



| Plus Plan |

Drugs That Require Step Therapy (ST)

In some cases, **Mutual of Omaha RxSM** (PDP) requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Step 1 and Step 2 drugs both treat your medical condition, we may not cover the Step 2 drug unless you try the Step 1 drug first. If the Step 1 drug does not work for you, we will then cover the Step 2 drug.

You will need authorization from Mutual of Omaha Rx before filling prescriptions for the Step 2 drugs shown in the following charts. Mutual of Omaha Rx will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart.

Express Scripts, a pharmacy benefit manager, administers the review process for Mutual of Omaha Rx. To request a review, please have your physician visit their online portal at esrx.com/PA. You, your appointed representative or your prescriber can also request a review by calling Express Scripts toll free at **1.800.935.6103**, 24 hours a day, 7 days a week. Customer Service is available in English and other languages. TTY users should call **1.800.716.3231**.

The formulary may change at any time. You will receive notice when necessary.

Express Scripts is the pharmacy benefit manager for Mutual of Omaha Rx and will be providing some services on behalf of Mutual of Omaha Rx.

Mutual of Omaha Rx (PDP) is a prescription drug plan with a Medicare contract.
Enrollment in the Mutual of Omaha Rx plan depends on contract renewal.

No changes made since 04/23/2024

S7126_ST0OMP4A_C

CRP2501_13039E

ST0OMP4B

DEXTROMETHORPHAN/BUPROPION

Products Affected

Step 1:

- bupropion HCl 100 mg tablet
- bupropion HCl 75 mg tablet
- bupropion HCl SR 100 mg tablet, 12 hr sustained-release
- bupropion HCl SR 150 mg tablet, 12 hr sustained-release
- bupropion HCl SR 200 mg tablet, 12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet, extended release 24 hr
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- fluoxetine 10 mg capsule
- fluoxetine 20 mg capsule
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- nefazodone 100 mg tablet
- nefazodone 150 mg tablet
- nefazodone 200 mg tablet
- nefazodone 250 mg tablet
- nefazodone 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 10 mg/5 mL oral suspension
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule, extended release 24 hr
- venlafaxine ER 37.5 mg capsule, extended release 24 hr
- venlafaxine ER 75 mg capsule, extended release 24 hr
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet

Step 2:

- Auvelity 45 mg-105 mg tablet, extended release

Details

Criteria	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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PULMONARY ANTIINFLAMMATORY - PST

Products Affected

Step 1:

- Asmanex HFA 100 mcg/actuation aerosol inhaler
- Asmanex HFA 200 mcg/actuation aerosol inhaler
- Asmanex HFA 50 mcg/actuation aerosol inhaler
- Asmanex Twisthaler 110 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(120 doses) breath activated inhlr
- Asmanex Twisthaler 220 mcg/actuation(30 doses) breath activated inhalr
- Asmanex Twisthaler 220 mcg/actuation(60 doses) breath activated inhalr
- Qvar RediHaler 40 mcg/actuation HFA breath activated aerosol
- Qvar RediHaler 80 mcg/actuation HFA breath activated aerosol

Step 2:

- fluticasone propionate 110 mcg/actuation HFA aerosol inhaler
- fluticasone propionate 220 mcg/actuation HFA aerosol inhaler
- fluticasone propionate 44 mcg/actuation HFA aerosol inhaler

Details

Criteria	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug. If the patient is 4 years of age or younger and has a low inspiratory flow rate and is unable to use a dry powder inhaler, approve fluticasone propionate HFA (AA to Flovent HFA) if the patient has tried Qvar RediHaler.
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