2019 STEP THERAPY CRITERIA
UCare Connect + Medicare (SNBC) (HMO SNP)
UCare’s Minnesota Senior Health Options (MSHO) (HMO SNP)

In some cases, UCare’s MSHO and UCare Connect + Medicare require 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 may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare will then cover Drug B. This is a list of drugs that require these steps for us to provide coverage.

UCare’s MSHO and UCare Connect + Medicare (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare’s MSHO and UCare Connect + Medicare depends on contract renewal.

Last Updated 09/2018
Effective 01/2019

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H2456_102617_2 DHS/CMS Accepted (11102017)
U5247 (10/18)
Attention. If you need free help interpreting this document, call the above number.

蚂uelve: ข็ดสูญ นาม บุญ ส่วน ผู้ทุกข์ อุทกภัย หัวเรือน ข้าม ผู้ทุกข์ ฝ่าย ผู้ทุกข์

ما أذن لحاظة: إرتاد مساعدة مجانى لترجمة هى الوثيقة، ال على الرقم أعلاه.

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

アルバドリ합니다. ここでのことについてお困りの皆様、お問い合わせください。

알리드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

โปรดทราบ, คุณผู้ทุกข์ท่านอยู่ทุกข์ท่านอยู่ทุกข์ที่เที่ยวท่านเที่ยวที่เที่ยวที่เที่ยว.

Hubachiisa. Dokumenttiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kennname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Dignin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.
Civil Rights Notice

Discrimination is against the law. UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services. UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Language Assistance Services. UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. Contact UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

Civil Rights Complaints
You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services’ Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Complaint Portal – [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

**Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race  
- color  
- national origin  
- religion  
- creed  
- sex  
- sexual orientation  
- marital status  
- public assistance status  
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (Fax)  
Info.MDHR@state.mn.us (Email)

**Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race  
- color  
- national origin  
- creed  
- religion  
- sexual orientation  
- public assistance status  
- age  
- disability (including physical or mental impairment)  
- sex (including sex stereotypes and gender identity)  
- marital status  
- political beliefs  
- medical condition  
- health status  
- receipt of health care services  
- claims experience  
- medical history  
- genetic information
American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics.

We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact DHS directly to file a discrimination complaint:
Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

UCare Complaint Notice

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

UCare
Attn: Appeals and Grievances
PO Box 52
Minneapolis, MN 55440-0052
Toll free: 1-800-203-7225
TTY: 1-800-688-2534
Fax: 612-884-2021
Email: cag@ucare.org

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.
COLCHICINE-PST

Products Affected

• COLCRYS 0.6 MG TABLET

Details

| Criteria | 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).

Step 1 drugs include: colchicine tablet and Mitigare capsule |
# high risk medications - sedative hypnotics

## Products Affected

- eszopiclone 1 mg tablet
- eszopiclone 2 mg tablet
- eszopiclone 3 mg tablet
- zaleplon 10 mg capsule
- zaleplon 5 mg capsule
- zolpidem 10 mg tablet
- zolpidem 5 mg tablet
- zolpidem er 12.5 mg tablet, extended release, multiphase
- zolpidem er 6.25 mg tablet, extended release, multiphase

## Details

### Criteria

<table>
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<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Step 1 drugs include: Rozerem tablet and trazodone tablet.</td>
</tr>
<tr>
<td>Products Affected</td>
<td>Details</td>
</tr>
<tr>
<td>------------------</td>
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</tr>
<tr>
<td>ULORIC 40 MG TABLET</td>
<td>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 (e.g., cyclosporine, chlorpropamide). Step 1 drugs include: allopurinol tablet.</td>
</tr>
<tr>
<td>ULORIC 80 MG TABLET</td>
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