Step Therapy Detail

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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.

ST Group	Product	Type	Step Order	Algorithm
AMANTADINE (GOCOVRI ER CAPSULE)	Amantadine HCl Solution 50 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Gocovri (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for immediate release amantadine. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Amantadine HCl Tablet 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Gocovri (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for immediate release amantadine. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
AMANTADINE (GOCOVRI ER CAPSULE)	Gocovri Capsule Extended Release 24 Hour 137 MG Oral	ST applies	2	This prescription benefit provides coverage for Gocovri (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for immediate release amantadine. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
AMANTADINE (GOCOVRI ER CAPSULE)	Gocovri Capsule Extended Release 24 Hour 68.5 MG Oral	ST applies	2	This prescription benefit provides coverage for Gocovri (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for immediate release amantadine. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. 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
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Tablet 200 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Tablet 25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. 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
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Concentrate 100 MG/ML Oral	ST applies to new starts only	2	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. 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
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCl Concentrate 30 MG/ML Oral	ST applies to new starts only	2	This prescription benefit provides coverage for chlorpromazine oral solution (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for chlorpromazine tablets. 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.

ST Group	Product	Type	Step Order	Algorithm
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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet Delayed Release 20 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet Delayed Release 40 MG Oral	ST applies	1	This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.
DIGOXIN	Digitek Tablet 125 MCG Oral	ST applies	1	This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none 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
DIGOXIN	Digox Tablet 125 MCG Oral	ST applies	1	This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none 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.
DIGOXIN	Digoxin Tablet 125 MCG Oral	ST applies	1	This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none 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
DIGOXIN	Digoxin Tablet 250 MCG Oral	ST applies	2	This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none 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.
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
FIDAXOMICIN (DIFICID)	Dificid TABLET 200 MG ORAL	ST applies	2	This prescription benefit provides coverage for Dificid (fidaxomicin) (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for oral vancomycin. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR) capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.
LACOSAMIDE (MOTPOLY XR) CAPSULE	Lacosamide Tablet 200 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for lacosamide (Motpoly XR) capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

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

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Endocet Tablet 10-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Endocet Tablet 5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Endocet Tablet 7.5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 10-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 10-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 5-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 7.5-300 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	HYDROcodone-Acetaminophen Tablet 7.5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review
MEPERIDINE	Hydrocodone-Ibuprofen Tablet 7.5-200 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review

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MEPERIDINE	Morphine Sulfate (Concentrate) Solution 100 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review
MEPERIDINE	Morphine Sulfate (Concentrate) Solution 20 MG/ML Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet Extended Release 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Morphine Sulfate ER Tablet Extended Release 15 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet Extended Release 200 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Morphine Sulfate ER Tablet Extended Release 30 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet Extended Release 60 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Morphine Sulfate Solution 10 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate Solution 20 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Morphine Sulfate Tablet 15 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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

ST Group	Product	Type	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate Tablet 30 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	OxyCODONE HCl Capsule 5 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	OxyCODONE HCl Concentrate 100 MG/5ML Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE HCl Tablet 10 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE HCl Tablet 15 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE HCl Tablet 20 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE HCl Tablet 30 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE HCl Tablet 5 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE-Acetaminophen Tablet 10-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Oxycodone-Acetaminophen Tablet 2.5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE-Acetaminophen Tablet 5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	oxyCODONE-Acetaminophen Tablet 7.5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	traMADol HCl (ER Biphasic) Tablet Extended Release 24 Hour 300 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	traMADol HCl ER Tablet Extended Release 24 Hour 100 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	traMADol HCl ER Tablet Extended Release 24 Hour 200 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	traMADol HCl Tablet 50 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	traMADol-Acetaminophen Tablet 37.5-325 MG Oral	ST applies	1	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Meperidine HCl Solution 50 MG/5ML Oral	ST applies	2	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
MEPERIDINE	Meperidine HCl Tablet 50 MG Oral	ST applies	2	This prescription benefit provides coverage for Meperidine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 safer medications such as hydrocodone-containing products, oxycodone-containing products, morphine or tramadol-containing products. 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
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. 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
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. 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
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. 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
PAROXETINE	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl ER (SR) Tablet Extended Release 12 Hour 200 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl ER (XL) Tablet Extended Release 24 Hour 300 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	buPROPion HCl Tablet 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Citalopram Hydrobromide Solution 10 MG/5ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Citalopram Hydrobromide Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Citalopram Hydrobromide Tablet 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Citalopram Hydrobromide Tablet 40 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Drizalma Sprinkle Capsule Delayed Release Sprinkle 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Drizalma Sprinkle Capsule Delayed Release Sprinkle 30 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Drizalma Sprinkle Capsule Delayed Release Sprinkle 40 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Drizalma Sprinkle Capsule Delayed Release Sprinkle 60 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	DULoxetine HCl Capsule Delayed Release Particles 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	DULoxetine HCl Capsule Delayed Release Particles 30 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	DULoxetine HCl Capsule Delayed Release Particles 40 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	DULoxetine HCl Capsule Delayed Release Particles 60 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Escitalopram Oxalate Solution 5 MG/5ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Escitalopram Oxalate Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Escitalopram Oxalate Tablet 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Escitalopram Oxalate Tablet 5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	FLUoxetine HCl Capsule 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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.
PAROXETINE	FLUoxetine HCl Capsule 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	FLUoxetine HCl Capsule 40 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	FLUoxetine HCl Solution 20 MG/5ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	fluvoxaMINE Maleate Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	fluvoxaMINE Maleate Tablet 25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	fluvoxaMINE Maleate Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet 15 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet 30 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet 45 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet 7.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet Dispersible 15 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet Dispersible 30 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Mirtazapine Tablet Dispersible 45 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Nefazodone HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Nefazodone HCl Tablet 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Nefazodone HCl Tablet 200 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Nefazodone HCl Tablet 250 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Nefazodone HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	OLANZapine-FLUoxetine HCl Capsule 12-25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	OLANZapine-FLUoxetine HCl Capsule 12-50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	OLANZapine-FLUoxetine HCl Capsule 3-25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	OLANZapine-FLUoxetine HCl Capsule 6-25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	OLANZapine-FLUoxetine HCl Capsule 6-50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Sertraline HCl Concentrate 20 MG/ML Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Sertraline HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Sertraline HCl Tablet 25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Sertraline HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine Besylate ER Tablet Extended Release 24 Hour 112.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl ER Capsule Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	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 Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl ER Capsule Extended Release 24 Hour 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 150 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 225 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	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 Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl ER Tablet Extended Release 24 Hour 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl Tablet 100 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl Tablet 25 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl Tablet 37.5 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl Tablet 50 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Venlafaxine HCl Tablet 75 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Vilazodone HCl Tablet 10 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Vilazodone HCl Tablet 20 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	Vilazodone HCl Tablet 40 MG Oral	ST applies to new starts only	1	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl ER Tablet Extended Release 24 Hour 12.5 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl ER Tablet Extended Release 24 Hour 25 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl ER Tablet Extended Release 24 Hour 37.5 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl Suspension 10 MG/5ML Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl Tablet 10 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl Tablet 20 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl Tablet 30 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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
PAROXETINE	PARoxetine HCl Tablet 40 MG Oral	ST applies to new starts only	2	This prescription benefit provides coverage for Paroxetine (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 1 safer alternative: another SSRI, SNRI, mirtazapine or bupropion. Benefit coverage for situations in which none 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	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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium Gel 3 % External	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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
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, Diclofenac Gel, hydrocodone/acetaminophen, hydrocodone/ibuprofen, acetaminophen/tramadol or ibuprofen/oxycodone. 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

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate Aug Cream 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate Aug Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate Cream 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Clobetasol Propionate E Cream 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Clobetasol Propionate Foam 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Clobetasol Propionate Solution 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Clotrimazole-Betamethasone Cream 1-0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Desonide Lotion 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Desonide Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone Ointment 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Body Oil 0.01 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Solution 0.01 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Fluocinonide Gel 0.05 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Mometasone Furoate Ointment 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

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

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide Cream 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide Cream 0.5 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide Ointment 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

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.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Triderm Cream 0.1 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
PIMECROLIMUS	Triderm Cream 0.5 % External	ST applies	1	This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Type	Step Order	Algorithm
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.

ST Group	Product	Type	Step Order	Algorithm
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.