

**Step Therapy Detail**Updated on 12/1/2023

Selected Formulary: 2023 Medicare Assured<sup>SM</sup> | CMS Formulary ID: 00023570 | CMS Version: 29

| 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 | Amantadine HCl Solution 50 | ST applies | 1          | This prescription benefit          |
| CAPSULE)               | MG/5ML 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.          |
| AMANTADINE (GOCOVRI ER | Amantadine HCl Tablet 100  | ST applies | 1          | This prescription benefit          |
| CAPSULE)               | MG Oral                    | 31 applies | ľ          | provides coverage for Gocovri      |
| CAFSOLL                | ING OTAL                   |            |            | (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.          |
|                        |                            |            |            | exception review process.          |
|                        |                            |            |            |                                    |
|                        |                            |            |            |                                    |
|                        |                            |            |            |                                    |
|                        |                            |            |            |                                    |

| ST Group               | Product                      | Туре       | Step Order | Algorithm                          |
|------------------------|------------------------------|------------|------------|------------------------------------|
| AMANTADINE (GOCOVRI ER | Gocovri Capsule Extended     | ST applies | 2          | This prescription benefit          |
| CAPSULE)               | Release 24 Hour 137 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.          |
|                        |                              |            |            |                                    |
| AMANTADINE (GOCOVRI ER | Gocovri Capsule Extended     | ST applies | 2          | This prescription benefit          |
| CAPSULE)               | Release 24 Hour 68.5 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   |
|----------------------|------------------------------|------------|------------|---|
| 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) (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for ursodiol. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process. |
| CHENODIOL (CHENODAL) | Chenodal Tablet 250 MG Oral | ST applies | 2          | This prescription benefit provides coverage for Chenodiol (Chenodal) (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for ursodiol. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process. |

| ST Group                | Product                                  | Туре                          | Step Order | Algorithm   |
|-------------------------|--|-------------------------------|------------|---|
| CHLORPROMAZINE SOLUTION | chlorproMAZINE HCI Tablet 10<br>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<br>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 HCl Tablet<br>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<br>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<br>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<br>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<br>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<br>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 |  | Type ST applies | 1          | 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 one of the above qualifications exist in history is determined through the exception review process. |
| DEXLANSOPRAZOLE | Omeprazole Capsule Delayed<br>Release 10 MG Oral | ST applies      | 1          | This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process.            |

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

| ST Group        | Product   | Туре       | Step Order | Algorithm  |
|-----------------|---|------------|------------|--|
| DEXLANSOPRAZOLE | Omeprazole Magnesium Capsule Delayed Release 20.6 (20 Base) MG Oral | ST applies | 1          | This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. |
| DEXLANSOPRAZOLE | Pantoprazole Sodium Tablet<br>Delayed Release 20 MG Oral            | ST applies | 1          | This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. |

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

| ST Group        | Product  | Туре       | Step Order | Algorithm  |
|-----------------|--|------------|------------|--|
| DEXLANSOPRAZOLE | Dexiansoprazole Capsule Delayed Release 30 MG Oral | ST applies | 2          | This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. |
| DEXLANSOPRAZOLE | Deslansoprazole Capsule Delayed Release 60 MG Oral | ST applies | 2          | This prescription benefit provides coverage for dexlansoprazole (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for 2 formulary PPI's such as omeprazole, pantoprazole, lansoprazole, rabeprazole. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined through the exception review process. |

| ST Group | Product                     | Туре       | Step Order | Algorithm   |
|----------|-----------------------------|------------|------------|---|
| DIGOXIN  | Digitek Tablet 125 MCG Oral | ST applies | 1          | This prescription benefit provides coverage for Digoxii (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 f 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. A enrollees less than age 65 are not subject to step therapy.   |
| DIGOXIN  | Digox Tablet 125 MCG Oral   | ST applies | 1          | This prescription benefit provides coverage for Digoxii (without requiring a coverage review process) in situations where the member has paid claims history during the priod 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. A enrollees less than age 65 are not subject to step therapy. |

| ST Group | Product                     | Туре       | Step Order | Algorithm  |
|----------|-----------------------------|------------|------------|--|
| 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. |
| DIGOXIN  | Digitek 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. |

| ST Group | Product                     | Туре       | Step Order | Algorithm  |
|----------|-----------------------------|------------|------------|--|
| DIGOXIN  | Digox Tablet 250 MCG Oral   | ST applies | 2          | This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy. |
| DIGOXIN  | Digoxin Tablet 250 MCG Oral | ST applies | 2          | This prescription benefit provides coverage for Digoxin (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for Digoxin 0.125mg. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process. Step therapy only applies to enrollees aged 65 or older. All enrollees less than age 65 are not subject to step therapy. |

| ST Group     | Product   | Туре       | Step Order | Algorithm   |
|--------------|---|------------|------------|---|
| ESOMEPRAZOLE | Esomeprazole Magnesium<br>Capsule Delayed Release 20<br>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. |
| ESOMEPRAZOLE | Esomeprazole Magnesium<br>Capsule Delayed Release 40<br>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. |

| •                   | Product                        | Туре       | Step Order | Algorithm   |
|---------------------|--------------------------------|------------|------------|---|
| 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. |
| 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. |

| ST Group            | Product                      | Туре       | Step Order | Algorithm                          |
|---------------------|------------------------------|------------|------------|------------------------------------|
| 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.          |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |
|                     |                              |            |            |                                    |

| ST Group              | Product                    | Туре       | Step Order | Algorithm                          |
|-----------------------|----------------------------|------------|------------|------------------------------------|
| FIDAXOMICIN (DIFICID) | 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.          |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |

| 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          | ST applies | 2          | This prescription benefit          |
|                       | Reconstituted 40 MG/ML 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 TABLET 200 MG ORAL | ST applies | 2          | This prescription benefit          |
|                       |                            |            |            | provides coverage for Dificid      |
|                       |                            |            |            | (fidaxomicin) (without             |
|                       |                            |            |            | requiring a coverage review        |
|                       |                            |            |            | process) in situations where       |
|                       |                            |            |            | the member has paid claims         |
|                       |                            |            |            | history during the prior 12        |
|                       |                            |            |            | months for oral vancomycin.        |
|                       |                            |            |            | Benefit coverage for situations    |
|                       |                            |            |            | in which none of the above         |
|                       |                            |            |            | qualifications exist in history is |
|                       |                            |            |            | determined through the             |
|                       |                            |            |            | exception review process.          |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |
|                       |                            |            |            |                                    |

| ST Group   | Product                  | 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  |
|            |                          |            |            | age 65 are not subject to step  |

| ST Group   | Product                   | Туре       | Step Order | Algorithm                       |
|------------|---------------------------|------------|------------|---------------------------------|
| MEPERIDINE | Endocet TABLET 2.5-325 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  |
|            |                           |            |            | age 65 are not subject to step  |

| ST Group   | Product                      | Туре       | Step Order | Algorithm                      |
|------------|------------------------------|------------|------------|--------------------------------|
| MEPERIDINE | Endocet Tablet 5-325 MG Oral | ST applies | 1          | This prescription benefit      |
|            |                              |            |            | provides coverage for          |
|            |                              | 1          |            | Meperidine (without requiri    |
|            |                              |            |            | a coverage review process) i   |
|            |                              |            |            | situations where the member    |
|            |                              |            |            | has paid claims history durir  |
|            |                              |            |            | the prior 12 months for 2 sa   |
|            |                              |            |            | medications such as            |
|            |                              |            |            | hydrocodone-containing         |
|            |                              |            |            | products, oxycodone-           |
|            |                              |            |            | containing products, morph     |
|            |                              |            |            | or tramadol-containing         |
|            |                              |            |            | products. Benefit coverage     |
|            |                              |            |            | situations in which none or    |
|            |                              |            |            | one of the above qualification |
|            |                              |            |            | exist in history is determine  |
|            |                              |            |            | through the exception revie    |
|            |                              |            |            | process. Step therapy only     |
|            |                              |            |            | applies to enrollees aged 65   |
|            |                              |            |            | older. All enrollees less that |
| MEPERIDINE | Endocet Tablet 7.5-325 MG    | ST applies | 1          | This prescription benefit      |
|            | Oral                         | ''         |            | provides coverage for          |
|            |                              |            |            | Meperidine (without require    |
|            |                              |            |            | a coverage review process)     |
|            |                              |            |            | situations where the memb      |
|            |                              |            |            | has paid claims history during |
|            |                              |            |            | the prior 12 months for 2 sa   |
|            |                              |            |            | medications such as            |
|            |                              |            |            | hydrocodone-containing         |
|            |                              |            |            | products, oxycodone-           |
|            |                              |            |            | containing products, morph     |
|            |                              |            |            | or tramadol-containing         |
|            |                              |            |            | products. Benefit coverage     |
|            |                              |            |            | situations in which none or    |
|            |                              |            |            | one of the above qualification |
|            |                              |            |            | exist in history is determined |
|            |                              |            |            | through the exception revie    |
|            |                              |            |            | process. Step therapy only     |
|            |                              |            |            | applies to enrollees aged 65   |
|            |                              |            |            | older. All enrollees less than |
|            |                              |            | I          | age CE are not subject to ste  |

| ST Group   | Product                     | Туре       | Step Order | Algorithm                       |
|------------|-----------------------------|------------|------------|---------------------------------|
| 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  |
| MEPERIDINE | HYDROcodone-                | ST applies | 1          | This prescription benefit       |
|            | Acetaminophen Tablet 10-325 |            |            | 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  |
|            |                             |            |            | through the exception review    |
|            |                             |            |            | process. Step therapy only      |
|            |                             |            |            | applies to enrollees aged 65 or |
|            |                             |            |            | older. All enrollees less than  |
|            |                             |            |            | age CF are not subject to ston  |

| ST Group   | Product                    | Туре       | Step Order | Algorithm                       |
|------------|----------------------------|------------|------------|---------------------------------|
| 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    |
|            |                            |            |            | process. Step therapy only      |
|            |                            |            |            | applies to enrollees aged 65 or |
|            |                            |            |            | older. All enrollees less than  |
| MEPERIDINE | HYDROcodone-               | ST applies | 1          | This prescription benefit       |
| WE EMBINE  | Acetaminophen Tablet 5-325 |            | 1          | provides coverage for           |
|            | MG Oral                    |            |            | Meperidine (without requiring   |
|            | WIG GIVE                   |            |            | 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  |
|            |                            |            |            | orge CE are not subject to stop |

| ST Group   | Product                      | Туре       | Step Order | Algorithm                       |
|------------|------------------------------|------------|------------|---------------------------------|
| 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    |
|            |                              |            |            | 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 7.5-325 |            |            | 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  |
|            |                              |            |            | through the exception review    |
|            |                              |            |            | process. Step therapy only      |
|            |                              |            |            | applies to enrollees aged 65 or |
|            |                              |            |            | older. All enrollees less than  |
|            |                              |            |            | age CE are not subject to stop  |

| ST Group   | Product                      | Туре       | Step Order | Algorithm                       |
|------------|------------------------------|------------|------------|---------------------------------|
| MEPERIDINE | Hydrocodone-Ibuprofen Tablet | 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    |
|            |                              |            |            | process. Step therapy only      |
|            |                              |            |            | applies to enrollees aged 65 or |
|            |                              |            |            | older. All enrollees less than  |
| 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    |
|            |                              |            |            | process. Step therapy only      |
|            |                              |            |            | applies to enrollees aged 65 or |
|            |                              |            |            | older. All enrollees less than  |
|            |                              |            |            | age CE are not subject to ston  |

| 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    |
|            |                              |            |            | process. Step therapy only      |
|            |                              |            |            | applies to enrollees aged 65 or |
|            |                              |            |            | older. All enrollees less than  |
| MEPERIDINE | Morphine Sulfate ER Tablet   | ST applies | 1          | This prescription benefit       |
|            | Extended Release 15 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 ER Tablet  | ST applies | 1          | This prescription benefit       |
|            | Extended Release 200 MG Ora | I          |            | 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    |

| ST Group   | Product                      | Туре       | Step Order | Algorithm                       |
|------------|------------------------------|------------|------------|---------------------------------|
| MEPERIDINE | Morphine Sulfate ER Tablet   | ST applies | 1          | This prescription benefit       |
|            | Extended Release 60 MG Ora   | al         |            | 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 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    |

| 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    |

| 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  |
|            |                            |            | l          | through the exception review    |

| ST Group   | Product                    | Туре       | Step Order | Algorithm                       |
|------------|----------------------------|------------|------------|---------------------------------|
| MEPERIDINE | OxyCODONE HCl Capsule 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 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 safe  |
|            |                           |            |            | medications such as             |
|            |                           |            |            | hydrocodone-containing          |
|            |                           |            |            | products, oxycodone-            |
|            |                           |            |            | containing products, morphine   |
|            |                           |            |            | or tramadol-containing          |
|            |                           |            |            | products. Benefit coverage fo   |
|            |                           |            |            | situations in which none or     |
|            |                           |            |            | one of the above qualification  |
|            |                           |            |            | exist in history is determined  |
|            |                           |            |            | through the exception 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 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.                        |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |

| ST Group   | Product                    | Туре       | Step Order | Algorithm                       |
|------------|----------------------------|------------|------------|---------------------------------|
| MEPERIDINE | oxyCODONE HCl Tablet 15 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 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.                        |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |
|            |                            |            |            |                                 |

| 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.                        |
|            |                             |            |            |                                 |
|            |                             |            |            |                                 |
|            |                             |            |            |                                 |
|            |                             |            |            |                                 |

| ST Group           | Product                 | Туре       | Step Order | Algorithm                        |
|--------------------|-------------------------|------------|------------|----------------------------------|
| MOMETASONE FUROATE | Flunisolide Solution 25 | ST applies | 1          | This prescription benefit        |
| NASAL SPRAY        | MCG/ACT (0.025%) 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.                         |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |
|                    |                         |            |            |                                  |

| ST Group           | Product                     | Туре       | Step Order | Algorithm                        |
|--------------------|-----------------------------|------------|------------|----------------------------------|
| MOMETASONE FUROATE | Fluticasone Propionate      | ST applies | 1          | This prescription benefit        |
| NASAL SPRAY        | 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.                         |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |

| ST Group           | Product                     | Туре       | Step Order | Algorithm                        |
|--------------------|-----------------------------|------------|------------|----------------------------------|
| MOMETASONE FUROATE | Mometasone Furoate          | ST applies | 2          | This prescription benefit        |
| NASAL SPRAY        | 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.                         |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |
|                    |                             |            |            |                                  |

| 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.                        |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |
|            |                             |                               |            |                                 |

| 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.                        |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |
|            |                         |                               |            |                                 |

| Product                 | Туре                          | Step Order  | Algorithm   |
|-------------------------|-------------------------------|---|---|
| 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.  |
|                         |                               |   |   |
|                         |                               |   |   |
|                         |                               |   |   |
|                         |                               |   |   |
|                         |                               |   |   |
|                         |                               |   |   |
|                         |                               |   |   |
|                         | Citalopram Hydrobromide       | Citalopram Hydrobromide ST applies to new starts only | Citalopram Hydrobromide ST applies to new starts only 1 |

| 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.                        |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |

| ST Group   | Product                       | Туре                          | Step Order | Algorithm                       |
|------------|-------------------------------|-------------------------------|------------|---------------------------------|
| PAROXETINE | 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.                        |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |
|            |                               |                               |            |                                 |

| ST Group   | Product                        | Туре                          | Step Order | Algorithm                       |
|------------|--------------------------------|-------------------------------|------------|---------------------------------|
| PAROXETINE | 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 20 | 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 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 | 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  |
|            |                              |                               |            | therapy.                        |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |

| ST Group   | Product                      | Туре                          | Step Order | Algorithm                       |
|------------|------------------------------|-------------------------------|------------|---------------------------------|
| 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  |
|            |                              |                               |            | therapy.                        |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |

| 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  |
|            |                              |                               |            | therapy.                        |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |
|            |                              |                               |            |                                 |

| 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  |
| 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  |
|            |                            |                               |            | thorany                         |

| 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  |                                 |
|            |                            |                               |            | thorany                         |                                 |

| ST Group   | Product                      | Туре                             | Step Order | Algorithm                       |
|------------|------------------------------|----------------------------------|------------|---------------------------------|
| PAROXETINE | Mirtazapine Tablet 15 MG Ora | 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 30 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 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.                        |
|            |                                |                               |            |                                 |
|            |                                |                               |            |                                 |
|            |                                |                               |            |                                 |
|            |                                |                               |            |                                 |

| Product                        | Туре                           | Step Order   | Algorithm  |
|--------------------------------|--------------------------------|--|--|
| 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.   |
|                                |                                |  |  |
|                                |                                |  |  |
|                                |                                |  |  |
|                                |                                |  |  |
|                                | Mirtazapine Tablet Dispersible | Mirtazapine Tablet Dispersible ST applies to new starts only | Mirtazapine Tablet Dispersible ST applies to new starts only 1 |

| 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           |
| İ          | 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                             |            | 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   |
| l          |                              |                               |            | situations where the member     |
|            |                              |                               |            | has paid claims history during  |
|            |                              |                               |            | the prior 12 months for 1 safer |
|            |                              |                               |            | alternative: another SSRI,      |
| l          |                              |                               |            | 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 | Viibryd Starter Pack KIT 10 & | ST applies to new starts only | 1          | This prescription benefit       |
|            | 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 | 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 | <b>7.</b> 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 |
|                      |                          |            |            | CE                              |

| 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 |
|                      |                          |            |            | CE                              |

| ST Group             | Product                      | Туре       | Step Order | Algorithm                       |
|----------------------|------------------------------|------------|------------|---------------------------------|
| PENTAZOCINE/NALOXONE | Celecoxib Capsule 50 MG Oral | ST applies | 1          | This prescription benefit       |
|                      |                              |            |            | provides coverage for           |
|                      |                              |            |            | Pentazocine/Naloxone            |
|                      |                              |            |            | (without requiring a coverage   |
|                      |                              |            |            | review process) in situations   |
|                      |                              |            |            | where the member has paid       |
|                      |                              |            |            | claims history during the prior |
|                      |                              |            |            | 12 months for 2 different       |
|                      |                              |            |            | ingredients of the following    |
|                      |                              |            |            | safer medications such as       |
|                      |                              |            |            | tramadol, generic NSAIDs,       |
|                      |                              |            |            | Diclofenac Gel,                 |
|                      |                              |            |            | hydrocodone/acetaminophen,      |
|                      |                              |            |            | hydrocodone/ibuprofen,          |
|                      |                              |            |            | acetaminophen/tramadol or       |
|                      |                              |            |            | ibuprofen/oxycodone. Benefit    |
|                      |                              |            |            | coverage for situations in      |
|                      |                              |            |            | which none or one of the        |
|                      |                              |            |            | above qualifications exist in   |
|                      |                              |            |            | history is determined through   |
|                      |                              |            |            | the exception review process.   |
|                      |                              |            |            | Step therapy only applies to    |
|                      |                              |            |            | enrollees aged 65 or older. All |
|                      |                              |            |            |                                 |

| ST Group             | Product                      | 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        |
|                      |                              |            |            | constitute de la constitute de CE cons |

| 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 |
|                      |                           |            |            | CE                              |

| 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        |
|                      |                            |            | a          | 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 |
|                      |                              |            |            |                                 |

| ST Group             | Product                      | Туре       | Step Order | Algorithm                       |
|----------------------|------------------------------|------------|------------|---------------------------------|
| PENTAZOCINE/NALOXONE | Etodolac Capsule 300 MG Oral | ST applies | 1          | This prescription benefit       |
|                      |                              |            |            | provides coverage for           |
|                      |                              |            |            | Pentazocine/Naloxone            |
|                      |                              |            |            | (without requiring a coverage   |
|                      |                              |            |            | review process) in situations   |
|                      |                              |            |            | where the member has paid       |
|                      |                              |            |            | claims history during the prior |
|                      |                              |            |            | 12 months for 2 different       |
|                      |                              |            |            | ingredients of the following    |
|                      |                              |            |            | safer medications such as       |
|                      |                              |            |            | tramadol, generic NSAIDs,       |
|                      |                              |            |            | Diclofenac Gel,                 |
|                      |                              |            |            | hydrocodone/acetaminophen,      |
|                      |                              |            |            | hydrocodone/ibuprofen,          |
|                      |                              |            |            | acetaminophen/tramadol or       |
|                      |                              |            |            | ibuprofen/oxycodone. Benefit    |
|                      |                              |            |            | coverage for situations in      |
|                      |                              |            |            | which none or one of the        |
|                      |                              |            |            | above qualifications exist in   |
|                      |                              |            |            | history is determined through   |
|                      |                              |            |            | the exception review process.   |
|                      |                              |            |            | Step therapy only applies to    |
|                      |                              |            |            | enrollees aged 65 or older. All |
|                      |                              |            |            | CE                              |

| 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 |
|                      |                             |            | ļ          |                                 |

| 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 |
|                      |                             |            |            |                                 |

| 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 |
|                      |                             |            |            | CE                              |

| 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 |
|                      |                            |            |            | constitute the second CF cons   |

| 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 |
|                      |                        |            |            | CE                              |

| 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      |
|                      |                        |            | v          | 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      | above qualifications exist in    |
|                      |                          |            |            | history is determined through    |
|                      |                          |            |            | the exception review process.    |
|                      |                          |            |            | Step therapy only applies to     |
|                      |                          |            |            | enrollees aged 65 or older. All  |
|                      |                          |            |            | - malland land the man of CE and |

| ST Group             | Product                      | Туре       | Step Order | Algorithm                       |
|----------------------|------------------------------|------------|------------|---------------------------------|
| PENTAZOCINE/NALOXONE | Ibuprofen Tablet 400 MG Oral | ST applies | 1          | This prescription benefit       |
|                      |                              |            |            | provides coverage for           |
|                      |                              |            |            | Pentazocine/Naloxone            |
|                      |                              |            |            | (without requiring a coverage   |
|                      |                              |            |            | review process) in situations   |
|                      |                              |            |            | where the member has paid       |
|                      |                              |            |            | claims history during the prior |
|                      |                              |            |            | 12 months for 2 different       |
|                      |                              |            |            | ingredients of the following    |
|                      |                              |            |            | safer medications such as       |
|                      |                              |            |            | tramadol, generic NSAIDs,       |
|                      |                              |            |            | Diclofenac Gel,                 |
|                      |                              |            |            | hydrocodone/acetaminophen,      |
|                      |                              |            |            | hydrocodone/ibuprofen,          |
|                      |                              |            |            | acetaminophen/tramadol or       |
|                      |                              |            |            | ibuprofen/oxycodone. Benefit    |
|                      |                              |            |            | coverage for situations in      |
|                      |                              |            |            | which none or one of the        |
|                      |                              |            |            | above qualifications exist in   |
|                      |                              |            |            | history is determined through   |
|                      |                              |            |            | the exception review process.   |
|                      |                              |            |            | Step therapy only applies to    |
|                      |                              |            |            | enrollees aged 65 or older. All |
|                      |                              |            |            |                                 |

| ST Group             | Product                      | 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 |
|                      |                              |            |            | CF                              |

| 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  |
|                      |                              |            |            | and the section of th |

| 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  |
|                      |                          |            |            | - malland land the man of CE and |

| 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 |
|                      |                             |            |            | CE                              |

| 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 |
|                      |                             |            |            |                                 |

| 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 |
|                      |                         |            |            | CF                              |

| 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        |
|                      |                              |            |            | 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 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      |
|                      | 1                            |            |            | 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 |
|                      |                             |            |            |                                 |

| 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 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 | 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 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 | 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 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 | 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 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 | 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 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 | 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 qualification  |
|              |                             |            |            | 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.                        |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
| l            |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |

| 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 qualification  |
|              |                               |            |            | 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 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 | 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 qualification  |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |

| 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 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.                        |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
| 1            |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |

| 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 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 | 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 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 | 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 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 | 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.                        |
|              |                       |            |            |                                 |
|              |                       |            |            |                                 |
| l            |                       |            |            |                                 |
|              |                       |            |            |                                 |
|              |                       |            |            |                                 |
|              |                       |            |            |                                 |

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

| ST Group     | Product                 | Туре       | Step Order | Algorithm                       |
|--------------|-------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | 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 topical |
|              |                         |            |            | corticosteroids if 18 years or  |
|              |                         |            |            | older. Benefit coverage for     |
|              |                         |            |            | situations in which none or     |
|              |                         |            |            | one of the above qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |

| ST Group     | Product                     | Туре       | Step Order | Algorithm                       |
|--------------|-----------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Fluocinolone Acetonide Body | 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 qualifications |
|              |                             |            |            | exist in history is determined  |
|              |                             |            |            | through the exception review    |
|              |                             |            |            | process.                        |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
| 1            |                             |            |            |                                 |
|              |                             |            |            |                                 |

| 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 qualifications |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
| 1            |                              |            |            |                                 |
|              |                              |            |            |                                 |

| 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 topical |
|              |                              |            |            | corticosteroids if 18 years or  |
|              |                              |            |            | older. Benefit coverage for     |
|              |                              |            |            | situations in which none or     |
|              |                              |            |            | one of the above qualifications |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |

| ST Group     | Product                   | Туре       | Step Order | Algorithm                       |
|--------------|---------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Fluocinolone Acetonide    | 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 qualifications |
|              |                           |            |            | exist in history is determined  |
|              |                           |            |            | through the exception review    |
|              |                           |            |            | process.                        |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
| 1            |                           |            |            |                                 |

| 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 topical |
|              |                              |            |            | corticosteroids if 18 years or  |
|              |                              |            |            | older. Benefit coverage for     |
|              |                              |            |            | situations in which none or     |
|              |                              |            |            | one of the above qualifications |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |

| ST Group     | Product                  | Туре       | Step Order | Algorithm                       |
|--------------|--------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Fluocinolone Acetonide   | 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 topical |
|              |                          |            |            | corticosteroids if 18 years or  |
|              |                          |            |            | older. Benefit coverage for     |
|              |                          |            |            | situations in which none or     |
|              |                          |            |            | one of the above qualifications |
|              |                          |            |            | exist in history is determined  |
|              |                          |            |            | through the exception review    |
|              |                          |            |            | process.                        |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |
|              |                          |            |            |                                 |

| ST Group     | Product                 | Туре       | Step Order | Algorithm                       |
|--------------|-------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Fluocinonide Gel 0.05 % | 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.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
|              |                         |            |            |                                 |

| 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 qualifications |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
| 1            |                              |            |            |                                 |
| 1            |                              |            |            |                                 |
|              |                              |            |            |                                 |

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

| ST Group     | Product                 | Туре       | Step Order | Algorithm                       |
|--------------|-------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | 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 qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
|              |                         |            |            |                                 |

| ST Group     | Product  | Туре       | Step Order | Algorithm  |
|--------------|--|------------|------------|--|
| PIMECROLIMUS | Hydrocortisone Valerate<br>Ointment 0.2 % External | ST applies | 1          | This prescription benefit provides coverage for topical  |
|              |  |            |            | pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two topical corticosteroids if 18 years or older. Benefit coverage for situations in which none or one of the above qualifications exist in history is determined |
|              |  |            |            | through the exception review process.  |
|              |  |            |            |  |

| ST Group     | Product                  | 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 qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |

| 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 qualifications |
|              |                             |            |            | exist in history is determined  |
|              |                             |            |            | through the exception review    |
|              |                             |            |            | process.                        |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |
| 1            |                             |            |            |                                 |
|              |                             |            |            |                                 |
|              |                             |            |            |                                 |

| 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 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.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
| l            |                              |            |            |                                 |
| 1            |                              |            |            |                                 |

| 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 topical |
|              |                        |            |            | corticosteroids if 18 years or  |
|              |                        |            |            | older. Benefit coverage for     |
|              |                        |            |            | situations in which none or     |
|              |                        |            |            | one of the above qualifications |
|              |                        |            |            | exist in history is determined  |
|              |                        |            |            | through the exception review    |
|              |                        |            |            | process.                        |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |

| ST Group     | Product                 | Туре       | Step Order | Algorithm                       |
|--------------|-------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Triamcinolone Acetonide | 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 qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |

| ST Group     | Product                                      | Туре       | Step Order | Algorithm   |
|--------------|--|------------|------------|---|
| PIMECROLIMUS | Triamcinolone Acetonide Cream 0.1 % External | ST applies |            | This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for one topical corticosteroid if between the ages of 2 and 17 or two 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 | 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 qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |

| Product  | Туре                    | Step Order                         | Algorithm  |
|--|-------------------------|------------------------------------|--|
| Triamcinolone Acetonide<br>Lotion 0.025 % External | ST applies              | 1                                  | This prescription benefit provides coverage for topical pimecrolimus (without requiring a coverage review                        |
|  |                         |                                    | process) in situations where<br>the member has paid claims<br>history during the prior 12<br>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<br>one of the above qualifications<br>exist in history is determined<br>through the exception review |
|  |                         |                                    | process.   |
|  |                         |                                    |  |
|  |                         |                                    |  |
|  |                         |                                    |  |
|  | Triamcinolone Acetonide | Triamcinolone Acetonide ST applies | Triamcinolone Acetonide ST applies 1   |

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

| 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 qualifications |
|              |                           |            |            | exist in history is determined  |
|              |                           |            |            | through the exception review    |
|              |                           |            |            | process.                        |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
|              |                           |            |            |                                 |
| 1            |                           |            |            |                                 |

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

| ST Group     | Product                 | 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 qualifications |
|              |                         |            |            | exist in history is determined  |
|              |                         |            |            | through the exception review    |
|              |                         |            |            | process.                        |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
|              |                         |            |            |                                 |
| 1            |                         |            |            |                                 |

| 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 topical |
|              |                              |            |            | corticosteroids if 18 years or  |
|              |                              |            |            | older. Benefit coverage for     |
|              |                              |            |            | situations in which none or     |
|              |                              |            |            | one of the above qualifications |
|              |                              |            |            | exist in history is determined  |
|              |                              |            |            | through the exception review    |
|              |                              |            |            | process.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |

| ST Group     | Product                      | Туре       | Step Order | Algorithm                       |
|--------------|------------------------------|------------|------------|---------------------------------|
| PIMECROLIMUS | Triderm Cream 0.5 % External | ST applies | 1          | This prescription benefit       |
|              |                              |            |            | provides coverage for topical   |
|              |                              |            |            | pimecrolimus (without           |
|              |                              |            |            | requiring a coverage review     |
|              |                              |            |            | process) in situations where    |
|              |                              |            |            | the member has paid claims      |
|              |                              |            |            | history during the prior 12     |
|              |                              |            |            | months for one topical          |
|              |                              |            |            | corticosteroid if between the   |
|              |                              |            |            | ages of 2 and 17 or two 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.                        |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
|              |                              |            |            |                                 |
| 1            |                              |            |            |                                 |
| 1            |                              |            |            |                                 |
|              |                              |            |            |                                 |

| 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 qualifications |
|              |                        |            |            | exist in history is determined  |
|              |                        |            |            | through the exception review    |
|              |                        |            |            | process.                        |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
|              |                        |            |            |                                 |
| 1            |                        |            |            |                                 |
|              |                        |            |            |                                 |

| ST Group   | Product                                   | Туре                          | Step Order | Algorithm                                       |
|------------|---|-------------------------------|------------|---|
| QUETIAPINE | QUEtiapine Fumarate Tablet<br>100 MG Oral | ST applies to new starts only | 1          | This prescription benefit provides coverage for |
|            | 100 1010                                  |                               |            | quetipine fumerate extended-                    |
|            |   |                               |            | release tablet (without                         |
|            |   |                               |            | requiring a coverage review                     |
|            |   |                               |            | process) in situations where                    |
|            |   |                               |            | the member has paid claims                      |
|            |   |                               |            | history during the prior 12                     |
|            |   |                               |            | months for quetiapine                           |
|            |   |                               |            | immediate release. Benefit                      |
|            |   |                               |            | coverage for situations in                      |
|            |   |                               |            | which none of the above                         |
|            |   |                               |            | qualifications exist in history is              |
|            |   |                               |            | determined through the                          |
|            |   |                               |            | exception review process.                       |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |
|            |   |                               |            |   |

| ST Group   | Product                                   | Туре                          | Step Order | Algorithm  |
|------------|---|-------------------------------|------------|--|
| QUETIAPINE | QUEtiapine Fumarate Tablet<br>150 MG Oral | ST applies to new starts only | 1          | This prescription benefit provides coverage for quetipine fumerate extended-release tablet (without requiring a coverage review process) in situations where   |
|            |   |                               |            | the member has paid claims history during the prior 12 months for quetiapine immediate release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the |
|            |   |                               |            | exception review process.  |
|            |   |                               |            |  |
|            |   |                               |            |  |

| orithm                         |
|--------------------------------|
| prescription benefit           |
| vides coverage for             |
| tipine fumerate extended       |
| ase tablet (without            |
| uiring a coverage review       |
| cess) in situations where      |
| member has paid claims         |
| ory during the prior 12        |
| nths for quetiapine            |
| nediate release. Benefit       |
| erage for situations in        |
| ch none of the above           |
| lifications exist in history i |
| ermined through the            |
| eption review process.         |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |
|                                |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate Tablet | ST applies to new starts only | 1          | This prescription benefit          |
|            | 25 MG Oral                 |                               |            | provides coverage for              |
|            |                            |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group               | Product   | Туре                               | Step Order   | Algorithm   |
|------------------------|---|------------------------------------|--------------|---|
| ST Group<br>QUETIAPINE | Product  QUEtiapine Fumarate Tablet 300 MG Oral | Type ST applies to new starts only | Step Order 1 | This prescription benefit provides coverage for quetipine fumerate extended-release tablet (without requiring a coverage review process) in situations where the member has paid claims history during the prior 12 months for quetiapine |
|                        |   |                                    |              | immediate release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process.   |
|                        |   |                                    |              |   |
|                        |   |                                    |              |   |

| ST Group   | Product                                   | Туре                          | Step Order | Algorithm   |
|------------|---|-------------------------------|------------|---|
| QUETIAPINE | QUEtiapine Fumarate Tablet<br>400 MG Oral | ST applies to new starts only | 1          | This prescription benefit provides coverage for quetipine fumerate extended-release tablet (without requiring a coverage review process) in situations where the member has paid claims                             |
|            |   |                               |            | history during the prior 12 months for quetiapine immediate release. Benefit coverage for situations in which none of the above qualifications exist in history is determined through the exception review process. |
|            |   |                               |            | exception review process.   |
|            |   |                               |            |   |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate Tablet | ST applies to new starts only | 1          | This prescription benefit          |
|            | 50 MG Oral                 |                               |            | provides coverage for              |
|            |                            |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate ER     | ST applies to new starts only | 2          | This prescription benefit          |
|            | Tablet Extended Release 24 |                               |            | provides coverage for              |
|            | Hour 150 MG Oral           |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate ER     | ST applies to new starts only | 2          | This prescription benefit          |
|            | Tablet Extended Release 24 |                               |            | provides coverage for              |
|            | Hour 200 MG Oral           |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate ER     | ST applies to new starts only | 2          | This prescription benefit          |
|            | Tablet Extended Release 24 |                               |            | provides coverage for              |
|            | Hour 300 MG Oral           |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate ER     | ST applies to new starts only | 2          | This prescription benefit          |
|            | Tablet Extended Release 24 |                               |            | provides coverage for              |
|            | Hour 400 MG Oral           |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
| 1          |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

| ST Group   | Product                    | Туре                          | Step Order | Algorithm                          |
|------------|----------------------------|-------------------------------|------------|------------------------------------|
| QUETIAPINE | QUEtiapine Fumarate ER     | ST applies to new starts only | 2          | This prescription benefit          |
|            | Tablet Extended Release 24 |                               |            | provides coverage for              |
|            | Hour 50 MG Oral            |                               |            | quetipine fumerate extended-       |
|            |                            |                               |            | release tablet (without            |
|            |                            |                               |            | requiring a coverage review        |
|            |                            |                               |            | process) in situations where       |
|            |                            |                               |            | the member has paid claims         |
|            |                            |                               |            | history during the prior 12        |
|            |                            |                               |            | months for quetiapine              |
|            |                            |                               |            | immediate release. Benefit         |
|            |                            |                               |            | coverage for situations in         |
|            |                            |                               |            | which none of the above            |
|            |                            |                               |            | qualifications exist in history is |
|            |                            |                               |            | determined through the             |
|            |                            |                               |            | exception review process.          |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |
|            |                            |                               |            |                                    |

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

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

| ST Group | Product                    | Туре       | Step Order | Algorithm                          |
|----------|----------------------------|------------|------------|------------------------------------|
| ZALEPLON | Belsomra TABLET 10 MG ORAL | ST applies | 1          | This prescription benefit          |
|          |                            |            |            | provides coverage for Zaleplor     |
|          |                            |            |            | (without requiring a coverage      |
|          |                            |            |            | review process) in situations      |
|          |                            |            |            | where the member has paid          |
|          |                            |            |            | claims history during the prior    |
|          |                            |            |            | 12 months for 1 safer              |
|          |                            |            |            | alternative such as Belsomra       |
|          |                            |            |            | or doxepin (3mg or 6mg).           |
|          |                            |            |            | 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                          |
|----------|----------------------------|------------|------------|------------------------------------|
| ZALEPLON | Belsomra TABLET 15 MG ORAL | ST applies | 1          | This prescription benefit          |
|          |                            |            |            | provides coverage for Zaleplon     |
|          |                            |            |            | (without requiring a coverage      |
|          |                            |            |            | review process) in situations      |
|          |                            |            |            | where the member has paid          |
|          |                            |            |            | claims history during the prior    |
|          |                            |            |            | 12 months for 1 safer              |
|          |                            |            |            | alternative such as Belsomra       |
|          |                            |            |            | or doxepin (3mg or 6mg).           |
|          |                            |            |            | 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                          |
|----------|----------------------------|------------|------------|------------------------------------|
| ZALEPLON | Belsomra TABLET 20 MG ORAL | ST applies | 1          | This prescription benefit          |
|          |                            |            |            | provides coverage for Zaleplon     |
|          |                            |            |            | (without requiring a coverage      |
|          |                            |            |            | review process) in situations      |
|          |                            |            |            | where the member has paid          |
|          |                            |            |            | claims history during the prior    |
|          |                            |            |            | 12 months for 1 safer              |
|          |                            |            |            | alternative such as Belsomra       |
|          |                            |            |            | or doxepin (3mg or 6mg).           |
|          |                            |            |            | 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                          |
|----------|---------------------------|------------|------------|------------------------------------|
| ZALEPLON | Belsomra TABLET 5 MG ORAL | ST applies | 1          | This prescription benefit          |
|          |                           |            |            | provides coverage for Zaleplon     |
|          |                           |            |            | (without requiring a coverage      |
|          |                           |            |            | review process) in situations      |
|          |                           |            |            | where the member has paid          |
|          |                           |            |            | claims history during the prior    |
|          |                           |            |            | 12 months for 1 safer              |
|          |                           |            |            | alternative such as Belsomra       |
|          |                           |            |            | or doxepin (3mg or 6mg).           |
|          |                           |            |            | 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                          |
|----------|------------------------------|------------|------------|------------------------------------|
| ZALEPLON | Doxepin HCl Tablet 3 MG Oral | ST applies | 1          | This prescription benefit          |
|          |                              |            |            | provides coverage for Zaleplon     |
|          |                              |            |            | (without requiring a coverage      |
|          |                              |            |            | review process) in situations      |
|          |                              |            |            | where the member has paid          |
|          |                              |            |            | claims history during the prior    |
|          |                              |            |            | 12 months for 1 safer              |
|          |                              |            |            | alternative such as Belsomra       |
|          |                              |            |            | or doxepin (3mg or 6mg).           |
|          |                              |            |            | 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.       |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
|          |                              |            |            |                                    |
| ZALEPLON | Doxepin HCl Tablet 6 MG Oral | ST applies | 1          | This prescription benefit          |

| ST Group | Product                     | Туре       | Step Order | Algorithm                          |
|----------|-----------------------------|------------|------------|------------------------------------|
| ZALEPLON | Zaleplon Capsule 10 MG Oral | ST applies | 2          | This prescription benefit          |
|          |                             |            |            | provides coverage for Zaleplon     |
|          |                             |            |            | (without requiring a coverage      |
|          |                             |            |            | review process) in situations      |
|          |                             |            |            | where the member has paid          |
|          |                             |            |            | claims history during the prior    |
|          |                             |            |            | 12 months for 1 safer              |
|          |                             |            |            | alternative such as Belsomra       |
|          |                             |            |            | or doxepin (3mg or 6mg).           |
|          |                             |            |            | 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                          |
|----------|-----------------------------|------------|------------|------------------------------------|
| ZALEPLON | Zaleplon Capsule 5 MG Oral  | ST applies | 2          | This prescription benefit          |
|          |                             |            |            | provides coverage for Zaleplon     |
|          |                             |            |            | (without requiring a coverage      |
|          |                             |            |            | review process) in situations      |
|          |                             |            |            | where the member has paid          |
|          |                             |            |            | claims history during the prior    |
|          |                             |            |            | 12 months for 1 safer              |
|          |                             |            |            | alternative such as Belsomra       |
|          |                             |            |            | or doxepin (3mg or 6mg).           |
|          |                             |            |            | 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.       |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
|          |                             |            |            |                                    |
| ZOLPIDEM | Zolpidem Tartrate Tablet 10 | ST applies | 2          | This prescription benefit          |

| ST Group | Product                       | Туре       | Step Order | Algorithm                          |
|----------|-------------------------------|------------|------------|------------------------------------|
| ZOLPIDEM | Zolpidem Tartrate Tablet 5 MG | ST applies | 2          | This prescription benefit          |
|          | Oral                          |            |            | provides coverage for              |
|          |                               |            |            | Zolpidem (without requiring a      |
|          |                               |            |            | coverage review process) in        |
|          |                               |            |            | situations where the member        |
|          |                               |            |            | has paid claims history during     |
|          |                               |            |            | the prior 12 months for 1 safer    |
|          |                               |            |            | alternative such as Belsomra       |
|          |                               |            |            | or doxepin (3mg or 6mg).           |
|          |                               |            |            | 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.       |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |
|          |                               |            |            |                                    |