

## **Step Therapy Detail**

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ST Group	Product	Туре	Step Order	Algorithm
AMANTADINE (GOCOVRI ER	Amantadine HCl Capsule 100	ST applies	1	This prescription benefit
CAPSULE)	MG Oral			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	Туре	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	Туре	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	Туре	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	Туре	Step Order	Algorithm
CHENODIOL (CHENODAL)	Ursodiol Tablet 500 MG Oral	ST applies	1	This prescription benefit provides coverage for Chenodiol (Chenodal) (withou 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	Туре	Step Order	Algorithm
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCI 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 HCI 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	Туре	Step Order	Algorithm
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCI 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 HCI 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	Туре	Step Order	Algorithm
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCI 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	Туре	Step Order	Algorithm
CHLORPROMAZINE SOLUTION	chlorproMAZINE HCI 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	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	Lansoprazole Capsule Delayed	ST applies	1	This prescription benefit
	Release 30 MG Oral			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	ST applies	1	This prescription benefit
	Release 10 MG Oral			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	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	Omeprazole Capsule Delayed	ST applies	1	This prescription benefit
	Release 20 MG Oral			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	ST applies	1	This prescription benefit
	Release 40 MG Oral			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	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet	ST applies	1	This prescription benefit
	Delayed Release 20 MG Oral			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 qualification
				exist in history is determined
				through the exception review
				process.
DEXLANSOPRAZOLE	Pantoprazole Sodium Tablet	ST applies	1	This prescription benefit
	Delayed Release 40 MG Oral			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 qualification
				exist in history is determined
				through the exception review
				process.
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ST Group	Product	Туре	Step Order	Algorithm
DEXLANSOPRAZOLE	RABEprazole Sodium Tablet Delayed Release 20 MG Oral	ST applies		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	Туре	Step Order	Algorithm
ST Group  DEXLANSOPRAZOLE	Product  Dexlansoprazole Capsule  Delayed Release 60 MG Oral	Type ST applies	2	Algorithm  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
DIGOXIN	Digitek Tablet 125 MCG Oral	ST applies		one of the above qualifications exist in history is determined through the exception review process.  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	Туре	Step Order	Algorithm
DIGOXIN	Digox Tablet 125 MCG Oral	ST applies		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		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	Туре	Step Order	Algorithm
DIGOXIN	Digoxin Tablet 250 MCG Oral	ST applies		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		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	Туре	Step Order	Algorithm
ESOMEPRAZOLE	Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral	ST applies		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		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	Туре	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	Туре	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.

Product	Туре	Step Order	Algorithm
Vancomycin HCl Capsule 125	ST applies	1	This prescription benefit
MG Oral			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.
	Vancomycin HCl Capsule 125	Vancomycin HCl Capsule 125 ST applies	Vancomycin HCl Capsule 125 ST applies 1

ST Group	Product	Туре	Step Order	Algorithm
FIDAXOMICIN (DIFICID)	Vancomycin HCl Capsule 250	ST applies	1	This prescription benefit
	MG Oral			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	Туре	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	Туре	Step Order	Algorithm
FIDAXOMICIN (DIFICID)	Dificid TABLET 200 MG ORAL	ST applies	2	This prescription benefit
				provides coverage for Dificid
				(fidaxomicin) (without
				requiring a coverage review
				process) in situations where
				the member has paid claims
				history during the prior 12
				months for oral vancomycin.
				Benefit coverage for situations
				in which none of the above
				qualifications exist in history is
				determined through the
				exception review process.

Product	Туре	Step Order	Algorithm
Lacosamide Solution 10	ST applies to new starts only	1	This prescription benefit
MG/ML Oral			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 Solution 10	Lacosamide Solution 10 ST applies to new starts only	Lacosamide Solution 10 ST applies to new starts only 1

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

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

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

ST Group	Product	Туре	Step Order	Algorithm
LACOSAMIDE (MOTPOLY XR) CAPSULE	Motpoly XR Capsule Extended Release 24 Hour 150 MG Oral	ST applies to new starts only		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		This prescription benefit provides coverage for lacosamide (Motpoly XR) capsule (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for generic lacosamide. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Endocet Tablet 10-325 MG	ST applies	1	This prescription benefit
	Oral			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
MEDEDIDINE	Forder of Tablet 5 225 MC Oasl	CT - varilia -	14	This are spiriting by a fit
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
				older. All enrollees less than

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Endocet Tablet 7.5-325 MG	ST applies	1	This prescription benefit
	Oral			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
MEPERIDINE	HYDROcodone-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 10-300			provides coverage for
	MG Oral			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
				aga CF are not cubicat to stan

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	HYDROcodone-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 10-32	5		provides coverage for
	MG Oral			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-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 5-300			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	HYDROcodone-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 5-325			provides coverage for
	MG Oral			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
AFDEDIDINE	LIVDDO	CT!'		through the exception review
MEPERIDINE	HYDROcodone-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 7.5-300			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	HYDROcodone-	ST applies	1	This prescription benefit
	Acetaminophen Tablet 7.5-32	5		provides coverage for
	MG Oral			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 Table	t ST applies	1	This prescription benefit
	7.5-200 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate	ST applies	1	This prescription benefit
	(Concentrate) Solution 100			provides coverage for
	MG/5ML Oral			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	ST applies	1	This prescription benefit
	(Concentrate) Solution 20			provides coverage for
	MG/ML Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet	ST applies	1	This prescription benefit
	Extended Release 100 MG Oral			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 ER Tablet	ST applies	1	This prescription benefit
WIET EINIDINE	Extended Release 15 MG Oral	эт аррисэ	ľ	provides coverage for
	Extended Neledae 13 Mid Ordi			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 Stop thorapy only

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet	ST applies	1	This prescription benefit
	Extended Release 200 MG Oral			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 ER Tablet	ST applies	1	This prescription benefit
	Extended Release 30 MG Oral			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 Stan thorany only

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate ER Tablet	ST applies	1	This prescription benefit
	Extended Release 60 MG Oral			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
MEDERIDINE	24 1: 616: 61: 40	CT II		nracoss Stantharany anly
MEPERIDINE	Morphine Sulfate Solution 10	ST applies	1	This prescription benefit
	MG/5ML Oral			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 Stan thorany only

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate Solution 20	ST applies	1	This prescription benefit
	MG/5ML Oral			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 Tablet 15	ST applies	1	This prescription benefit
	MG Oral			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 Stantharany only

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	Morphine Sulfate Tablet 30	ST applies	1	This prescription benefit
	MG Oral			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.

Product	Туре	Step Order	Algorithm
OxyCODONE HCl Capsu	le 5 MG ST applies	1	This prescription benefit
Oral			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.
	OxyCODONE HCl Capsul	OxyCODONE HCl Capsule 5 MG ST applies	OxyCODONE HCl Capsule 5 MG ST applies 1

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	OxyCODONE HCl Concentrate	ST applies	1	This prescription benefit
	100 MG/5ML Oral			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.

Product	Туре	Step Order	Algorithm
oxyCODONE HCl Tablet 10 MG	ST applies	1	This prescription benefit
Oral			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.
	oxyCODONE HCl Tablet 10 MG	oxyCODONE HCI Tablet 10 MG ST applies	oxyCODONE HCl Tablet 10 MG ST applies 1

ST Group	Product T	·уре	Step Order	Algorithm
MEPERIDINE	oxyCODONE HCl Tablet 15 MG S	T applies	1	This prescription benefit
	Oral			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.

Product	Туре	Step Order	Algorithm
oxyCODONE HCl Tablet 20 MG	ST applies	1	This prescription benefit
Oral			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.
	oxyCODONE HCI Tablet 20 MG	oxyCODONE HCl Tablet 20 MG ST applies	oxyCODONE HCI Tablet 20 MG ST applies 1

ST Group	Product	Туре	Step Order	Algorithm
MEPERIDINE	oxyCODONE HCl Tablet 30 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	oxyCODONE HCl Tablet 5 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	oxyCODONE-Acetaminophen	ST applies	1	This prescription benefit
	Tablet 10-325 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	Oxycodone-Acetaminophen	ST applies	1	This prescription benefit
	Tablet 2.5-325 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	oxyCODONE-Acetaminophen	ST applies	1	This prescription benefit
	Tablet 5-325 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	oxyCODONE-Acetaminophen	ST applies	1	This prescription benefit
	Tablet 7.5-325 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	traMADol HCl (ER Biphasic)	ST applies	1	This prescription benefit
	Tablet Extended Release 24			provides coverage for
	Hour 300 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	traMADol HCl ER Tablet	ST applies	1	This prescription benefit
	Extended Release 24 Hour 100			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	traMADol HCl ER Tablet	ST applies	1	This prescription benefit
	Extended Release 24 Hour 200			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	traMADol HCl Tablet 50 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	traMADol-Acetaminophen	ST applies	1	This prescription benefit
	Tablet 37.5-325 MG Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	Meperidine HCl Solution 50	ST applies	2	This prescription benefit
	MG/5ML Oral			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	Туре	Step Order	Algorithm
MEPERIDINE	Meperidine HCl Tablet 50 MG	ST applies	2	This prescription benefit
	Oral			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.

Flunisolide Solution 25 MCG/ACT (0.025%) Nasal	ST applies	1	This prescription benefit provides coverage for mometasone furoate nasal
MCG/ACT (0.025%) Nasal			
			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.

		Step Order	Algorithm
Fluticasone Propionate	ST applies	1	This prescription benefit
Suspension 50 MCG/ACT Nasal			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.
		Suspension 50 MCG/ACT Nasal	

Product	Туре	Step Order	Algorithm
Mometasone Furoate	ST applies	2	This prescription benefit
Suspension 50 MCG/ACT Nasal			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.
		Mometasone Furoate Suspension 50 MCG/ACT Nasal  ST applies	

ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl ER (SR) Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 12 Hour 100			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl ER (SR) Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 12 Hour 150			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl ER (SR) Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 12 Hour 200			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl ER (XL) Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 150			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl ER (XL) Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 300			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl Tablet 100 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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.
				1

ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	buPROPion HCl Tablet 75 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Citalopram Hydrobromide	ST applies to new starts only	1	This prescription benefit
	Solution 10 MG/5ML Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Citalopram Hydrobromide	ST applies to new starts only	1	This prescription benefit
	Tablet 10 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Citalopram Hydrobromide	ST applies to new starts only	1	This prescription benefit
	Tablet 20 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Citalopram Hydrobromide	ST applies to new starts only	1	This prescription benefit
	Tablet 40 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Drizalma Sprinkle Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Sprinkle 20			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Drizalma Sprinkle Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Sprinkle 30			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Drizalma Sprinkle Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Sprinkle 40			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Drizalma Sprinkle Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Sprinkle 60			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	DULoxetine HCl Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Particles 20			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	DULoxetine HCl Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Particles 30			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	DULoxetine HCl Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Particles 40			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	DULoxetine HCl Capsule	ST applies to new starts only	1	This prescription benefit
	Delayed Release Particles 60			provides coverage for
	MG Oral			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.

Product	Туре	Step Order	Algorithm
Escitalopram Oxalate Solution	ST applies to new starts only	1	This prescription benefit
5 MG/5ML Oral			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.

		Step Order	Algorithm
Escitalopram Oxalate Tablet 10	ST applies to new starts only	1	This prescription benefit
MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Escitalopram Oxalate Tablet 2	O ST applies to new starts only	1	This prescription benefit
	MG Oral			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.

Product	Туре	Step Order	Algorithm
Escitalopram Oxalate Tablet 5	ST applies to new starts only	1	This prescription benefit
MG Oral			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.
	Escitalopram Oxalate Tablet 5	Escitalopram Oxalate Tablet 5 ST applies to new starts only	Escitalopram Oxalate Tablet 5 ST applies to new starts only 1

ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	FLUoxetine HCl Capsule 10 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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
PAROXETINE	FLUoxetine HCl Capsule 20 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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
				thorany

ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	FLUoxetine HCl Capsule 40 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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
				thorany

ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	FLUoxetine HCl Solution 20	ST applies to new starts only	1	This prescription benefit
	MG/5ML Oral			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	Туре	Step Order	Algorithm
PAROXETINE	fluvoxaMINE Maleate Tablet	ST applies to new starts only	1	This prescription benefit
	100 MG Oral			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.
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ST Group	Product	Туре	Step Order	Algorithm
PAROXETINE	fluvoxaMINE Maleate Tablet	ST applies to new starts only	1	This prescription benefit
	25 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	fluvoxaMINE Maleate Tablet	ST applies to new starts only	1	This prescription benefit
	50 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet 15 MG Ora	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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet 30 MG Or	al 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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet 45 MG Ora	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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet 7.5 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet Dispersible	ST applies to new starts only	1	This prescription benefit
	15 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet Dispersible	ST applies to new starts only	1	This prescription benefit
	30 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Mirtazapine Tablet Dispersible	ST applies to new starts only	1	This prescription benefit
	45 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Nefazodone HCl Tablet 100	ST applies to new starts only	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Nefazodone HCl Tablet 150	ST applies to new starts only	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Nefazodone HCl Tablet 200	ST applies to new starts only	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Nefazodone HCl Tablet 250	ST applies to new starts only	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Nefazodone HCl Tablet 50 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	OLANZapine-FLUoxetine HCl	ST applies to new starts only	1	This prescription benefit
	Capsule 12-25 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	OLANZapine-FLUoxetine HCl	ST applies to new starts only	1	This prescription benefit
	Capsule 12-50 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	OLANZapine-FLUoxetine HCl	ST applies to new starts only	1	This prescription benefit
	Capsule 3-25 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	OLANZapine-FLUoxetine HCl	ST applies to new starts only	1	This prescription benefit
	Capsule 6-25 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	OLANZapine-FLUoxetine HCl	ST applies to new starts only	1	This prescription benefit
	Capsule 6-50 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Sertraline HCl Concentrate 20	ST applies to new starts only	1	This prescription benefit
	MG/ML Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Sertraline HCl Tablet 100 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Sertraline HCl Tablet 25 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Sertraline HCl Tablet 50 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine Besylate ER Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour			provides coverage for
	112.5 MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Capsule	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 150			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Capsule	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 37.5			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Capsule	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 75			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 150			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 225			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 37.5	5		provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl ER Tablet	ST applies to new starts only	1	This prescription benefit
	Extended Release 24 Hour 75			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl Tablet 100 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl Tablet 25 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl Tablet 37.5	ST applies to new starts only	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl Tablet 50 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Venlafaxine HCl Tablet 75 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Vilazodone HCl Tablet 10 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Vilazodone HCl Tablet 20 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	Vilazodone HCl Tablet 40 MG	ST applies to new starts only	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl ER Tablet	ST applies to new starts only	2	This prescription benefit
	Extended Release 24 Hour 12.	5		provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl ER Tablet	ST applies to new starts only	2	This prescription benefit
	Extended Release 24 Hour 25			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl ER Tablet	ST applies to new starts only	2	This prescription benefit
	Extended Release 24 Hour 37.	5		provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl Suspension 10	ST applies to new starts only	2	This prescription benefit
	MG/5ML Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl Tablet 10 MG	ST applies to new starts only	2	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl Tablet 20 MG	ST applies to new starts only	2	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl Tablet 30 MG	ST applies to new starts only	2	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PAROXETINE	PARoxetine HCl Tablet 40 MG	ST applies to new starts only	2	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Celecoxib Capsule 100 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Celecoxib Capsule 200 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Celecoxib Capsule 400 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Celecoxib Capsule 50 MG Oral ST	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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium ER Tablet	ST applies	1	This prescription benefit
	Extended Release 24 Hour 100			provides coverage for
	MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium Gel 3 %	ST applies	1	This prescription benefit
	External			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet	ST applies	1	This prescription benefit
	Delayed Release 25 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet	ST applies	1	This prescription benefit
	Delayed Release 50 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Diclofenac Sodium Tablet	ST applies	1	This prescription benefit
	Delayed Release 75 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	EC-Naproxen Tablet Delayed	ST applies	1	This prescription benefit
	Release 500 MG Oral			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	Туре	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
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ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Etodolac Capsule 300 MG Oral ST app	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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended	ST applies	1	This prescription benefit
	Release 24 Hour 400 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended	ST applies	1	This prescription benefit
	Release 24 Hour 500 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Etodolac ER Tablet Extended	ST applies	1	This prescription benefit
	Release 24 Hour 600 MG Oral			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
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ST Group	Product	Туре	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	Туре	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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Flurbiprofen Tablet 100 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	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	Туре	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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Ibuprofen Suspension 100	ST applies	1	This prescription benefit
	MG/5ML Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Ibuprofen Tablet 400 MG Oral ST applie	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	Туре	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	Туре	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	Туре	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	Туре	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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Nabumetone Tablet 500 MG	ST applies	1	This prescription benefit
	Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Nabumetone Tablet 750 MG	ST applies	1	This prescription benefit
	Oral			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
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ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen DR Tablet Delayed	ST applies	1	This prescription benefit
	Release 500 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Sodium Tablet 275	ST applies	1	This prescription benefit
	MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Sodium Tablet 550	ST applies	1	This prescription benefit
	MG Oral			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	Туре	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	Туре	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	Туре	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
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ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Tablet Delayed	ST applies	1	This prescription benefit
	Release 375 MG Oral			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	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Naproxen Tablet Delayed	ST applies	1	This prescription benefit
	Release 500 MG Oral			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	Туре	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
				history is determined through
				the exception review process.
				Step therapy only applies to
				enrollees aged 65 or older. All

ST Group	Product	Туре	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	Туре	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	Туре	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	Туре	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	Туре	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
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ST Group	Product	Туре	Step Order	Algorithm
PENTAZOCINE/NALOXONE	Pentazocine-Naloxone HCl	ST applies	2	This prescription benefit
	Tablet 50-0.5 MG Oral			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	Туре	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Dipropionate	ST applies	1	This prescription benefit
	Aug Cream 0.05 % External			provides coverage for topical
				pimecrolimus (without
				requiring a coverage review
				process) in situations where
				the member has paid claims
				history during the prior 12
				months for one topical
				corticosteroid if between the
				ages of 2 and 17 or two topical
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualifications
				exist in history is determined
				through the exception review
				process.

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

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

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

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

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

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

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Betamethasone Valerate Foam	ST applies	1	This prescription benefit
	0.12 % External			provides coverage for topical
				pimecrolimus (without
				requiring a coverage review
				process) in situations where
				the member has paid claims
				history during the prior 12
				months for one topical
				corticosteroid if between the
				ages of 2 and 17 or two topical
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualifications
				exist in history is determined
				through the exception review
				process.

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

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

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

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

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

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

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

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

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

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

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

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Clotrimazole-Betamethasone	ST applies	1	This prescription benefit
	Lotion 1-0.05 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

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

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

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desonide Ointment 0.05 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone CREAM 0.05	ST applies	1	This prescription benefit
	% External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone Cream 0.25 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualifications
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone GEL 0.05 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone Ointment	ST applies	1	This prescription benefit
	0.05 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Desoximetasone Ointment	ST applies	1	This prescription benefit
	0.25 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Body	ST applies	1	This prescription benefit
	Oil 0.01 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Cream	ST applies	1	This prescription benefit
	0.01 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Cream	ST applies	1	This prescription benefit
	0.025 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide	ST applies	1	This prescription benefit
	Ointment 0.025 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide Scalp	ST applies	1	This prescription benefit
	Oil 0.01 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinolone Acetonide	ST applies	1	This prescription benefit
	Solution 0.01 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinonide Gel 0.05 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinonide Ointment 0.05 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Fluocinonide Solution 0.05 %	ST applies	1	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Hydrocortisone Valerate	ST applies	1	This prescription benefit
	Cream 0.2 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.
1				

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Hydrocortisone Valerate	ST applies	1	This prescription benefit
	Ointment 0.2 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Mometasone Furoate Cream	ST applies	1	This prescription benefit
	0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Mometasone Furoate	ST applies	1	This prescription benefit
	Ointment 0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Mometasone Furoate Solution	ST applies	1	This prescription benefit
	0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Nystatin-Triamcinolone Cream	ST applies	1	This prescription benefit
	100000-0.1 UNIT/GM-%			provides coverage for topical
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Nystatin-Triamcinolone	ST applies	1	This prescription benefit
	Ointment 100000-0.1			provides coverage for topical
	UNIT/GM-% External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Cream 0.025 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Cream 0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Cream 0.5 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Lotion 0.025 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Lotion 0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Ointment 0.025 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Ointment 0.1 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Triamcinolone Acetonide	ST applies	1	This prescription benefit
	Ointment 0.5 % External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

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

ST Group	Product	Туре	Step Order	Algorithm
PIMECROLIMUS	Pimecrolimus Cream 1 %	ST applies	2	This prescription benefit
	External			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 topica
				corticosteroids if 18 years or
				older. Benefit coverage for
				situations in which none or
				one of the above qualification
				exist in history is determined
				through the exception review
				process.

ST Group	Product	Туре	Step Order	Algorithm
TACROLIMUS	Tacrolimus Ointment 0.03 %	ST applies	2	This prescription benefit
	External			provides coverage for topical
				tacrolimus (without requiring
				coverage review process) in
				situations where the member
				has paid claims history during
				the prior 12 months for one
				topical corticosteroid if
				between the ages of 2 and 17
				or two topical corticosteroids
				if 18 years or older. Benefit
				coverage for situations in
				which none or one of the
				above qualifications exist in
				history is determined through
				the exception review process.

ST Group	Product	Туре	Step Order	Algorithm
TACROLIMUS	Tacrolimus Ointment 0.1 %	ST applies	2	This prescription benefit
	External			provides coverage for topical
				tacrolimus (without requiring
				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