

Certain cost-effective drugs must be used before other more expensive drugs are covered. For example, certain brand-name medications will only be covered if a generic alternative has been tried first.

Step Therapy Criteria

Step Therapy Group

GOUT

Drug Names

ULORIC

Step Therapy Criteria

Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group

URINARY ANTISPASMODICS

Drug Names

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

Step Therapy Criteria

Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, solifenacin, trospium immediate-release, or mirabegron has been tried (at least a 30 day supply in the prior 180 days).

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare of South Carolina (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 735-5831; TTY/TDD: 711, 7 days a week, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

- English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5831 (TTY: 711).
- Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5831 (TTY: 711).
- Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5831 (رقم هاتف الصم والبكم: 711).
- Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
- Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5831 (телетайп: 711).
- Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5831 (TTY: 711).
- Brazilian Portuguese ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5831 (TTY: 711).
- Mandarin 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 1-855-735-5831 (TTY: 711)。
- Falam RALRINNAK: Falam (Laizo) `ong na thiam asile, man lo tein `onglettu bawmh le hna`uan seknak nangmah hrangah aum. ah ko aw 1-855-735-5831 (TTY: 711).
- Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5831 (TTY: 711) पर कॉल करें।
- Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5831 (TTY: 711) 번으로 전화해 주십시오.
- Chin THEIHDING: Lai holh na thiam asi ah cun, holh let tu a lak in kan in hlan piak lai. 1-855-735-5831 (TTY: 711) ah in rak hlat te.
- French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5831 (TTY : 711).
- Karen ဟံသး-နမ့ၢ်ကတိၤကညီကျိၣ်,ကျိၣ်အတၢ်ဆိၣ်ထွဲမၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်,တၢ်ဒီးန့ၢ်ဟ့ၣ်ကလိၤတဖၣ်န့ၢ်ဝဲဒၣ်လၢနဂီၢ်. ကိးယီၤ (၁-၈၅၅-၇၃၅-၅၈၃၁) (TTY:၇၁၁).
- Amharic ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-855-735-5831 (መስማት ለተሳናቸው: 711)።
- Burmese သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-855-735-5831 (TTY: 711) သို့ ခေါ်ဆိုပါ။