

State of Vermont
Department of Vermont Health Access
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****Update to Coverage of Fluticasone HFA and Asmanex HFA****

Dear Medicaid Provider,

The Department of Vermont Health Access (DVHA) has been monitoring provider and patient impact following the discontinuation of Flovent[®] Diskus (fluticasone propionate powder) and Flovent[®] HFA (fluticasone propionate inhalation aerosol), which occurred December 31, 2023.

According to The Global Strategy for Asthma Management and Prevention ([GINA 2023 report](#)), “the choice of inhaler device should be based on the child’s age and capability. The preferred device is a pressurized metered dose inhaler and spacer, with face mask for <3 years and mouthpiece for most children aged 3–5 years.”

Effective 1/12/2024, the following inhalers will be preferred alternatives without prior authorization for patients **UNDER THE AGE OF 6:**

- FLUTICASONE HFA pressurized metered dose inhaler (pMDI)
- ASMANEX[®] HFA (mometasone furoate) pressurized metered dose inhaler (pMDI)

The following inhalers are preferred alternatives available without prior authorization for **ALL AGES:**

- ARNUITY[™] ELLIPTA[®] (fluticasone furoate) dry powder for inhalation
- ASMANEX[®] TWISTHALER (mometasone furoate) dry powder for inhalation
- PULMICORT FLEXHALER[®] (budesonide) dry powder for inhalation
- QVAR REDIHALER[®] (beclomethasone dipropionate) breath-actuated inhaler

This category of drugs will be monitored and periodically adjusted if new cost-effective products become available. If you feel it is medically necessary for your patient to use a non-preferred product, prior authorization will be required.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to **PBA_VTHelpdesk@changehealthcare.com**. Thank you for your continued support of Vermont’s clinical pharmacy programs.

1. 2023 GINA report for asthma. Lancet Respir Med. 2023 Jul;11(7):589. doi: 10.1016/S2213-2600(23)00230-8