

Step Therapy Detail

Updated on 10/15/2025

Selected Formulary: 2026 Highmark Health Options Duals Select | CMS Formulary ID: 00026454 | CMS Version: 7

ST Group	Product	Туре	Step Order	Algorithm
AMANTADINE (GOCOVRI ER	Amantadine HCl Capsule 100	ST applies	1	This prescription benefit provides coverage for Gocovri (without requiring a
CAPSULE)	MG Oral			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	Amantadine HCl Solution 50	ST applies	1	This prescription benefit provides coverage for Gocovri (without requiring a
CAPSULE)	MG/5ML Oral			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	Amantadine HCl Tablet 100	ST applies	1	This prescription benefit provides coverage for Gocovri (without requiring a
CAPSULE)	MG Oral			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	Gocovri Capsule Extended	ST applies	2	This prescription benefit provides coverage for Gocovri (without requiring a
CAPSULE)	Release 24 Hour 137 MG Oral			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	Gocovri Capsule Extended	ST applies	2	This prescription benefit provides coverage for Gocovri (without requiring a
CAPSULE)	Release 24 Hour 68.5 MG Oral			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	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	MG/ML Oral			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.

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ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet 10 MG	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Oral			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	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Oral			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 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	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Oral			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 30 MG	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Oral			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 the exception review process.
ARIPIPRAZOLE (OPIPZA)	ARIPiprazole Tablet	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Dispersible 10 MG Oral			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	ST applies to new starts only	1	This prescription benefit provides coverage for Opipza (without requiring a
	Dispersible 15 MG Oral			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)	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 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 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
				determined through the exception review process.
CRISABOROLE (EUCRISA)	Pimecrolimus Cream 1 %	pending CMS approval	1	This prescription benefit provides coverage for topical crisaborole (Eucrisa)
,	External			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for topical pimecrolimus or
				topical tacrolimus. 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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CRISABOROLE (EUCRISA)	Tacrolimus Ointment 0.03 %	pending CMS approval	1	This prescription benefit provides coverage for topical crisaborole (Eucrisa)
	External			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for topical pimecrolimus or
				topical tacrolimus. Benefit coverage for situations in which none or one of the
				above qualifications exist in history is determined through the exception review
				process.
CRISABOROLE (EUCRISA)	Tacrolimus Ointment 0.1 %	pending CMS approval	1	This prescription benefit provides coverage for topical crisaborole (Eucrisa)
	External			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for topical pimecrolimus or
				topical tacrolimus. Benefit coverage for situations in which none or one of the
				above qualifications exist in history is determined through the exception review
				process.
CRISABOROLE (EUCRISA)	Eucrisa Ointment 2 % External	pending CMS approval	2	This prescription benefit provides coverage for topical crisaborole (Eucrisa)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for topical pimecrolimus or
				topical tacrolimus. 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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Release 15 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Release 30 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Release 10 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Release 20 MG Oral			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.

ST Group	Product	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	Omeprazole Capsule Delayed	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Release 40 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Delayed Release 20 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Delayed Release 40 MG Oral			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	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without
	Delayed Release 20 MG Oral			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	ST applies	2	This prescription benefit provides coverage for dexlansoprazole (without
	Delayed Release 30 MG Oral			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	ST applies	2	This prescription benefit provides coverage for dexlansoprazole (without
	Delayed Release 60 MG Oral			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	ST applies	2	This prescription benefit provides coverage for esomeprazole (without requiring
	Capsule Delayed Release 20			a coverage review process) in situations where the member has paid claims
	MG Oral			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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ST Group	Product	Туре	Step Order	Algorithm
ESOMEPRAZOLE	Esomeprazole Magnesium	ST applies	2	This prescription benefit provides coverage for esomeprazole (without requiring
	Capsule Delayed Release 40			a coverage review process) in situations where the member has paid claims
	MG Oral			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	ST applies	1	This prescription benefit provides coverage for Febuxostat (Uloric) (without
	Oral			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	ST applies	1	This prescription benefit provides coverage for Febuxostat (Uloric) (without
	Oral			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 exception review process.
FEBUXOSTAT (ULORIC)	Febuxostat Tablet 80 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 exception review process.
FIDAXOMICIN (DIFICID)	Vancomycin HCl Capsule 125	ST applies	1	This prescription benefit provides coverage for Dificid (fidaxomicin) (without
	MG Oral			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	ST applies	1	This prescription benefit provides coverage for Dificid (fidaxomicin) (without
	MG Oral			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)	Dificid Suspension	ST applies	2	This prescription benefit provides coverage for Dificid (fidaxomicin) (without
	Reconstituted 40 MG/ML Oral			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.

ST Group	Product	Туре	Step Order	Algorithm
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.
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.

ST Group	Product	Туре	Step Order	Algorithm
LACOSAMIDE (MOTPOLY XR)	Motpoly XR Capsule Extended	ST applies to new starts only	2	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule
CAPSULE	Release 24 Hour 150 MG Oral			(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)	Motpoly XR Capsule Extended	ST applies to new starts only	2	This prescription benefit provides coverage for lacosamide (Motpoly XR capsule
CAPSULE	Release 24 Hour 200 MG Oral			(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.
MOMETASONE FUROATE	Flunisolide Solution 25	ST applies	1	This prescription benefit provides coverage for mometasone furoate nasal spray
NASAL SPRAY	MCG/ACT (0.025%) Nasal			(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	Fluticasone Propionate	ST applies	1	This prescription benefit provides coverage for mometasone furoate nasal spray
NASAL SPRAY	Suspension 50 MCG/ACT			(without requiring a coverage review process) in situations where the member
	Nasal			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	Mometasone Furoate	ST applies	2	This prescription benefit provides coverage for mometasone furoate nasal spray
NASAL SPRAY	Suspension 50 MCG/ACT			(without requiring a coverage review process) in situations where the member
	Nasal			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
NEVIETO (PENADEDOIS A CID)	Atama atatia Calaina Tablat	CT - and to -		exception review process.
NEXLETOL (BEMPEDOIC ACID)		ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	10 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
		1	1	determined through the exception review process.

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NEXLETOL (BEMPEDOIC ACID)	Atorvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	20 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Atorvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	40 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Atorvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	80 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Lovastatin Tablet 10 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
, , , , , , , , , , , , , , , , , , , ,				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Lovastatin Tablet 20 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
,				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Lovastatin Tablet 40 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
1				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Pravastatin Sodium Tablet 10	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	MG Oral			(without requiring a coverage review process) in situations where the member
	= =			has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
				determined unrough the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
NEXLETOL (BEMPEDOIC ACID)	Pravastatin Sodium Tablet 20	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Pravastatin Sodium Tablet 40	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Pravastatin Sodium Tablet 80	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
·	MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Rosuvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
, ,	10 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Rosuvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
, ,	20 MG Oral	l ''		(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Rosuvastatin Calcium Tablet	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	40 MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID)	Rosuvastatin Calcium Tablet 5	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
	MG Oral			(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
				Tuetermined unrough the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
NEXLETOL (BEMPEDOIC ACID) Simvastatin Tablet 10 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID) Simvastatin Tablet 20 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID) Simvastatin Tablet 40 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID) Simvastatin Tablet 5 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID) Simvastatin Tablet 80 MG Oral	ST applies	1	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. Benefit coverage
				for situations in which none or one of the above qualifications exist in history is
				determined through the exception review process.
NEXLETOL (BEMPEDOIC ACID) Nexletol Tablet 180 MG Oral	ST applies	2	This prescription benefit provides coverage for Nexletol (bempedoic acid)
				(without requiring a coverage review process) in situations where the member
				has paid claims history during the prior 12 months for 2 statins such as
				atorvastatin, rosuvastatin, simvastatin, lovastatin, pravastatin. 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 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	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 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	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.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate 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	Betamethasone Valerate 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	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 review process.
PIMECROLIMUS	Clobetasol Propionate E 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.

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.

ST Group	Product	Туре	Step Order	Algorithm
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.
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 review process.
PIMECROLIMUS	Desonide 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	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.

ST Group	Product	Туре	Step Order	Algorithm
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 qualifications exist in history is determined through the exception review process.
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 review process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Body 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 Cream 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 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	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 review process.
PIMECROLIMUS	Fluocinonide 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	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 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	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	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 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 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.

ST Group	Product	Туре	Step Order	Algorithm
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 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 0.1 % 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.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triderm 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.
SYMPAZAN	cloBAZam Suspension 2.5 MG/ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
SYMPAZAN	cloBAZam Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
SYMPAZAN	cloBAZam Tablet 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
SYMPAZAN	Sympazan Film 10 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
SYMPAZAN	Sympazan Film 20 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
SYMPAZAN	Sympazan Film 5 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Sympazan (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic clobazam. 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 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.

ST Group	Product	Туре	Step Order	Algorithm
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 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 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		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.

ST Group	Product	Туре	Step Order	Algorithm
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.
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.

ST Group	Product	Туре	Step Order	Algorithm
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.