

# Provider Update

Date: 9/21/17

**Notice of Changes to AultCare and Aultra’s Prior Authorization and/or Step Therapy Requirements:**

Effective October 25, 2017 AultCare and Aultra will now require prior authorization for the following medications.

|                 |                |
|-----------------|----------------|
| Bevyxxa         | Nerlynx        |
| Cotempla XR ODT | Rituxan Hycela |
| Haegarda        | Tremfya        |
| Idhifa          | Triptodur      |
| Mavyret         | Vosevi         |
| Mydayis         |                |

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](http://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](http://Aultragroup.com) under the Providers Home Page. Select Prior authorization Forms for a list of prior authorization medications.

Effective: October 25, 2017 the following drugs will be added to the AultCare and Aultra’s step therapy program:

| Drug Classification – Step Therapy Program<br>Second Line Medications: | Plan-Preferred First Line Medications: | Criteria:   |
|--|--|---|
| <u>Agents for Opiate Detoxification</u><br>Evzio                       | Naltrexone                             | Must have tried a medication in the 2nd column within the last 365 days |
| <u>Antihyperlipidemic Products</u><br>Flolipid                         | Zocor tabs (Simvastatin tabs)          | Must have tried a medication in the 2nd column within the last 365 days |
| <u>Diuretics</u><br>Carospir   | Aldactone (Spironolactone tabs)        | Must have tried a medication in the 2nd column within the last 365 days |
| <u>Neuralgia Agents</u><br>Horizant, Lyrica                            | Neurontin (Gabapentin capsules)        | Must have tried a medication in the 2nd column within the last 365 days |
| <u>Gout Agents</u><br>Duzallo, Uloric, Zurampic                        | Allopurinol                            | Must have tried a medication in the 2nd column within the last 365 days |

|   |                                 |   |
|---|---------------------------------|---|
| <u><b>Chronic Constipation Agents</b></u><br>Trulance | Amitiza<br>Linzess              | Must have tried a medication in the 2nd column within the last 365 days |
| <u><b>Incretin Mimetic</b></u><br>Victoza             | Byetta<br>Bydureon<br>Trulicity | Must have tried a medication in the 2nd column within the last 365 days |

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](http://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.