

September 2018

Asthma controller medication

Effective August 1, 2018, Anthem Blue Cross and Blue Shield updated the formulary for asthma controller medications. The table below provides details regarding the new requirements for your members:

Medication	Formulary status	Under age 12	Age 12 and older
Inhaled corticosteroid (ICS) products		May prescribe without PA	
Arnuity® Ellipta®	Preferred		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		
Qvar HFA	Preferred only under age 12	X (age 0-11)	

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

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 Spacer	Spacer	Preferred	N/A		
Vortex[®]	VHC	Preferred	Yes	Yes	

Prescribing preferred products helps prevent the need for 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 > 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>.