

Anthem Blue Cross Blue Shield Healthcare Solutions (Anthem) Hot Tip: Allergies

Your Anthem patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy 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
Oral Antihistamines ¹	<ul style="list-style-type: none"> • Cetirizine (generic Zyrtec) • Cetirizine/pseudoephedrine (generic Zyrtec D) • Zyrtec (cetirizine) • Zyrtec D (cetirizine/pseudoephedrine) • Clarinex (desloratadine) • Desloratadine (generic Clarinex) • Allegra (fexofenadine) • Allegra D (fexofenadine/pseudoephedrine) • Levocetirizine (generic Xyzal) • Xyzal (levocetirizine) • Claritin (loratadine) • Claritin D (loratadine/pseudoephedrine) 	<ul style="list-style-type: none"> • Fexofenadine (generic Allegra) • Fexofenadine/ pseudoephedrine (generic Allegra-D) • Loratadine (generic Claritin) • Loratadine/pseudoepherine (generic Claritin D)
Nasal Steroids ²	<ul style="list-style-type: none"> • Flonase Sensimist (fluticasone furoate) • Flonase (fluticasone propionate) • Rx fluticasone propionate (generic Rx Flonase) • Mometasone furoate (generic Nasonex) • Nasacort (triamcinolone acetonide) • Nasonex (mometasone furoate) • Omnaris nasal spray (ciclesonide) • Qnasl (beclomethasone dipropionate) • Rx triamcinolone acetonide (generic Rx Nasacort) • Xhance (fluticasone propionate) 	<ul style="list-style-type: none"> • OTC budesonide nasal spray (generic Rhinocort) • OTC Rhinocort Allergy (budesonide) • OTC fluticasone propionate (generic Flonase) • OTC triamcinolone acetonide (generic Nasacort)

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

Therapeutic class	Nonpreferred products	Preferred products
	<ul style="list-style-type: none"> • Zetonna (ciclesonide) 	
Ophthalmic Anti-allergy ³	<ul style="list-style-type: none"> • Alocril 2% (nedocromil sodium) • Alomide 0.1% (Iodoxamide tromethamine) • Bepreve 1.5% (bepotastine besilate) • Elestat 0.05% (epinastine) • Emadine 0.05% (emadastine difumarate) • Lastacaft (alcaftadine) • Olopatadine eye drops (generic Patanol & Pataday) • Pataday 0.2% (olopatadine) • Patanol 0.1% (olopatadine) • Pazeo 0.7% (olopatadine) • Zaditor 0.025% (ketotifen) 	<ul style="list-style-type: none"> • Azelastine 0.05% • Cromolyn 4% • Epinastine 0.05% (generic Elestat) • OTC Ketotifen 0.025%⁴ (generic Zaditor)
<p>1 Approval of a non-preferred non-sedating antihistamine requires trial and failure of both a fexofenadine and loratadine-containing product.</p> <p>2 Approval of a non-preferred nasal corticosteroid requires trial and failure of two preferred agents. Some exceptions apply. Please reference the online searchable formulary for full policy details.</p> <p>3 Approval of a non-preferred agent requires trial and failure of all preferred ophthalmic anti-allergy agents. Some exceptions apply. Please reference the online searchable formulary for full policy details.</p> <p>4 Ketotifen is only available as an OTC agent. Examples of product names include Alaway, Allergy Eye, Eye Itch Relief, Itchy Eye.</p>		

If you have questions regarding this *Hot Tip*, call Provider Services at **1-844-396-2330** or email your Provider Relations representative at nvproviderrelations@anthem.com.

PDL: <https://mediproviders.anthem.com/nv/pages/formulary.aspx>