

State of Vermont

Agency of Human Services

Department of Vermont Health Access

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**\*\*\*Important Medicaid Pharmacy Program Notice\*\*\*****Advair Diskus® moving to PA required**

The Department of Vermont Health Access is moving Advair Diskus® (Fluticasone Propionate and Salmeterol Inhalation Powder) to a non-preferred status on the Medicaid Preferred Drug List with PA required effective January 1, 2016. Advair HFA® (Fluticasone Propionate and Salmeterol Inhalation Aerosol) will remain preferred on the PDL. Patients currently using Advair Diskus® will have a 90 day grace period to transition to Advair HFA® or another preferred product on the PDL such as Dulera® or Symbicort®. Effective January 1, 2016, new users will require a preferred product or prescribers will need to submit a prior authorization (PA) for continued use of Advair Diskus®.

ADVAIR DISKUS is indicated for the treatment of asthma in patients aged 4 years and older. Starting dose is based on asthma severity, and the recommended administration is 1 inhalation twice daily for all strengths. ADVAIR DISKUS® 250/50 is also indicated for maintenance treatment of airflow obstruction and reducing exacerbations in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. ADVAIR DISKUS® 250/50 is the only approved dosage for the treatment of COPD because an efficacy advantage of the higher strength ADVAIR DISKUS® 500/50 over ADVAIR DISKUS® 250/50 has not been demonstrated. The recommended administration is 1 inhalation twice daily. ADVAIR DISKUS® is not indicated for the relief of acute bronchospasm.

ADVAIR HFA® is indicated for the treatment of asthma in patients aged 12 years and older. Starting dose is based on asthma severity, and the recommended administration is 2 inhalations twice daily for all strengths. ADVAIR HFA® is not indicated in COPD. ADVAIR HFA® is not indicated for the relief of acute bronchospasm.

**HOW CAN YOU ASSIST WITH THIS TRANSITION?**

We encourage you to outreach to prescribers and educate them on the change in preferred status of ADVAIR DISKUS® and discuss changing to the preferred formulation ADVAIR HFA or another preferred product such as Dulera® or Symbicort®. Current users as of 01/01/2016 will be allowed a 90 day grace period to transition to a preferred product. Please note: If the prescriber elects to change to ADVAIR HFA, it would take approximately two (2) inhalations (puffs) of the HFA to approximately equal one (1) inhalation of the Diskus. Patients may need assistance in using the HFA appropriately. Refer to the chart below for available dosage strengths.

PRODUCT NAME	FLUTICASONE PROPIONATE STRENGTH	SALMETEROL STRENGTH
ADVAIR 100/50 DISKUS	100 MCG/INHALATION	50 MCG/INHALATION
ADVAIR 250/50 DISKUS	250 MCG/INHALATION	50 MCG/INHALATION
ADVAIR 500/50 DISKUS	500 MCG/INHALATION	50 MCG/INHALATION
ADVAIR HFA 45/21	45 MCG/INHALATION	21 MCG/INHALATION
ADVAIR HFA 115/21	115 MCG/INHALATION	21 MCG/INHALATION
ADVAIR HFA 230/21	230 MCG/INHALATION	21 MCG/INHALATION

A link to instructions for use which are included in the medication guide can be found at:

[https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing\\_Information/Advair\\_HFA/pdf/ADVAIR-HFA-PI-MG.PDF#nameddest=MG](https://www.gsksource.com/pharma/content/dam/GlaxoSmithKline/US/en/Prescribing_Information/Advair_HFA/pdf/ADVAIR-HFA-PI-MG.PDF#nameddest=MG)

If you have questions related to this change in benefit coverage, please contact the Goold Health Systems local Pharmacy Help Desk at 1-844-679-5362. Thank you for your continued support of the State of Vermont's pharmacy benefits programs.

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