# Text Description automatically generatedThe Prescriber e-Letter, April 2024, Volume 14, Issue 1

## Fluticasone HFA Update

Brand Flovent® HFA (fluticasone propionate inhalation aerosol) was discontinued December 31, 2023. MassHealth placed generic fluticasone HFA on prior authorization (PA) for members 5 years of age and older, effective March 4, 2024.

## Asmanex HFA Shortage

Fluticasone HFA, Asmanex® HFA, and Alvesco® are the inhaled corticosteroids that can be used with a spacer, which may be preferred in some pediatric patients. Asmanex® HFA remains available to members without PA.

Reports of Asmanex® HFA shortages began in January 2024. Organon, the makers of Asmanex® are regularly releasing inhalers to wholesalers, who have been allocating to pharmacies. A date for full resupply is not yet available.1

## Change in Fluticasone HFA Coverage for MassHealth Members

Due to the limited availability of Asmanex® HFA, **MassHealth will be allowing fluticasone HFA without PA for members younger than 12 years of age, effective April 10th, 2024**. Prior authorization will be required for members 12 years of age and older.

## MassHealth Inhaled Corticosteroid Coverage effective April 10th, 2024

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| **Drugs that require PA** |
| Alvesco® HFA (ciclesonide inhaler) |
| ArmonAir™ Digihaler® (fluticasone propionate) |
| Asmanex® Twisthaler® (mometasone 100 mcg) ≥ 12 years old |
| Asmanex® Twisthaler® (mometasone 220 mcg) <12 years old |
| Fluticasone propionate HFA **≥12 years old** |
| Fluticasone propionate DPI |
| Pulmicort® Respules® (budesonide suspension) ≥13 years old\* |
| QVAR® RediHaler™ (beclomethasone inhaler) |

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| **Drugs that do NOT require PA** |
| Arnuity® Ellipta® (fluticasone furoate) |
| Asmanex® HFA (mometasone furoate) |
| Asmanex® Twisthaler® (mometasone 110 mcg ) <12 years old |
| Asmanex® Twisthaler® (mometasone 220 mcg) ≥12 years old |
| Budesonide inhalation suspension <13 years old *Brand name Pulmicort*® *requires PA* |
| Fluticasone propionate HFA **<12 years old** |
| Pulmicort® Flexhaler® (budesonide powder) |

\*PA required for both brand and generic

Please see [Pharmacy Facts #221](https://www.mass.gov/doc/pharmacy-facts-221-february-22-2024-0/download) for additional clinical resources regarding inhaled corticosteroids.

References:

1. American Society of Hospital Pharmacists. *Drug Shortage Detail: Mometasone Furoate Oral Inhalers*. Accessed 4/8/24. Available from: [Drug Shortage Detail: Mometasone Furoate Oral Inhalers (ashp.org)](https://www.ashp.org/drug-shortages/current-shortages/drug-shortage-detail.aspx?id=1026&loginreturnUrl=SSOCheckOnly).

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**Legend**

**DPI** Dry powder inhaler

**HFA** Hydrofluoroalkane (propellant used in metered dose inhalers)

**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug for the pharmacy to receive payment. **Note:** PA applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.

The *Prescriber e-Letter* is an update designed to enhance the transparency and efficiency of the MassHealth   
drug prior-authorization (PA) process and the MassHealth Drug List. Each issue **highlights** key clinical   
**information and updates** to the **MassHealth Drug List**. The Prescriber E-Letter was prepared by the  
MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.