

**An Important Message from  
The Texas Health and Human Services Commission (HHSC)**

**Change in Preferred Drug List Status for Generic Fluticasone HFA  
Products**

**Key Details:**

The Texas Vendor Drug Program (VDP) has removed the non-preferred status from the authorized generic (AG) fluticasone HFA and brand name QVAR Redihaler products on the Preferred Drug List (PDL). The removal is due to the discontinuation of the preferred brand-name product Flovent HFA. These changes allow providers to prescribe the authorized generic (AG) fluticasone HFA and brand-name QVAR Redihaler products without requiring a PDL prior authorization.

The following drugs were removed:

<b>National Drug Code</b>	<b>Drug Name</b>
66993007896	Fluticasone prop HFA 44 MCG
66993007996	Fluticasone prop HFA 110 MCG
66993008096	Fluticasone prop HFA 220 MCG
59310030240	QVAE Redihaler 40 MCG
59310030480	QVAE Redihaler 80 MCG

**Important:** On the January 2025 PDL, fluticasone HFA authorized generic (AG) will no longer be available without a PDL prior authorization. The board recommended the following as preferred products:

- Airduo Respiclick
- Arnuity Ellipta
- Asmanex HFA
- Advair Diskus

Other preferred products in the Glucocorticoids, Inhaled PDL drug class include the following:

- Advair Diskus
- Advair HFA
- Asmanex Twisthaler
- Budesonide respules

- Dulera
- Pulmicort Flexhaler
- Symbicort

VDP will implement the July 2024 PDL decisions on the January 2025 PDL. Refer to the [DUR Board Documents page](#) for the PDL recommendations and decisions.

### **Questions?**

Please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.