

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

**Change in Preferred Drug List Status for Glucocorticoids, Inhaled Drug  
Class Effective May 6, 2025**

**Background:**

The manufacturers of brand-name Asmanex HFA, Organon, and QVAR RediHaler, Teva Pharmaceuticals, reported product backorders due to distribution and manufacturing delays.

**Key Details:**

Due to the shortage, HHSC removed the non-preferred status of the drugs in the table below from the authorized generic (AG) fluticasone HFA products on the preferred drug list (PDL), effective May 6, 2025.

These changes allow providers to prescribe the AG fluticasone HFA products without requiring a PDL prior authorization and continue access to necessary asthma control medications for members.

MCOs should already comply with this status removal **as of May 9, 2025**.

NDC	Drug Name
66993-0078-96	FLUTICASONE PROP HFA 44 MCG
66993-0079-96	FLUTICASONE PROP HFA 110 MCG
66993-0080-96	FLUTICASONE PROP HFA 220 MCG

**Additional Information:**

MCOs should educate their network pharmacies and providers about access to asthma control medications, specifically the AG fluticasone HFA products. In addition, MCOs should work with their asthma disease management service coordinators.

**Questions?**

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