

Step Therapy Detail

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ST Group	Product	Туре	Step Order	Algorithm
AMANTADINE (GOCOVRI ER CAPSULE)	Amantadine HCl Capsule 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Gocovri (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				immediate release amantadine. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Amantadine HCl Solution 50 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Gocovri (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				immediate release amantadine. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Amantadine HCl Tablet 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Gocovri (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				immediate release amantadine. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Gocovri Capsule Extended Release 24 Hour 137 MG Oral	ST applies	2	This prescription benefit provides coverage for Gocovri (without
,				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				immediate release amantadine. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Gocovri Capsule Extended Release 24 Hour 68.5 MG Oral	ST applies	2	This prescription benefit provides coverage for Gocovri (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				immediate release amantadine. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Solution 1 MG/ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
- (-	, , , , , , , , , , , , , , , , , , , ,	,		requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
	, , , , , , , , , , , , , , , , , , , ,			requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 15 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
7 W W W W W W W W W W W W W W W W W W W	This iprocess rables to the oral	or applies to hew starts only		requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 2 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
ANTI NAZOLE (OF II ZA)	Anti ipidzoic rabict z Wio Ordi	or applies to new starts only	*	requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
ANIFIFNAZULE (UPIPZA)	ANTERPRAZORE TABLET ZU MIG OTAL	31 applies to new starts only		
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 30 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
12/222470	12.2	- II		the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet Dispersible 10 MG Oral	ST applies to new starts only		This prescription benefit provides coverage for Opipza (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
A DIDIDD A ZOL E (ODIDZA)	ADID's seed a Tablet D'asses'ble 45 MC Oad	CT and lead to a superbody and	4	the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet Dispersible 15 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
ADIDIDDAZOLE (ODIDZA)	Onings Film 10 MC Orol	CT applies to pay starts only	2	the exception review process.
ARIPIPRAZOLE (OPIPZA)	Opipza Film 10 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Opipza (without
				requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	Opipza Film 2 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Opipza (without
ANTIFICAZOLL (OF IFZA)	Opipza i iiiii z ivid orai	31 applies to new starts only	2	requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
ARIPIPRAZOLE (OPIPZA)	Opipza Film 5 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Opipza (without
7 W.	opiped rimi s in a arai	or applies to new starts only		requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic aripiprazole. Benefit coverage for situations in which none
				of the above qualifications exist in history is determined through
				the exception review process.
CHENODIOL (CHENODAL)	Ursodiol Capsule 300 MG Oral	ST applies	1	This prescription benefit provides coverage for Chenodiol
, ,	· ·			(Chenodal) (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for ursodiol. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
CHENODIOL (CHENODAL)	Ursodiol Tablet 250 MG Oral	ST applies	1	This prescription benefit provides coverage for Chenodiol
				(Chenodal) (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for ursodiol. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
CHENODIOL (CHENODAL)	Ursodiol Tablet 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Chenodiol
				(Chenodal) (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for ursodiol. Benefit coverage for situations in
				which none of the above qualifications exist in history is
				determined through the exception review process.
CHENODIOL (CHENODAL)	Chenodal Tablet 250 MG Oral	ST applies	2	This prescription benefit provides coverage for Chenodiol
				(Chenodal) (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for ursodiol. Benefit coverage for situations in
				which none of the above qualifications exist in history is
		I		determined through the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	Lansoprazole Capsule Delayed Release 15 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Lansoprazole Capsule Delayed Release 30 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Omeprazole Capsule Delayed Release 10 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
DEAD WOOT IN LOCK	omeprazoie capsule belayed nelease 10 mg oral	31 applies	<u> </u>	(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Omeprazole Capsule Delayed Release 20 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
		3	<u> </u>	(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Omeprazole Capsule Delayed Release 40 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet Delayed Release 20 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet Delayed Release 40 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	RABEprazole Sodium Tablet Delayed Release 20 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
DEXLANSOPRAZOLE	Dexlansoprazole Capsule Delayed Release 30 MG Oral	ST applies	2	This prescription benefit provides coverage for dexlansoprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
DEXLANSOPRAZOLE	Dexlansoprazole Capsule Delayed Release 60 MG Oral	ST applies	12	the exception review process. This prescription benefit provides coverage for dexlansoprazole
DEALANSUPKAZULE	Dexiansoprazoie Capsule Delayed Release 60 MG Oral	ST applies	2	· · · · · · · · · · · · · · · · · · ·
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.

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ESOMEPRAZOLE	Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral	ST applies	2	This prescription benefit provides coverage for esomeprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through
				the exception review process.
ESOMEPRAZOLE	Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral	ST applies	2	This prescription benefit provides coverage for esomeprazole
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole,
				rabeprazole. Benefit coverage for situations in which none or one
				of the above qualifications exist in history is determined through the exception review process.
FEBUXOSTAT (ULORIC)	Allopurinol Tablet 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Febuxostat (Uloric)
	, maparinar rasiot 255 ma arts.		_	(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				Allopurinol. Benefit coverage for situations in which none of the
				above qualifications exist in history is determined through the
				exception review process.
FEBUXOSTAT (ULORIC)	Allopurinol Tablet 300 MG Oral	ST applies		This prescription benefit provides coverage for Febuxostat (Uloric)
				(without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for
				Allopurinol. Benefit coverage for situations in which none of the
				above qualifications exist in history is determined through the
				exception review process.
FEBUXOSTAT (ULORIC)	Febuxostat Tablet 40 MG Oral	ST applies	2	This prescription benefit provides coverage for Febuxostat (Uloric)
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				Allopurinol. Benefit coverage for situations in which none of the
				above qualifications exist in history is determined through the
FEBUXOSTAT (ULORIC)	Febuxostat Tablet 80 MG Oral	ST applies	2	exception review process. This prescription benefit provides coverage for Febuxostat (Uloric)
TEBOXOSTAT (OLONIC)	TEDUXOSCUE TUDICE OU IVIC OTUI	эт аррисэ		(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				Allopurinol. Benefit coverage for situations in which none of the
				above qualifications exist in history is determined through the
				exception review process.
FIDAXOMICIN (DIFICID)	Vancomycin HCl Capsule 125 MG Oral	ST applies	1	This prescription benefit provides coverage for Dificid (fidaxomicin)
				(without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for
				oral vancomycin. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
				exception review process.
FIDAXOMICIN (DIFICID)	Vancomycin HCl Capsule 250 MG Oral	ST applies	1	This prescription benefit provides coverage for Dificid (fidaxomicin)
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				oral vancomycin. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
FIDAXOMICIN (DIFICID)	Dificid Suspension Reconstituted 40 MG/ML Oral	ST applies	12	exception review process. This prescription benefit provides coverage for Dificid (fidaxomicin)
			[(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				oral vancomycin. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
		lan u	-	exception review process.
FIDAXOMICIN (DIFICID)	Dificid Tablet 200 MG Oral	ST applies	2	This prescription benefit provides coverage for Dificid (fidaxomicin)
				(without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for
				oral vancomycin. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
				exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Solution 10 MG/ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide
				(Motpoly XR capsule (without requiring a coverage review process)
				in situations where the member has paid claims history during the
				prior 12 months for generic lacosamide. Benefit coverage for
				situations in which none of the above qualifications exist in history is determined through the exception review process.

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LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Solution 100 MG/10ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Solution 50 MG/5ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 200 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Motpoly XR Capsule Extended Release 24 Hour 100 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Motpoly XR Capsule Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Motpoly XR Capsule Extended Release 24 Hour 200 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

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MOMETASONE FUROATE NASAL SPRAY	Flunisolide Solution 25 MCG/ACT (0.025%) Nasal	ST applies	1	This prescription benefit provides coverage for mometasone furoate nasal spray (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for fluticasone or flunisolide nasal spray. An exception to previous therapy is provided for a diagnosis of nasal polyps, which requires no previous therapy. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
MOMETASONE FUROATE NASAL SPRAY	Fluticasone Propionate Suspension 50 MCG/ACT Nasal	ST applies	1	This prescription benefit provides coverage for mometasone furoate nasal spray (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for fluticasone or flunisolide nasal spray. An exception to previous therapy is provided for a diagnosis of nasal polyps, which requires no previous therapy. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
MOMETASONE FUROATE NASAL SPRAY	Mometasone Furoate Suspension 50 MCG/ACT Nasal	ST applies	2	This prescription benefit provides coverage for mometasone furoate nasal spray (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for fluticasone or flunisolide nasal spray. An exception to previous therapy is provided for a diagnosis of nasal polyps, which requires no previous therapy. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
PENTAZOCINE/NALOXONE	Celecoxib Capsule 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Celecoxib Capsule 200 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Celecoxib Capsule 400 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

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PENTAZOCINE/NALOXONE	Celecoxib Capsule 50 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Diclofenac Sodium ER Tablet Extended Release 24 Hour 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet Delayed Release 25 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet Delayed Release 50 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet Delayed Release 75 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	EC-Naproxen Tablet Delayed Release 375 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	EC-Naproxen Tablet Delayed Release 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac Capsule 200 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac Capsule 300 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended Release 24 Hour 400 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended Release 24 Hour 500 MG O	ral ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended Release 24 Hour 600 MG O	ral ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac Tablet 400 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Etodolac Tablet 500 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Flurbiprofen Tablet 100 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 10-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 10-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 5-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 7.5-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 7.5-325 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Hydrocodone-Ibuprofen Tablet 7.5-200 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	IBU Tablet 400 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	IBU Tablet 600 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	IBU TABLET 800 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Ibuprofen Suspension 100 MG/5ML Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Ibuprofen Tablet 400 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Ibuprofen Tablet 600 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Ibuprofen Tablet 800 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Meloxicam Tablet 15 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Meloxicam Tablet 7.5 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Nabumetone Tablet 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Nabumetone Tablet 750 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen DR Tablet Delayed Release 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen Sodium Tablet 275 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Sodium Tablet 550 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen Tablet 250 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen Tablet 375 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen Tablet 500 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Naproxen Tablet Delayed Release 375 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Tablet Delayed Release 500 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Piroxicam Capsule 10 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Piroxicam Capsule 20 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Relafen Tablet 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Relafen Tablet 750 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Sulindac Tablet 150 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Sulindac Tablet 200 MG Oral	ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	traMADol HCl (ER Biphasic) Tablet Extended Rele MG Oral	ase 24 Hour 300 ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	traMADol HCl ER Tablet Extended Release 24 Hou	r 100 MG Oral ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	traMADol HCl ER Tablet Extended Release 24 Hou	r 200 MG Oral ST applies	1	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.

ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	traMADol HCl Tablet 50 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	traMADol-Acetaminophen Tablet 37.5-325 MG Oral	ST applies		This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PENTAZOCINE/NALOXONE	Pentazocine-Naloxone HCl Tablet 50-0.5 MG Oral	ST applies	2	This prescription benefit provides coverage for Pentazocine/Naloxone (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 different ingredients of the following safer medications such as tramadol, generic NSAIDs, celecoxib, hydrocodone/acetaminophen, hydrocodone/ibuprofen, or acetaminophen/tramadol. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy.
PIMECROLIMUS	Betamethasone Dipropionate Aug Cream 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.
PIMECROLIMUS	Betamethasone Dipropionate Aug Gel 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.
PIMECROLIMUS	Betamethasone Dipropionate Aug Lotion 0.05 % External	ST applies		This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.
PIMECROLIMUS	Betamethasone Dipropionate Aug Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate Cream 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Dipropionate Lotion 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Dipropionate Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
INTERNOLINIOS	Betamethasone Dipropionate omenent 0.05 % External	эт аррисз	-	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Valerate Cream 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
26.16 263		o. appcs	-	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Valerate Foam 0.12 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Valerate Lotion 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Betamethasone Valerate Ointment 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
DINATCROUNALIC	Clabrata In the Company of the Compa	CT and in		review process.
PIMECROLIMUS	Clobetasol Propionate E Cream 0.05 % External	ST applies		This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Clobetasol Propionate Foam 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Gel 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Liquid 0.05 % External	ST applies	¹	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Lotion 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Shampoo 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clobetasol Propionate Solution 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clodan SHAMPOO 0.05 % EXTERNAL	ST applies	1	This prescription benefit provides coverage for topical
		_ · ·		pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
	<u> </u>	<u> </u>		preview process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Clotrimazole-Betamethasone Cream 1-0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Clotrimazole-Betamethasone Lotion 1-0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
DIA FEDROLINALIS	D 11 0 0050/5 1	CT II		review process.
PIMECROLIMUS	Desonide Cream 0.05 % External	ST applies		This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desonide Lotion 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desonide Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desoximetasone CREAM 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desoximetasone Cream 0.25 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desoximetasone Gel 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
	1		I	
				qualifications exist in history is determined through the exception

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Desoximetasone Ointment 0.25 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
PIMECROLIMUS	Fluocinolone Acetonide Body Oil 0.01 % External	ST applies	1	review process. This prescription benefit provides coverage for topical
PINIECROLINIOS	Fluocificione Acetoffide Body Off 0.01 % External	31 applies	*	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinolone Acetonide Cream 0.01 % External	ST applies	1	This prescription benefit provides coverage for topical
I INTEGROENVIOS	Trademotoric Acctonide Cream 0.01 / External	31 applies	<u> </u>	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinolone Acetonide Cream 0.025 % External	ST applies	1	This prescription benefit provides coverage for topical
		or approx		pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinolone Acetonide Ointment 0.025 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinolone Acetonide Scalp Oil 0.01 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinolone Acetonide Solution 0.01 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinonide Gel 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Fluocinonide Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
DINAFCROLINALIC	Fluorinamida Calutian O OF 0/ Futarnal	CT annline	1	review process.
PIMECROLIMUS	Fluocinonide Solution 0.05 % External	ST applies		This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Hydrocortisone Valerate Cream 0.2 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Hydrocortisone Valerate Ointment 0.2 % External	ST applies	1	This prescription benefit provides coverage for topical
I INICONO CINVOS	Tryarocordisone valenate omanient o.2 % External	or applies		pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Mometasone Furoate Cream 0.1 % External	ST applies		This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Mometasone Furoate Ointment 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception review process.
PIMECROLIMUS	Mometasone Furoate Solution 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
256265	Montetasone i diodic solution 0.1 /0 External	o. applies	*	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
•	l .	I	l l	review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Nystatin-Triamcinolone Cream 100000-0.1 UNIT/GM-% External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Nystatin-Triamcinolone Ointment 100000-0.1 UNIT/GM-% External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Cream 0.025 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Cream 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Cream 0.5 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Lotion 0.025 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Lotion 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
		.,		pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Ointment 0.025 % External	ST applies	1	This prescription benefit provides coverage for topical
ECNOLINIOS	Thannelholone Acctorlide Officiality 0.023 /0 External	o. applies	-	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide Ointment 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triamcinolone Acetonide Ointment 0.5 % External	ST applies	1	This prescription benefit provides coverage for topical
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
PIMECROLIMUS	Triderm Cream 0.5 % External	ST applies	1	This prescription benefit provides coverage for topical
		o. spp.iio	_	pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
PIMECROLIMUS	Pimecrolimus Cream 1 % External	CT applies	2	review process. This prescription benefit provides coverage for topical
PIWECROLIWIOS	Pimecrolimus Cream 1 % External	ST applies	2	
				pimecrolimus (without requiring a coverage review process) in
				situations where the member has paid claims history during the
				prior 12 months for one topical corticosteroid if between the ages
				of 2 and 17 or two topical corticosteroids if 18 years or older.
				Benefit coverage for situations in which none or one of the above
				qualifications exist in history is determined through the exception
				review process.
TACROLIMUS	Tacrolimus Ointment 0.03 % External	ST applies	2	This prescription benefit provides coverage for topical tacrolimus
				(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				one topical corticosteroid if between the ages of 2 and 17 or two
				topical corticosteroids if 18 years or older. Benefit coverage for
				situations in which none or one of the above qualifications exist in
				history is determined through the exception review process.
TACROLIMUS	Tacrolimus Ointment 0.1 % External	ST applies	2	This prescription benefit provides coverage for topical tacrolimus
TACKOLIWIOS	racionina omenica o.1 % External	31 applies	 	(without requiring a coverage review process) in situations where
				the member has paid claims history during the prior 12 months for
				one topical corticosteroid if between the ages of 2 and 17 or two
				topical corticosteroids if 18 years or older. Benefit coverage for
				situations in which none or one of the above qualifications exist in
				history is determined through the exception review process.
				filstory is determined through the exception review process.
TRAZODONE (RALDESY)	traZODone HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Raldesy (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic trazodone. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
				exception review process.
TRAZODONE (RALDESY)	traZODone HCl Tablet 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Raldesy (without
				requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic trazodone. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
				exception review process.
TRAZODONE (RALDESY)	traZODone HCl Tablet 300 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Raldesy (without
III ZODONE (IIALDEST)	Trazobolic fici rablet 300 IVIO Ofal	or applies to new starts only	*	requiring a coverage review process) in situations where the
				member has paid claims history during the prior 12 months for
				generic trazodone. Benefit coverage for situations in which none of
				the above qualifications exist in history is determined through the
	1	1	I	exception review process.

ST Group	Product	Туре	Step Order	Algorithm
TRAZODONE (RALDESY)	traZODone HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Raldesy (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic trazodone. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
TRAZODONE (RALDESY)	Raldesy Solution 10 MG/ML Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Raldesy (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic trazodone. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Capsule Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Capsule Extended Release 24 Hour 37.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Capsule Extended Release 24 Hour 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
VENLAFAXINE BESYLATE	Venlafaxine HCl Tablet 25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl Tablet 37.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine HCl Tablet 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
VENLAFAXINE BESYLATE	Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for venlafaxine besylate (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for venlafaxine hydrochloride extended release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.