



UCARE'S MINNESOTA SENIOR HEALTH OPTIONS (MSHO) (HMO SNP) 2012 STEP THERAPY CRITERIA

In some cases, UCare's MSHO 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's MSHO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare's MSHO will then cover Drug B.

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UCare's MSHO is a coordinated care plan with a Medicare Advantage contract and a contract with the Minnesota Medicaid program.

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U4510C (10/11)

ANTIDEPRESSANTS

Affected Drugs

CYMBALTA®

PRISTIQ®

VIIBRYD®

Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): bupropion sr, bupropion xl, bupropion, bupropion sr, citalopram, fluoxetine, fluoxetine dr, fluvoxamine, mirtazapine, nefazodone, paroxetine, paroxetine cr, selfemra, sertraline, venlafaxine, venlafaxine er (tablet).

Step 2 Drug(s): Cymbalta, Pristiq, Viibryd

Authorization may be given for Cymbalta or Pristiq, without a trial of a step 1 agent, if the patient is a child or adolescent aged 18 years or less, or the patient has symptoms of suicidal ideation.

Authorization may be given for Cymbalta, without a trial of a step 1 agent, if the patient (men or women) has symptoms of stress urinary incontinence.

Authorization may be given for Cymbalta without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia.

Authorization may be given for Cymbalta, without a trial of a step 1 agent, if the patient has symptoms of chronic musculoskeletal pain (eg, chronic low back pain or chronic pain due to osteoarthritis).

Number of days for claims review for first line drugs: 180 days.

This step therapy program applies to new utilizers only.

ARB/TEKTURNA

Affected Drugs

DIOVAN®

DIOVAN HCT®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): losartan, losartan-hctz.

Step 2 Drug(s): Diovan, Diovan HCT.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

BISPHOSPHONATES

Affected Drugs

BONIVA®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): alendronate.

Step 2 Drug(s): Boniva.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

BPH DRUGS

Affected Drugs

AVODART®

JALYN®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): finasteride.

Step 2 Drug(s): Avodart, Jalyn.

Authorization may be given for a step 2 drug if the patient has previously tried finasteride (brand or generic).

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

COX-2

Affected Drugs

CELEBREX®

Step Therapy Criteria

If the patient has tried two Step 1 drugs, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): diclofenac, etodolac, etodolac er, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, naproxen ec, naproxen sodium, oxaprozin, piroxicam, sulindac, tolmetin.

Step 2 Drug(s): Celebrex.

This step therapy program will exclude participants with a claims history of warfarin (Coumadin) within the last 120 days.

Number of days for claims review for first line drugs: 180 days.

This step therapy program applies to new utilizers only.

DIABETIC MEDS

Affected Drugs

ACTOPLUS MET®

ACTOS®

JANUMET®

JANUVIA®

KOMBIGLYZE XR®

ONGLYZA®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): metformin, metformin er, glipizide-metformin, glyburide-metformin.

Step 2 Drug(s): Actos, Actoplus Met, Januvia, Janumet, Kombiglyze SR, Onglyza.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

HMGS

Affected Drugs

CRESTOR®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): lovastatin, pravastatin, simvastatin.

Step 2 Drug(s): Crestor.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

LYRICA

Affected Drugs

LYRICA®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): gabapentin.

Step 2 Drug(s): Lyrica.

Members with a history of the following drugs within the 120 day look back period are excluded from step therapy for Lyrica. Seizure Medications - diazepam, Ethotoin, Felbamate, phenobarbital, phenytoin, Primidone, succinimides.

Authorization for Lyrica may be given, without a trial of a step 1 agent, if the patient has symptoms of fibromyalgia.

Authorization may be given for Lyrica if the patient has symptoms of generalized anxiety disorder (GAD) and has been previously treated with two drugs from the following drug classes - tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs), or buspirone.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

NOVEL ANTIPSYCHOTICS

Affected Drugs

STEP 2 DRUGS

olanzapine
olanzapine odt
SEROQUEL XR®
SEROQUEL®
ZYPREXA ZYDIS®
ZYPREXA®

STEP 3 DRUGS

ABILIFY DISCMELT®
ABILIFY®
FANAPT®
GEODON®
INVEGA®
LATUDA®
SAPHRIS®
SYMBYAX®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

If the patient has tried a Step 2 drug, then authorization for a Step 3 drug may be given.

Step 1 Drug(s): risperidone.

Step 2 Drug(s): olanzapine, olanzapine odt, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydis.

Step 3 Drug(s): Abilify, Geodon, Fanapt, Invega ER, Latuda, Saphris, Symbyax,

Patients under the age of 18 are excluded from this edit.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

OPHTHALMIC PROSTAGLANDINS

Affected Drugs

TRAVATAN Z®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): latanoprost

Step 2 Drug(s): Travatan-Z.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

TOPICAL IMMUNOMODULATORS

Affected Drugs

ELIDEL®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): alclometasone, betamethasone, clobetasol, clobetasol emollient, desonide, Desowen, desoximetasone, diflorasone, fluocinolone, fluocinonide emollient, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone , triderm.

Step 2 Drug(s): Elidel.

Number of days for claims review for first line drugs: 60 days.

This step therapy program applies to new utilizers only.

TRIPTANS

Affected Drugs

MAXALT MLT®

MAXALT®

ZOMIG ZMT®

ZOMIG®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): sumatriptan.

Step 2 Drug(s): Maxalt, Maxalt-MLT, Zomig, Zomig ZMT.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

ZETIA

Affected Drugs

ZETIA®

Step Therapy Criteria

If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.

Step 1 Drug(s): Crestor, lovastatin, pravastatin, simvastatin.

Step 2 Drug(s): Zetia.

Number of days for claims review for first line drugs: 120 days.

This step therapy program applies to new utilizers only.

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ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយកម្រិតមាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທອຕາມເລກໂທສທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjama dda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

LB5-0009 (1-08)

This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice), 612-676-6810 (TTY) or toll free at 1-800-688-2534 (TTY); or through the Minnesota Relay at 711 or toll free direct access at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).

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 enrollees 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.