



| Plus Plan |

## Drugs That Require Step Therapy (ST)

In some cases, **Mutual of Omaha Rx<sup>SM</sup>** (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](https://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 09/23/2024

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# DEXTROMETHORPHAN/BUPROPION

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## Products Affected

### Step 2:

- Auvelity 45 mg-105 mg tablet, extended release

## Details

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<b>Criteria</b>	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

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## Products Affected

### 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

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<b>Criteria</b>	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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## Index

### A

Auvelity 45 mg-105 mg tablet, extended  
release ..... 1

### F

fluticasone propionate 110 mcg/actuation  
HFA aerosol inhaler ..... 2

fluticasone propionate 220 mcg/actuation  
HFA aerosol inhaler ..... 2

fluticasone propionate 44 mcg/actuation  
HFA aerosol inhaler ..... 2