

## Updated Formulary: Asthma controller medication

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

### Inhaled corticosteroid (ICS) products

Medication	Formulary status	May prescribe without Prior Authorization	
		Under age 12	Age 12 and older
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)	

### ICS/long-acting beta agonists products

Medication	Formulary status	May prescribe without Prior Authorization	
		Under age 12	Age 12 and older
Breo® Ellipta®	Preferred		X
fluticasone-salmeterol	Preferred		X

(generic for AirDuo RespiClick®)			
Advair Diskus®	Nonpreferred	X (age 4-11)	
Advair® HFA	Nonpreferred		
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](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>

URL: <https://providernews.anthem.com/indiana/article/updated-formulary-asthma-controller-medication>

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