



| Premier 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 09/25/2023

BASAL INSULIN - PST

Products Affected

Step 2:

- Levemir FlexPen 100 unit/mL (3 mL) solution subcutaneous insulin pen
- Levemir U-100 Insulin 100 unit/mL subcutaneous solution

Details

Criteria	If the patient has tried one Step 1 drug, approve the requested Step 2 drug. If the patient is pregnant, approve Levemir without a trial of a Step 1 product. Approve Levemir for patients who are greater than or equal to 2 but less than 6 years old without a trial of a Step 1 product.
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DEXTROMETHORPHAN/BUPROPION

Products Affected

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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RAPID-ACTING INSULIN - PST

Products Affected

Step 2:

- Novolog FlexPen U-100 Insulin aspart 100 unit/mL (3 mL) subcutaneous
- Novolog Mix 70-30 FlexPen U-100 Insulin 100 unit/mL subcutaneous pen
- Novolog Mix 70-30 U-100 Insulin 100 unit/mL subcutaneous solution
- NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML SUBCUTANEOUS CARTRIDGE
- Novolog U-100 Insulin aspart 100 unit/mL subcutaneous solution

Details

Criteria	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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RYTARY

Products Affected

Step 2:

- Rytary 23.75 mg-95 mg capsule,extended release
- Rytary 36.25 mg-145 mg capsule,extended release
- Rytary 48.75 mg-195 mg capsule,extended release
- Rytary 61.25 mg-245 mg capsule,extended release

Details

Criteria	If the patient has tried one Step 1 drug, approve the requested Step 2 drug.
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A

Auvelity 45 mg-105 mg tablet, extended
release 2

L

Levemir FlexPen 100 unit/mL (3 mL)
solution subcutaneous insulin pen 1

Levemir U-100 Insulin 100 unit/mL
subcutaneous solution 1

N

Novolog FlexPen U-100 Insulin aspart 100
unit/mL (3 mL) subcutaneous 3

Novolog Mix 70-30 FlexPen U-100 Insulin
100 unit/mL subcutaneous pen 3

Novolog Mix 70-30 U-100 Insulin 100
unit/mL subcutaneous solution 3

Novolog PenFill U-100 Insulin aspart 100
unit/mL subcutaneous cartridg..... 3

Novolog U-100 Insulin aspart 100 unit/mL
subcutaneous solution 3

R

Rytary 23.75 mg-95 mg capsule,extended
release 4

Rytary 36.25 mg-145 mg capsule,extended
release 4

Rytary 48.75 mg-195 mg capsule,extended
release 4

Rytary 61.25 mg-245 mg capsule,extended
release 4