more UM than Tier 2.
 - **Specialty Tier:** Highest formulary tier (4 or higher), often subject to high cost-sharing and UM.
- **Utilization Management (UM):** Procedures required by health plans or pharmacy benefit managers that govern consumer access to drugs.
 - **Prior Authorization (PA):** Requirement that a health plan or pharmacy benefit manager reviews requests for certain medicines, on an individual patient basis, before granting coverage.
 - **Step Therapy (ST):** Requirement that, before accessing a prescribed drug, patients try and “fail” on at least one alternative drug.
 - **Other UM:** Requirements such as restrictions on coverage due to patient age, limits on quantity dispensed, and dose optimization.
- **Biologic drugs:** Biologics are very large, complex molecules or mixtures of molecules manufactured in or extracted from biological sources, unlike traditional prescription pills that are synthesized from chemicals.
- **Single Tablet Regimens (STRs) for HIV/AIDS:** A combination of oral antiretroviral therapies from at least two different classes to keep the HIV virus from developing resistance.

1. ACA requires coverage of U.S. Preventive Services Task Force A & B Recommendation medications and FDA-approved prescription and over-the-counter (OTC) contraceptive methods for women at 100%, without charging a copayment, co-insurance or deductible, when prescribed by a healthcare professional and filled at a network pharmacy

U.S. Pharmacopeial Convention (USP) Drug Class Definitions

HIV/AIDS

- **Non-nucleoside Reverse Transcriptase Inhibitors:** NNRTIs are non-nucleoside analogues that inhibit reverse transcriptase, an enzyme that controls the replication of the genetic material of HIV.
- **Nucleoside and Nucleotide Reverse Transcriptase Inhibitors:** NRTIs are nucleoside analogues that inhibit the reverse transcriptase, an enzyme that controls the replication of the genetic material of HIV.
- **Protease Inhibitors:** PIs prevent viral replication by selectively binding to viral proteases (e.g., HIV-1 protease) and blocking proteolytic cleavage of protein precursors that are necessary for the production of infectious viral particles.
- **Anti-HIV Agents, Other:** A drug class that consists of antiretrovirals with different mechanism of action (e.g., fusion inhibitors, integrase inhibitors and CCR5 receptor antagonist), but based on USP classification they do not map to any of the predefined classes with the USP Model Guidelines V5 for Anti-HIV agents.

MENTAL HEALTH

- **Serotonin/Norepinephrine Reuptake Inhibitors:** Selective serotonin reuptake inhibitors (SSRIs) are a class of compounds typically used in the treatment of depression; they act as antidepressants by potentiating the serotonergic activity in the central nervous system. Serotonin–norepinephrine reuptake inhibitors (SNRIs) are an antidepressant class that potentiates the neurotransmitter activity in the central nervous system and also inhibits neuronal serotonin and norepinephrine reuptake.
- **2nd Generation/Atypical:** Atypical antipsychotics (also known as second generation antipsychotics) are a group of antipsychotic drugs that act on many receptor types including dopamine and serotonin, but they are more selective for dopamine receptors. They cause less extrapyramidal side effects compared to the older (first generation) typical antipsychotic drugs.

USP Drug Class Definitions

DIABETES

- **Antidiabetic Agents:** Oral and injectable drugs used to treat diabetes mellitus by lowering glucose levels in the blood.
- **Insulins:** Injectable treatment of diabetes by administration of exogenous insulin. These include short-acting, intermediate, and long-acting insulins.

IMMUNOLOGY

- **Immune Suppressants:** Immunosuppressive agents or antirejection medications are drugs that inhibit or prevent activity of the immune system. They are used in immunosuppressive therapy for transplant rejection, autoimmune diseases or diseases that are most likely of autoimmune origin (e.g., rheumatoid arthritis, multiple sclerosis, myasthenia gravis, systemic lupus erythematosus, sarcoidosis, focal segmental glomerulosclerosis, Crohn's disease, Behcet's disease, pemphigus, and ulcerative colitis), and other non-autoimmune inflammatory diseases (e.g., long term allergic asthma control).

ASTHMA/COPD

- **Bronchodilators, Sympathomimetic:** A beta-2 receptor agonist that reduces bronchial muscle spasm through action that mimics the sympathetic nervous system in producing smooth muscle relaxation.
- **Anti-inflammatories, Inhaled Corticosteroids:** Inhaled corticosteroids are potent anti-inflammatory agents that act locally in the lungs to inhibit the inflammatory process, which causes asthma.