

**Fluticasone Propionate HFA for Members 12 Years of Age and Older
Effective 10/1/2024**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Fluticasone HFA is an inhaled corticosteroid indicated for the maintenance of asthma as prophylactic therapy in adult and pediatric patients aged 4 years and older. Fluticasone propionate HFA is not indicated for relief of acute bronchospasm.

Fluticasone HFA is covered for members through 11 years of age. Members 12 years of age and older require prior authorization.

Coverage Guidelines

Authorization may be granted for members new to the plan within the last 90 days who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members meeting the following criteria for diagnosis-specific indications and documentation is provided:

1. Member has a diagnosis of asthma
2. Member meets ONE of the following:
 - a. Member has had inadequate response, adverse reaction, or contraindication to BOTH of the following preferred brands:
 - i. Arnuity Ellipta
 - ii. QVAR Redihaler
 - b. Documentation confirming the member requires a metered dose inhaler used with a spacer device due to at least one of the following:
 - i. Physical dexterity
 - ii. Inspiratory flow
 - iii. Cognitive status

Continuation of Therapy

Requests for reauthorization will be approved if the member meets ALL of the following criteria:

1. Initial criteria are met
2. Member has had a positive clinical response to therapy.

Limitations

1. Initial and reauthorization requests will be approved for 12 months.

References

1. Fluticasone propionate HFA [prescribing information]. Mason, OH: Prasco Laboratories; September 2023.

Review History

08/14/2024 – Reviewed at August P&T. Effective 10/1/2024.

