

Provider Update

Date: 3/15/18

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

Effective April 19th 2018 AultCare and Aultra will now require prior authorization for the following medications.

Balcoltra	Ogrivri
Erleada	Paroxetine Mesylate 7.5mg
Imfinzi	Sinuva
Lutathera	Strensiq
Luxturna	Symdeko
Lyrica CR	Zilretta
Mepsevii	

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 Pharmacy and Therapeutics Committee have approved the medical criteria’s.

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.

Effective: April 19th 2018 the following drugs will be added to the AultCare and Aultra’s Commercial step therapy program:

Drug Classification – Step Therapy Program Second Line Medications:	Plan-Preferred First Line Medications:	Criteria:
<u>Antiglaucoma</u> Rhopressa drops	Timoptic (Timolol Maleate -ophth soln and gel forming soln)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antibiotic, Topical Agents</u> Xepi Cream	Mupirocin 2% Ointment	Must have tried a medication in the 2 nd column within the last 365 days

<u>Angiotensin II Receptor Blockers</u> Prexxartan	Atacand (Candesartan) Avapro (Irbesartan) Benicar (Olmesartan) Cozaar (Losartan) Diovan (Valsartan) Micardis (Telmisartan) Tevetan (Eprosartan)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Steroids, Topical Agents - Medium Potency</u> Nolix	Betameth dip lotion 0.05%, Betameth val cream 0.1%, Fluticasone 0.05% cream and 0.005% ointment, Mometasone 0.1% cr /oint/lotion, Triamcinolone 0.1% cr/oint/lot, Triamcinolone 0.25% cr/oint/lot	Must have tried a medication in the 2 nd column within the last 365 days
<u>Steroids, Topical Agents – High Potency</u> Impoyz	Augmented betameth dip 0.05% cream, Betamethasone val 0.1% oint, Fluocinonide 0.05% gel/cr/oint, Triamcinolone 0.5% cr/oint	Must have tried a medication in the 2 nd column within the last 365 days
<u>Insulin</u> Admelog	Humalog	The use of Apidra and Novolog require clinical team approval. Criteria will require failure in the last 30 days, unless found medically necessary.
<u>Antiparkinsons</u> Gocovri, Osmolex ER	Symmetrel (Amantadine)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Nonsteroidal Anti-Inflammatory Agents</u> Profeno	Cataflam (Diclofenac Pot.) Clinoril (Sulindac) Indocin (Indomethacin) Mobic (Meloxicam) Motrin (Ibuprofen) Naprosyn (Naproxen) Ocufen (Flurbiprofen) Orudis (Ketoprofen 50mg 75mg) Relafen (Nabumetone) Voltaren (Diclofenac Sod.)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Bacterial Agents, oral</u> Ximino caps	Doxycycline Monohydrate 50mg and 100mg capsules, Minocycline 50mg and 100mg capsules, Doxycycline Hyclate 50mg and 100mg capsules, Doxycycline Hyclate 100mg tablets	Must have tried a medication in the 2 nd 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 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.