2019 STEP THERAPY CRITERIA
UCare Complete (HMO-POS)
UCare Classic (HMO-POS)
UCare Total (HMO-POS)
UCare Essentials Rx (HMO-POS)
UCare Standard (HMO-POS)
UCare Prime (HMO POS)
Care Core with Fairview & North Memorial (HMO-POS)
Care Advantage with Fairview & North Memorial (HMO-POS)

In some cases, UCare Medicare Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Medicare Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Plans will then cover Drug B. This is a list of drugs that require these steps for us to provide coverage.

UCare Minnesota is an HMO-POS plan with a Medicare contract. Enrollment in UCare Minnesota depends on contract renewal. UCare Health, Inc. is an HMO-POS plan with a Medicare contract. Enrollment in UCare Health depends on contract renewal.

Updated 1/2019
Effective 2/1/2019

H8783_Y0120_2459_102618_1_C
U4510 (10/18)
Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the number on the back of your membership card or 612-676-3200 or toll free at 1-800-203-7225 (voice), 612-676-6810 or toll free at 1-800-688-2534 (TTY).

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call 612-676-3200 or toll free at 1-800-203-7225 (voice); 612-676-6810 or toll free at 1-800-688-2534 (TTY). You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address
UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Email: cag@ucare.org
Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajajilaa gargaarsa afaanii, kanfaltiidihaan ala, ni argama. Bilbilaal 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 （TTY: 612-676-6810/1-800-688-2534）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

หมายเหตุ: ถ้าคุณพูดภาษาไทย มีบริการช่วยเหลือภาษาฟรีให้คุณ ติดต่อ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).


Achtung! Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).
## COLCHICINE-PST

### Products Affected
- COLCRYS 0.6 MG TABLET

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the patient has tried one Step 1 product, authorization for a Step 2 product may be given. Exceptions can be made for a step 2 drug (without a trial of a step 1 drug) for the treatment of Familial Mediterranean Fever and for the treatment of gout flares (i.e, prophylaxis of gout flares requires a trial of a step 1 drug).</td>
<td></td>
</tr>
<tr>
<td>Step 1 drugs include: colchicine tablet and Mitigare capsule</td>
<td></td>
</tr>
</tbody>
</table>
**high risk medications - sedative hypnotics**

<table>
<thead>
<tr>
<th>Products Affected</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• eszopiclone 1 mg tablet</td>
<td></td>
</tr>
<tr>
<td>• eszopiclone 2 mg tablet</td>
<td></td>
</tr>
<tr>
<td>• eszopiclone 3 mg tablet</td>
<td></td>
</tr>
<tr>
<td>• zaleplon 10 mg capsule</td>
<td></td>
</tr>
<tr>
<td>• zaleplon 5 mg capsule</td>
<td></td>
</tr>
<tr>
<td>• zolpidem 10 mg tablet</td>
<td></td>
</tr>
<tr>
<td>• zolpidem 5 mg tablet</td>
<td></td>
</tr>
<tr>
<td>• zolpidem er 12.5 mg tablet, extended release, multiphase</td>
<td></td>
</tr>
<tr>
<td>• zolpidem er 6.25 mg tablet, extended release, multiphase</td>
<td></td>
</tr>
</tbody>
</table>

**Criteria**

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. This step therapy program applies to patients greater than 64 years of age only. Authorization for a step 2 drug may be given in patients aged less than 65 years.

Step 1 drugs include: Rozerem tablet and trazodone tablet.
# Inhaled Long Acting Anticholinergics

**Products Affected**

- LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION

## Details

| Criteria | If the patient has tried at least one Step 1 drug, then authorization for a Step 2 drug may be given. Step 1: Spiriva Handihaler, Spiriva Respimat, or Incruse Ellipta Step 2: Lonhala Magnair |
# ULORIC

**Products Affected**
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

**Details**

| Criteria | If the patient has tried a Step 1 drug then authorization for a Step 2 drug may be given. Authorization may be given for Uloric if the patient has renal insufficiency or decreased renal function. Authorization may be given for Uloric if the patient is receiving concomitant medications that have significant drug-drug interactions with allopurinol, which are not noted with Uloric (eg, cyclosporine, chlorpropamide).

Step 1 drugs include: allopurinol tablet. |
Index
CLOCRRYS 0.6 MG TABLET..........................1
eszopiclone 1 mg tablet..............................2
eszopiclone 2 mg tablet..............................2
eszopiclone 3 mg tablet..............................2
LONHALA MAGNAIR STARTER 25 MCG/ML SOLUTION FOR NEBULIZATION.............................................3
ULORIC 40 MG TABLET...............................4
ULORIC 80 MG TABLET...............................4
zaleplon 10 mg capsule..............................2
zaleplon 5 mg capsule..............................2
zolpidem 10 mg tablet..............................2
zolpidem 5 mg tablet..............................2
zolpidem er 12.5 mg tablet,extended release,multiphase..............................2
zolpidem er 6.25 mg tablet,extended release,multiphase..............................2