



**Family Care SNP
Step Therapy Criteria**

ARB

COVERAGE POLICY

- A. Patient must fill a 60 day supply of Benicar or Micardis within the past 120 days.



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BETA BLOCKER

COVERAGE POLICY

- A. Patient must fill a 30 day supply of two of the following within the past 120 days:
 - a. Atenolol
 - b. Bisoprolol
 - c. Carvedilol
 - d. Labetalol
 - e. Metoprolol
 - f. Nadolol
 - g. Pindolol
 - h. Propranolol
 - i. Sotalol
 - j. Timolol



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CALCIUM CHANNEL

COVERAGE POLICY

- A. Patient must fill a 30 day supply of two of the following within the past 120 days:
 - a. Amlodipine
 - b. Diltiazem
 - c. Felodipine
 - d. Isradipine
 - e. Nifedipine
 - f. Verapamil



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DIABETIC

COVERAGE POLICY

- A. Patient must fill a 90 day supply of metformin within the past 120 days.



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ELIDEL

COVERAGE POLICY

- A. Patient must fill a 30 day supply of one generic topical steroid within the past 120 days.
 - a. Betamethasone
 - b. Clobetasol
 - c. Desonide
 - d. Fluocinonide
 - e. Hydrocortisone
 - f. Mometasone
 - g. Triamcinolone



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FENOFIBRATE

COVERAGE POLICY

- A. Patient must fill a 60 day supply of fenofibrate within the past 120 days.



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HYPNOTICS

Patient must have a 30 day supply of both zaleplon and zolpidem with in the past 120 days.



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KEPPRA XR

COVERAGE POLICY

Patient must have filled a 60 day supply of levetiracetam within the past 120 days.



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NASAL STEROID

COVERAGE POLICY

Patient must fill a 30 day supply of flunisolide and fluticasone within the past 120 days.



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OMEGA-3

COVERAGE POLICY

- A. Patient must have filled a 60 day supply of the following within the past 120 days:
 - a. Generic statin (lovastatin, pravastatin, simvastatin)
 - b. Gemfibrozil or fenofibrate



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PROTON PUMP INHIBITORS

COVERAGE POLICY

- A. Patient must fill a 30 day supply of omeprazole and pantoprazole within the past 120 days.



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SSRI'S

COVERAGE POLICY

Patient must fill 30 day supply of two or more generic SSRIs (Citalopram, Fluoxetine, Fluvoxamine, Paroxetine, Paroxetine CR, Sertraline) within the past 180 days.



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STATINS

COVERAGE POLICY

Patient must fill 60 day supply of a generic statin and patient must fill 60 day supply of Vytorin within the last 180 days.



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STAVZOR

COVERAGE POLICY

Patient must have filled a 60 day supply of divalproex, divalproex ER or Valproic Acid within 120 days.

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- A. Patient must fill a 60 day supply of two or more of the following within the last 120 days:
- a. Carbamazepine
 - b. Divalproex
 - c. Phenytoin
 - d. Levetiracetam
 - e. Lamotigine
 - f. Valproic Acid



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TRIPTAN

COVERAGE POLICY

Patient must have filled a 30 day supply of oral sumatriptan within the past 120 days.



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ZMAX

COVERAGE POLICY

- A. Patient must fill a 10 day supply of two or more of the following within the past 120 days:
 - a. Azithromycin
 - b. Erythromycin
 - c. Clarithromycin



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