



To: AmeriHealth Caritas Pennsylvania (PA) Providers

Date: July 18, 2024

Re: No prior authorization required for Fluticasone HFA inhalers for members under the age of 13

Effective June 21, 2024, AmeriHealth Caritas PA formularies have aligned with the Pennsylvania Department of Human Services (DHS) Statewide Preferred Drug List (PA PDL) in updating the coverage status of **fluticasone HFA inhaler** (generic Flovent HFA). This drug is now covered without prior authorization for AmeriHealth Caritas PA members **under the age of 13**.

Please consider this additional option when caring for your pediatric asthma patients.

Coverage status for other PA PDL Preferred Agents in the “Glucocorticoids, Inhaled” single-ingredient inhaled corticosteroid (ICS) class remain unchanged at this time. Preferred agents include:

- Arnuity Ellipta
- Asmanex HFA
- Asmanex Twisthaler
- budesonide 0.25 mg/2 mL and 0.5 mg/2 mL respules
- Pulmicort Flexhaler
- QVAR Redihaler

If you have any questions regarding this change, please contact AmeriHealth Caritas PA Pharmacy Services at **1-866-610-2774**.