



| Saver |

## Drugs That Require Step Therapy (ST)

In some cases, **Express Scripts Medicare®** (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 Express Scripts Medicare before filling prescriptions for the Step 2 drugs shown in the following chart. Express Scripts Medicare will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart.

To request a review, please have your physician visit the Express Scripts 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 Medicare toll free at **1.844.374.7377**, 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.

# ANTIDEPRESSANTS - SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS (SNRI)

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## Products Affected

### Step 2:

- Fetzima 120 mg capsule,extended release
- Fetzima 20 mg (2)-40 mg (26) capsule,extended release,24 hr,dose pack
- Fetzima 20 mg capsule,extended release
- Fetzima 40 mg capsule,extended release
- Fetzima 80 mg capsule,extended release

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Patients who are currently taking or who have taken brand name Fetzima at any time in the past and discontinued use may receive authorization without a trial of a step 1 product. Exceptions can be made for Fetzima without a trial of a step 1 drug if the patient has suicidal ideation.
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# BASAL INSULIN - PST

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## Products Affected

### Step 2:

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

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given. Patients who are pregnant may receive authorization without trial of a Step 1 product. Patients who are greater than or equal to 2 but less than 6 years old may receive authorization without trial of a Step 1 product.
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# GLAUCOMA AGENTS

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## Products Affected

### Step 2:

- Rhopressa 0.02 % eye drops
- Rocklatan 0.02 %-0.005 % eye drops

## Details

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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# RAPID-ACTING INSULIN - PST

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## 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

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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# RYTARY

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## 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

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<b>Criteria</b>	If the patient has tried a Step 1 drug, then authorization for a Step 2 drug may be given.
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