

# Provider Drug Prior Authorization Guide

REVISED 12/29/2011

## Background

AultCAS now has the ability for providers to view drugs requiring prior authorizations and download the PA (Prior Authorization) forms online.

For certain prescription drugs, AultCare has additional requirements for coverage. These requirements ensure that the drug prescribed is clinically appropriate for the plan member and also helps us manage drug plan costs. A team of physicians and pharmacists developed these requirements for our plan to help us provide quality coverage to our members.

The requirements for coverage on certain drugs are listed as follows:

**Prior Authorization:** We require you to get a prior authorization (prior approval) for certain drugs. This means that authorized prescribers will need to get approval from us before you fill your prescription. If they don't get approval, we may not cover the drug.

**Step Therapy:** In some cases, we require you to try one drug first before we will cover another drug for that medical condition. For example, if drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

You can find out if the drug you take is subject to these additional requirements by looking on our web site or by calling customer service. If your drug is subject to one of these additional restrictions your physician must print and complete the corresponding enrollment form for the drug he/she is prescribing and fax it to AultCare at 330-363-3284. Coverage decisions are made on a case-by-case basis considering the individual member's health care needs.

Thank you,

AultCAS Web Team

[AultConnect@AultCare.com](mailto:AultConnect@AultCare.com)

## Prior Authorizations

- 1.) Navigate your browser to our AultCAS log in page (**you must have an active account to view the prior authorizations – click here on how to get one**):  
<https://www.aultcas.com/aultcare/login.aspx>
- 2.) Enter your username and password, then click the “Account Login” button



### AultCAS Login

A screenshot of the AultCAS login form. It features a title "Login to your account", two input fields for "Username" and "Password", and a blue button labeled "ACCOUNT LOGIN". Below the button are links for "Forgot your password?" and "Register for new account". A red arrow points from a red circle containing the number '2' to the "ACCOUNT LOGIN" button.

#### Why enroll

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#### Important Notice

- ▣ Your password is case sensitive
- ▣ Multiple invalid tries will result in a lock on your account
- ▣ If your account is locked, please contact us

3.) The resulting page will be your provider landing page

4.) Click on the “**Prior Authorizations**”

Provider Directory | AultCare Group | Individual Coverage Search Site  Search GO

**AULTCARE**  
HEALTH PLANS

Caring Professionals · Caring Providers · Caring People · Caring About Your Health

Provider Home About Us Eprocates Tools Forms HCC Training Help Pharmacy Center Policies & Disclaimers Provider Guide

Welcome Account Eligibility Claims Forms House Bill 1

Main Page

Welcome, provTest1 (Sign Out)

Account Holder: First Name Last Name  
Account Type: Provider  
Last Login: 12/28/2011

Change Account Password  
View Eligibility Information  
View Claims Information  
Update Account Information  
Request Change of Address  
Request a member card replacement

Join us on Facebook  
Follow us on Twitter

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## My Dashboard

Your dashboard is the summary of your account with us. You can view the details of each section by visiting their relevant pages.

**Welcome!**  
Thank you for using our website. As you know we have redesigned our website and have changed some processes a bit; we are aware that you may have questions. Please use our [support area](#) (Ault-Support) to find helpful information or to contact us with questions and comments.

**E-VERIFY**  
Use this form to validate temporary printed cards or cell phone member cards.  
Authentication # on card:   
Member ID# on card:  Go  
We do not want our members to avoid physician visits if they have misplaced their cards. We now allow them to print temporary cards while their regular card is on its way.

**QUICK ELIGIBILITY INQUIRY**  
Use this form to perform quick search on eligibility data.  
Member ID:  Go  
Your eligibility search may be limited to the records you have access authorization to. If you have questions regarding this information, please contact the AultCare service center.

**Last 30 day claims activity**  
No claims activity found for last 30 days

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**IMPORTANT FORMS**

- Prior Authorizations
- Continuation of Coverage
- Application for Benefits
- Authorization Form

**TOOLS AND INFORMATION**

- Find a Provider
- Member Guides
- Formulary
- Frequently Asked Questions

**GOOD READING**

- 'Health Talks' Calendar
- Smoking Cessation
- Health Assessment Tools

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--Network Websites--

- 5.) The resulting page will contain the prior authorizations
- 6.) Click on the associated enrollment form located beneath the drug name
- 7.) Follow the remaining browser instructions to open the file
- 8.) Follow the instructions at the top of the page

**AULTCARE**

PRIOR AUTHORIZATIONS

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**Prior Authorization Guidelines**

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<p>****General Injectables****</p> <p>used for misc. injectables prior authorizations</p> <p>****Step Therapy/Gender Edit/Prior Authorization****</p> <p>used for step therapy, gender edits or misc. prior authorizations</p> <p><b>Actemra</b></p> <p>Actemra</p> <p><b>Adderall/Adderall XR</b></p> <p>ADHD</p> <p><b>Advate</b></p> <p>Factor Products</p> <p><b>Alphanate</b></p> <p>Factor Products</p> <p><b>Alphanine SD</b></p> <p>Factor Products</p> <p><b>Amevive (Alefcept)</b></p> <p>Psoriasis Therapy</p> <p><b>Amicar</b></p> <p>Factor Products</p> <p><b>Ampyra</b></p> <p>Ampyra</p> <p><b>Aralast NP</b></p> <p>Alpha - 1 proteinase inhibitor</p> <p><b>Aranesp (Darbepoetin Alfa)</b></p>	<p><b>Luveris</b></p> <p>Infertility Medications</p> <p><b>Magnacet</b></p> <p>Magnacet</p> <p><b>Makena</b></p> <p>Makena</p> <p><b>Menopur</b></p> <p>Infertility Medications</p> <p><b>Metadate CD/Metadate ER</b></p> <p>ADHD</p> <p><b>Methylin</b></p> <p>ADHD</p> <p><b>Monarc-M</b></p> <p>Factor Products</p> <p><b>Monoclate-P</b></p> <p>Factor Products</p> <p><b>Mononine</b></p> <p>Factor Products</p> <p><b>Muse</b></p> <p>Alprostadil</p> <p><b>Myobloc</b></p> <p>Botulinum Toxin Type A &amp; B</p> <p><b>Neulasta (Pegfilgrastim)</b></p>
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Do you want to open or save **Magnacet Enrollment Form.docx** (689 KB) from 192.168.34.41?

Open Save Cancel x

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