



**To: AmeriHealth Caritas Pennsylvania (PA) Providers**

**Date: March 6, 2025**

**Re: No prior authorization required for Fluticasone HFA inhalers for members under the age of 19**

Effective January 6, 2025, AmeriHealth Caritas PA formularies 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 19.**

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

As a reminder, inhaled glucocorticoids can be prescribed for up to a 90-day supply per fill for AmeriHealth Caritas PA members.

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