

January 2020

## Asthma controller medication

Effective October 1, 2019, Anthem Blue Cross and Blue Shield updated the formulary for asthma controller medications. The table below provides details regarding the new requirements for your patients.

Medication	Formulary status	Under age 12	Age 12 and older
<b>Inhaled corticosteroid (ICS) products</b>		<b>May prescribe without PA</b>	
Arnuity® Ellipta®	Preferred	X	X
Budesonide Respules	Preferred	X (age 0-5)	
Alvesco®	Nonpreferred		
Asmanex HFA	Nonpreferred		
Asmanex Twisthaler®	Nonpreferred	X (age 0-5)	
Flovent Diskus®	Preferred	X	X
Flovent HFA®	Preferred	X	X
Pulmicort Flexhaler®	Nonpreferred		
Pulmicort Respules®	Nonpreferred		
QVAR Redihaler	Nonpreferred		

Medication	Formulary status	Under age 12	Age 12 and older
<b>ICS/long-acting beta agonists products</b>		<b>May prescribe without PA</b>	
Breo® Ellipta®	Preferred	X	X
fluticasone-salmeterol (generic for AirDuo RespiClick®)	Preferred	X	X
Advair Diskus®	Nonpreferred		
Advair® HFA	Nonpreferred	X (age 4-11)	
Dulera®	Nonpreferred		
Symbicort®	Nonpreferred		

### [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

AINPEC-2391-19 [rdate]

**Preferred spacers for inhalers**

New name	Type	Status	Available mask	Antistatic	Latex free
Breatherite™	VHC	Preferred	Yes	Yes	Yes
LiteAire®	Spacer	Preferred	N/A		
Microspacer/Chamber	Spacer	Preferred	N/A		
OptiChamber	VHC	Preferred	Yes	Yes	Yes
Pocket Chamber	Spacer	Preferred	N/A		
Vortex®	VHC	Preferred	Yes	Yes	

Prescribing preferred products helps prevent the need for prior authorization (PA), as well as eliminates the inconvenience of denied medications for your patients.

If you determine preferred products are not clinically appropriate for a specific patient, you can do one of the following to obtain PA:

- Call our Pharmacy department and follow the voice prompts for pharmacy PA at:
  - **1-866-408-6132** for Hoosier Healthwise.
  - **1-844-533-1995** for Healthy Indiana Plan.
  - **1-844-284-1798** for Hoosier Care Connect.
- Fax the *Pharmacy PA Form* ([www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc) > Provider Support > Forms > Pharmacy) and all required information to **1-844-864-7860**.
- Submit a request using the electronic PA process at <https://covermy meds.com>.