



THE PRESCRIBER e-LETTER

Changes in Pulmicort® Rebate Status Impacting MassHealth Coverage

Pulmicort Flexhaler® (budesonide) National Drug Codes (NDCs) have been discontinued by the manufacturer (H2-Pharma). A new distributor, Rubicon Holdings, who does not participate in the Medicaid Drug Rebate Program (MDRP), has issued new NDCs. These **new NDCs are not covered by MassHealth**. See 130 CMR 406.412(A)(1).

Pharmacies may have remaining stock of the discontinued NDCs associated with H2-Pharma that participate in the MDRP. MassHealth will continue to cover these NDCs until remaining supply in circulation has been depleted.

MassHealth Covered Alternative Inhaled Corticosteroids

Pharmacies and prescribers should work to transition members to therapeutically appropriate covered alternatives. MassHealth covers several inhaled corticosteroids without prior authorization (PA), including the following:

- **Arnuity Ellipta®** (fluticasone furoate inhalation powder)
- **Asmanex HFA®** (mometasone inhalation aerosol)
- **Asmanex Twisthaler®** (mometasone inhalation powder)
- Generic **fluticasone propionate HFA** for patients < 12 years of age

Please note that MassHealth management of budesonide respules is not impacted by this change and remain available without PA for members ≤13 years of age. Please see the [MassHealth Drug List Therapeutic Table 23: Respiratory Agents - Inhaled](#) for more information on coverage of inhaled corticosteroids.

To assist with transitioning members to covered alternatives, a comparative dosing chart for inhaled corticosteroids, adapted from the American Lung Association, is included below.

Table 2. Comparative Doses of Inhaled Corticosteroids Available without PA¹

Single Agent Inhaler (in alphabetical order) (active ingredient) Dosage Strength Frequency	Low Daily Dose (Total)			Medium Daily Dose (Total)			High Daily Dose (Total)		
	Child 0-4	Child 5-11	>12 & Adults	Child 0-4	Child 5-11	>12 & Adults	Child 0-4	Child 5-11	>12 & Adults
Arnuity Ellipta (fluticasone furoate DPI) 50, 100, 200 mcg Dose once daily	N/A	50 mcg	100 mcg	N/A	N/A	100 mcg	N/A	N/A	200 mcg
Asmanex HFA (mometasone furoate) 50, 100, 200 mcg Dose twice daily	N/A	N/A	200 mcg	N/A	200 mcg*	400 mcg	N/A	N/A	800 mcg
Asmanex Twisthaler (mometasone furoate DPI) 110 or 220 mcg Dose once or twice daily	N/A	110 mcg once daily	110 mcg once daily	N/A	N/A	440 mcg once daily or divided twice daily	N/A	N/A	880 mcg divided twice daily
(fluticasone propionate HFA) 44, 110, 220 mcg Dose twice daily	176 mcg*	176 mcg	176 mcg	N/A	N/A	220 mcg or 440 mcg	N/A	N/A	880 mcg or 1,760 mcg
Pulmicort Flexhaler (budesonide DPI) 90 or 180 mcg Dose twice daily	N/A	180 mcg or 360 mcg [¶]	180 mcg or 360 mcg [§]	N/A	720 mcg [¶]	720 mcg [§]	N/A	N/A	1440 mcg [§]

*Given as two puffs of 50 mcg for total 100 mcg dose

[¶]Approved for patients 6-17 years

[§]Approved for patients 18 and older

Reference:

- American Lung Association. Comparative Doses Chart. Chicago, IL: American Lung Association; 2023. Available at lung.org/getmedia/9dc08936-a7e5-4796-9e9f-c0fffc8f6e768/Comparative-Doses-Chart.pdf. Accessed December 12, 2025.

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.