



Provider Update

Date: 12/14/16

Notice of Changes to Prior Authorization and/or Step Therapy Requirements:

Effective January 1st, 2017 AultCare and Aultra will now require prior authorization for the following medications.

Cuvitru	Exondys 51
Kineret	Lartruvo
Lemtrada	Ocaliva
Nuplazid	Taytulla
Yervoy	Zinplava

These medications are being added to our prior authorization list to promote quality, safety and proper use. We base the criteria on U.S. Food and Drug Administration and manufacturer guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. The medical criteria's have been approved by the Pharmacy and Therapeutics Committee.

For more details on the Prior Authorization Program and to request an approval:

- AultCare members: visit AultCare.com under the Providers Home Page. Select Pharmacy Prior Authorizations and you will be directed to AultCare's list of prior authorization medications.
- Aultra members: visit Aultragroup.com under the Providers Home Page. Select Prior authorization Forms for a list of prior authorization medications.

The following drugs will be added to AultCare and Aultra's step therapy program as of January 1st, 2017.

Drug Classification – Step Therapy Program	Plan-Preferred First Line Medications	Second Line
<u>Steroids, Topical Agents-Medium Potency</u>	Betameth dip lotion 0.05% Betameth val cream 0.1% Fluticasone cream 0.05% Fluticasone ointment 0.005% Mometasone cream 0.1% Mometasone ointment 0.1% Mometasone lotion 0.1% Triamcinolone cream 0.1% Triamcinolone ointment 0.1% Triamcinolone lotion 0.1% Triamcinolone cream 0.25% Triamcinolone ointment 0.25% Triamcinolone lotion 0.25%	Trianex ointment 0.05%
<u>Gout Agents</u>	Allopurinol	Uloric Zurampic
<u>Analeptics</u>	Modafanil	Armodafanil Nuvigil



These updates promote the use of clinically effective alternative drugs to help manage member's costs and quality of care.

Step Therapy requires members to have tried a Plan-Preferred First Line Medication from the same therapeutic class as the Second Line medication. If the member's prescription history does not indicate that a first line medication was tried, the second line medication will not be covered. Please note that the second line medication will be covered at the appropriate benefit level once a first line medication has been tried and found to be ineffective.

For more details on the step therapy program, visit AultCare.com and select Pharmacy under Find It Fast. AultCare's step therapy program is listed under Items of Interest.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 or Aultra Service Center at 330-363-2050 or 1-855-270-8497 if you have any questions.