



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 1423-1
Program	Prior Authorization/Excluded Drug
Medication	Fluticasone propionate HFA
P&T Approval Date	12/2023
Effective Date	1/1/2024

1. Background:

Fluticasone propionate HFA is indicated for the maintenance treatment of asthma as prophylactic therapy in adults and pediatric patients. Guidelines recommend the use of a spacer device based on child's age and capability. The preferred device in patients < 3 years of age is a spacer with face mask and for children aged 3-5 the preferred device is a spacer with mouthpiece. In addition, spacers remain essential for some elderly patients who are unable to utilize devices correctly. Claims for patients less than 6 years of age will process automatically.

2. Coverage Criteria:

A. Authorization

1. **Fluticasone propionate HFA** will be approved based on one of the following criteria:

a. History of failure, contraindication or intolerance to **both** of the following:

- 1) Arnuity™ Ellipta®
- 2) QVAR RediHaler®

-OR-

b. Patient requires a metered dose inhaler used with a spacer device due to **one** of the following:

- 1) Physical dexterity
- 2) Inspiratory flow
- 3) Cognitive status

Authorization will be issued for 12 months

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Fluticasone HFA [package insert]. Mason, OH: Prasco Laboratories; September 2023
2. Global Strategy for Asthma Management and Prevention. Global Initiative for Asthma (GINA). 2023.

Program	Prior Authorization/Excluded Drug – Fluticasone HFA
Change Control	
Date	Change
12/2023	New program.