

February 2018

## Quarterly pharmacy formulary change

The formulary changes listed in the table below were reviewed and approved at our fourth quarter Pharmacy and Therapeutics Committee meeting.

Effective February 15, 2018, and May 1, 2018, the changes outlined below apply to all Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) members. Please reference the footnote at the end of the table.

Effective for all members on February 15, 2018	
Drug	Revised status
<b>Flovent<sup>®</sup> HFA 110 mcg inhaler</b> <b>Flovent HFA 44 mcg inhaler</b> <b>Flovent HFA 220 mcg inhaler</b> <b>Flovent 50 mcg Diskus</b> <b>Flovent 100 mcg Diskus</b> <b>Flovent 250 mcg Diskus</b>	Preferred for members 11 years of age and younger
Effective for all members on May 1, 2018	
<b>Aerospan* 80 mcg inhaler</b>	Nonpreferred
Inhaled corticosteroid coverage	
<b>Arnuity<sup>®</sup> Ellipta<sup>®</sup></b>	Preferred
<b>Flovent HFA/Diskus</b>	Preferred for members 11 years of age and younger
<b>Budesonide for nebulization</b>	Preferred for members 5 years of age and younger
<b>QVAR<sup>®</sup> HFA</b>	Covered for members 11 years of age and younger
<b>Asmanex Twister</b>	Covered for members 5 years of age and younger
<b>QVAR<sup>®</sup> RediHaler<sup>™</sup></b> <b>Asmanex HFA</b> <b>Pulmicort flexhaler<sup>®</sup></b> <b>ArmonAir<sup>™</sup> RespiClick<sup>®</sup></b> <b>Aerospan</b>	Nonpreferred

\* Currently being removed from the market.

Please review these changes and work with your Anthem members to transition them to formulary alternatives. If you determine preferred formulary alternatives are not clinically appropriate for specific members, you will need to obtain prior authorization to continue coverage beyond the applicable effective date.

We recognize the unique aspects of patients' cases. If, for medical reasons, your Anthem member cannot be converted to a formulary alternative, call the Pharmacy department at **1-844-396-2330** and follow the voice prompts for pharmacy prior authorization. You can find the *Preferred Drug List* on our provider website at <https://mediproviders.anthem.com/nv>.

If you need assistance with any other item, contact your local Provider Relations representative or call Provider Services at **1-844-396-2330**.

<https://mediproviders.anthem.com/nv>