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ST Group	Product	Type	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/SML 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.

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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.
ARIPIRAZOLE (OPIPZA)	ARIPrazole 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.
ARIPIRAZOLE (OPIPZA)	ARIPrazole 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.
ARIPIRAZOLE (OPIPZA)	ARIPrazole Tablet 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 the exception review process.
ARIPIRAZOLE (OPIPZA)	ARIPrazole 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.

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ARIPIRAZOLE (OIPZA)	ARIPrazole Tablet 20 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.
ARIPIRAZOLE (OIPZA)	ARIPrazole 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.
ARIPIRAZOLE (OIPZA)	ARIPrazole 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.
ARIPIRAZOLE (OIPZA)	ARIPrazole Tablet Dispersible 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.
ARIPIRAZOLE (OIPZA)	ARIPrazole 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 the exception review process.

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ARIPIRAZOLE (OIPZA)	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.
ARIPIRAZOLE (OIPZA)	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.
ARIPIRAZOLE (OIPZA)	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.

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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.
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, 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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DEXLANSOPRAZOLE	Omeprazole Capsule Delayed Release 10 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	Omeprazole Capsule 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	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.

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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 the exception review process.
DEXLANSOPRAZOLE	Dexlansoprazole Capsule Delayed Release 60 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 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) (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	1	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 exception review process.

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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 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 exception review process.
FIDAXOMICIN (DIFICID)	Dificid Suspension Reconstituted 40 MG/ML 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.
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.

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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 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.

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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.

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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	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.

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PENTAZOCINE/NALOXONE	Celecoxib Capsule 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 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.

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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.
PENTAZOCINE/NALOXONE	EC-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.

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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	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	Type	Step Order	Algorithm
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.
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended Release 24 Hour 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 ER Tablet Extended Release 24 Hour 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.

ST Group	Product	Type	Step Order	Algorithm
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	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	Flurbiprofen Tablet 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.

ST Group	Product	Type	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.

ST Group	Product	Type	Step Order	Algorithm
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.
PENTAZOCINE/NALOXONE	HYDROcodone-Acetaminophen Tablet 7.5-325 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.

ST Group	Product	Type	Step Order	Algorithm
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	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	Type	Step Order	Algorithm
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.
PENTAZOCINE/NALOXONE	Ibuprofen Suspension 100 MG/5ML 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 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	Type	Step Order	Algorithm
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	Type	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Meloxicam Tablet 7.5 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 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.

ST Group	Product	Type	Step Order	Algorithm
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.
PENTAZOCINE/NALOXONE	Naproxen Sodium Tablet 550 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	Type	Step Order	Algorithm
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	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	Type	Step Order	Algorithm
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.
PENTAZOCINE/NALOXONE	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	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.

ST Group	Product	Type	Step Order	Algorithm
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	Type	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Sulindac Tablet 150 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	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 Release 24 Hour 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	Type	Step Order	Algorithm
PENTAZOCINE/NALOXONE	traMADol HCl 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	traMADol HCl ER Tablet Extended Release 24 Hour 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 Tablet 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.

ST Group	Product	Type	Step Order	Algorithm
PENTAZOCINE/NALOXONE	traMADol-Acetaminophen Tablet 37.5-325 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	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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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 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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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 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	Pimecrolimus Cream 1 % External	ST applies	2	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.
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.

ST Group	Product	Type	Step Order	Algorithm
TACROLIMUS	Tacrolimus Ointment 0.1 % 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.
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 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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.