

Provider Bulletin

October 2020

Anthem Blue Cross and Blue Shield (Anthem) Hot Tip: Asthma

Your Anthem patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization Management edits may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Anthem provider website. The *PDL* is subject to change quarterly.

Therapeutic class	Nonpreferred products	Preferred products	
Asthma — Controller	 Alvesco (ciclesonide) ArmonAir RespiClick (fluticasone propionate) Asmanex HFA (mometasone furoate) Asmanex Twisthaler¹ (mometasone furoate) Azmacort (triamcinolone) Pulmicort (budesonide) Qvar Redihaler (beclomethasone) Advair HFA² & Diskus (fluticasone/ salmeterol) AirDuo Respiclck & Digihaler (fluticasone/ salmeterol) Breo Ellipta (fluticasone/ vilanterol) Dulera (mometasone/ formoterol) Symbicort (budesonide/ formoterol) 	 Arnuity Ellipta (fluticasone furoate) Budesonide suspension nebules¹ (generic Pulmicort Respules suspension) Flovent Diskus & HFA (fluticasone propionate) Budesonide/formoterol (generic Symbicort) Fluticasone/salmeterol (generic AirDuo Respiclick) Fluticasone/salmeterol (authorized generic Advair Diskus) Wixela Inhub (fluticasone/salmeterol) 	
Asthma — Rescue	 Levalbuterol HFA & nebules (generic Xopenex) Proair HFA & Respiclick (albuterol) Proventil HFA (albuterol) Ventolin HFA (albuterol) 	 Albuterol nebules Albuterol HFA (generic Proair, Proventil and Ventolin) Combivent Respimat (ipratropium/albuterol) Ipratropium/albuterol nebules 	

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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.

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•	Xopenex HFA & nebules	
	(levalbuterol)	

- No step therapy required for children younger than 6 requesting Asmanex Twisthaler or budesonide suspension nebules.
- 2 No step therapy required for children younger than 12 requesting Advair HFA.
- * Please note, member can fill 90 day supply at retail pharmacy for controller medications.
- ** Preferred products that may be used with spacer: Advair HFA (children less than 12), Flovent HFA, Ventolin HFA

To identify patients of yours who are likely to experience claim rejection, contact your Provider Relations representative.

If you have questions regarding this *Hot Tip*, call Provider Services at one of the following numbers:

Hoosier Healthwise: 1-866-408-6132
Healthy Indiana Plan: 1-844-533-1995
Hoosier Care Connect: 1-844-284-1798

PDL:

- Hoosier Healthwise https://fm.formularynavigator.com/FBO/4/Indiana_HHW_PDL_English.pdf
- Healthy Indiana Plan https://fm.formularynavigator.com/FBO/4/Indiana Plus PDL English.pdf
- Hoosier Care Connect https://fm.formularynavigator.com/FBO/4/Indiana_HCC_PDL_English.pdf