



UCARE FOR SENIORS CLASSIC (HMO-POS) and VALUE PLUS (HMO-POS) 2012 STEP THERAPY CRITERIA

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

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ANTIDEPRESSANTS

Affected Drugs

APLENZIN®
CELEXA®
CYMBALTA®
EFFEXOR XR®
LEXAPRO®
LUVOX CR®
PAXIL CR®
PAXIL®
PEXEVA®
PRISTIQ®
PROZAC WEEKLY®
PROZAC®
RAPIFLUX®
REMERON®
SARAFEM®
VENLAFAXINE HCL ER®
VIIBRYD®
WELLBUTRIN SR®
WELLBUTRIN XL®
WELLBUTRIN®
ZOLOFT®

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, sertraline, venlafaxine, venlafaxine er (tablet).

Step 2 Drug(s): Aplenzin ER, Celexa, Cymbalta, Effexor XR, Lexapro, Luvox CR, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Prozac Weekly, Rapiflux, Remeron, Sarafem, Venlafaxine ER (capsule), Wellbutrin, Wellbutrin SR, Wellbutrin XL, Zoloft.

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.

APIDRA

Affected Drugs

APIDRA SOLOSTAR®

APIDRA®

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): Humalog, Novalog.

Step 2 Drug(s): Apidra.

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

This step therapy program applies to new utilizers only.

ARB/TEKTURNA

Affected Drugs

STEP 2 DRUGS

eprosartan
DIOVAN HCT®
DIOVAN®

STEP 3 DRUGS

AMTURNIDE®
ATACAND HCT®
ATACAND®
AVALIDE®
AVAPRO®
AZOR®
BENICAR HCT®
BENICAR®
COZAAR®
EDARBI®
EXFORGE HCT®
EXFORGE®
HYZAAR®
MICARDIS HCT®
MICARDIS®
TEKAMLO®
TEKTURNA HCT®
TEKTURNA®
TEVETEN HCT®
TEVETEN®
TRIBENZOR®
TWINSTA®
VALTURNA®

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): losartan, losartan-hctz.

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

Step 3 Drug(s): Amturnide, Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Edarbi, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT,

Tekamlo, Teveten, Teveten HCT, Tekturna, Tekturna HCT, Tribenzor, Twynsta, Valturna.

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

This step therapy program applies to new utilizers only.

BISPHOSPHONATES

Affected Drugs

STEP 2 DRUGS

BONIVA®

STEP 3 DRUGS

ACTONEL®

ATELVIA®

FOSAMAX PLUS D®

FOSAMAX®

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): alendronate.

Step 2 Drug(s): Boniva.

Step 3 Drug(s): Actonel, Atelvia, Fosamax, Fosamax Plus D.

Authorization may be given for Fosamax oral solution if there is an inability to swallow tablets.

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®

PROSCAR®

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, Proscar.

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): Anaprox, Anaprox DS, Arthrotec, Cataflam, Clinoril, Daypro, diclofenac, EC-Naprosyn, etodolac, Feldene, fenoprofen, flurbiprofen, ibuprofen, Indocin, indomethacin, indomethacin er, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, Mobic, nabumetone, Nalfon, Naprelan CR, Naprosyn, Naprosyn EC, naproxen, oxaprozin, piroxicam, Ponstel, sulindac, tolmetin, Voltaren-xr, Zipsor.

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 XR®

ACTOPLUS MET®

ACTOS®

AVANDAMET®

AVANDARYL®

AVANDIA®

DUETACT®

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, Fortamet ER, Glucophage, Glucophage XR, Glumetza ER, glipizide-metformin, Glucovance, glyburide-metformin, Metaglip, Prandimet, Riomet.

Step 2 Drug(s): Actoplus Met, Actos, Avandamet, Avandaryl, Avandia, Duetact, Januvia, Janumet, Kombiglyze XR, Onglyza.

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

This step therapy program applies to new utilizers only.

FENOFIBRATE

Affected Drugs

ANTARA®

FENOGLIDE®

FIBRICOR®

LIPOFEN®

LOFIBRA®

TRICOR®

TRIGLIDE®

TRILIPIX®

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): fenofibrate.

Step 2 Drug(s): Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipex.

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

This step therapy program applies to new utilizers only.

HMGS

Affected Drugs

ALTOPREV®
atorvastatin
CADUET®
CRESTOR®
LESCOL XL®
LESCOL®
LIPITOR®
LIVALO®
MEVACOR®
PRAVACHOL®
VYTORIN®
ZOCOR®

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): Altoprev, atorvastatin, Caduet, Crestor, Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor.

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, Neurontin.

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.

NASAL STEROIDS

Affected Drugs

BECONASE AQ®

FLONASE®

NASACORT AQ®

NASONEX®

OMNARIS®

RHINOCORT AQUA®

VERAMYST®

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): flunisolide, fluticasone, triamcinolone.

Step 2 Drug(s): Beconase Aq, Flonase, Nasacort Aq, Nasonex, Omnaris, Rhinocort Aqua, Veramyst.

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®
RISPERDAL M-TAB®
RISPERDAL®
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

STEP 2 DRUGS

TRAVATAN Z®

STEP 3 DRUGS

LUMIGAN®

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): latanoprost, Xalatan.

Step 2 Drug(s): Travatan-Z.

Step 3 Drug(s): Lumigan.

Number of days for claims review for first line drugs: 120 days. This step therapy program applies to new utilizers only.

PPIS

Affected Drugs

ACIPHEX®

DEXILANT®

NEXIUM®

PREVACID®

PRILOSEC®

PROTONIX®

VIMOVO®

ZEGERID®

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): lansoprazole, omeprazole, omeprazole-bicarb, pantoprazole.

Step 2 Drug(s): Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix, Vimovo, Zegerid.

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

This step therapy program applies to new utilizers only.

SEDATIVE HYPNOTICS

Affected Drugs

STEP 2 DRUGS

AMBIEN CR®

AMBIEN®

EDLUAR®

LUNESTA®

ROZEREM®

SONATA®

STEP 3 DRUGS

ZOLPIMIST®

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): zaleplon, zolpidem, zolpidem er.

Step 2 Drug(s): Ambien, Ambien Cr, Edluar, Lunesta, Rozerem, Sonata

Step 3 Drug(s): Zolpimist.

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

This step therapy program applies to new utilizers only.

TOPICAL IMMUNOMODULATORS

Affected Drugs

ELIDEL®

PROTOPIC®

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): Aclovate, Ala-cort, Ala-scalp HP, aclometasone, amcinonide, betamethasone, Carmol HC, clobetasol, clobetasol emollient, Clobex, Cloderm, Cordran, Cordran SP, Cutivate, Derma-Smoothe-FS, Dermatop, Desonate, desonide, Desowen, desoximetasone, diflorasone, Diprolene, Diprolene AF, Elocon, fluocinolone, fluocinonide emollient, fluticasone, halobetasol, Halog, hydrocortisone, Kenalog, Locoid, Locoid, Lokara, Luxiq, mometasone, Olux-E, Pandel, prednicarbate, Temovate, Topicort, Topicort LP, triamcinolone, triderm, U-Cort, Ultravate, Vanos, Verdeso, Westcort.

Step 2 Drug(s): Elidel, Protopic.

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

This step therapy program applies to new utilizers only.

TRIPTANS

Affected Drugs

AMERGE®

AXERT®

FROVA®

IMITREX®

MAXALT MLT®

MAXALT®

RELPAX®

TREXIMET®

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): naratriptan, sumatriptan.

Step 2 Drug(s): Amerge, Axert, Frova, Imitrex, Maxalt, Maxalt-MLT, Relpax, Treximet, 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): Advicor, Altoprev, atorvastatin, Caduet, Crestor, Lescol, Lescol XI, Lipitor, Livalo, lovastatin, Mevacor, Pravachol, pravastatin, Simcor, simvastatin, Vytorin, Zocor.

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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