



2009 Formulary Changes

UCare's Minnesota Senior Health Options (MSHO), UCare Complete, and UCare Connect Formularies

UCare may remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions during the year. If we make a negative change to our formulary, we will notify you of the change at least 60 days before the change becomes effective. However, if the Food and Drug Administration (FDA) deems a drug to be unsafe or if the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary without a prior written notification. The following summary describes upcoming formulary changes and the effective dates for the changes.

Drug Name	Type of Change	Alternative Drug	Reason for Change	Change Effective Date
NICOTINE 7mg, 14mg, and 21 mg patch	Removal	bupropion sr tablet	No longer covered under Medicare Part D per FDA filing status	4/1/2009
COSOPT ophthalmic solution	Removal	dorzolamide / timolol ophthalmic solution	Generic available	5/1/2009
DEPAKOTE 125mg, 250mg, and 500mg tablet	Removal	divalproex tablet	Generic available	5/1/2009
KEPPRA 250mg, 500mg, and 750mg tablets	Removal	levetiracetam tablet	Generic available	5/1/2009
PHOSLO 667mg capsule	Removal	calcium acetate capsule	Generic available	5/1/2009
TOBRADEX ophthalmic suspension	Removal	tobramycin / dexamethasone ophthalmic suspension	Generic available	5/1/2009
VIDEX EC 125mg capsule	Removal	didanosine capsule	Generic available	5/1/2009
VIVACTYL 5 and 10mg capsule	Removal	protriptyline tablet	Generic available	5/1/2009

WELLBUTRIN XL 150mg	Removal	bupropion xl tablet	Generic available	5/1/2009
ZERIT 10mg, 20mg, 30mg, and 40mg capsule	Removal	stavudine capsule	Generic available	5/1/2009
RAPTIVA 125mg kit	Removal	AMEVIEVE injection	Manufacturer market withdrawl	6/1/2009
DEPAKOTE ER 250mg, and 500mg tablet	Removal	divalproex tablet	Generic available	7/1/2009
DEPAKOTE SPRINKLE 125mg capsule	Removal	divalproex tablet	Generic available	7/1/2009
KEPPRA 100mg/ml solution	Removal	levetiracetam solution	Generic available	7/1/2009
RISPERDAL 1mg/ml solution	Removal	risperidone solution	Generic available	7/1/2009
TOPAMAX 25mg, 50mg, 100mg, and 200mg tablet	Removal	topiramate tablet	Generic available	9/1/2009

* Applies to new starts only.

You may contact us to ask for a tier exception or utilization restriction exception. When you request an exception, you should submit a statement from your physician supporting your request. Please visit our web site for more information about our coverage determination, appeals, and grievance processes.

Questions?

If you have questions, please call UCare Customer Services at 612-676-6868 or 1-866-280-7202 (toll free). If you are hearing impaired, call our TTY line at 612-676-6810 or 1-800-688-2534 (toll free). Our hours of service are 8 a.m. to 8 p.m., seven days a week.

Attention. If you want free help translating this information, call UCare at 612-676-3200 or toll free at 1-800-203-7225.

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

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ 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.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທລະຕາມເລກໂທລະສັບຢູ່ຂ້າງເທິງນີ້.

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 (TDD) or toll free at 1-800-688-2534 (TDD) or through the Minnesota Relay at 711 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. 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 Health Plan primary care provider prior to the referral.
