



**Family Care Basic  
Step Therapy Criteria**

**ARB**

**COVERAGE POLICY**

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



## Family Care Basic Step Therapy Criteria

### 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



**Family Care Basic  
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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



**Family Care Basic  
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**DIABETIC**

**COVERAGE POLICY**

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



## Family Care Basic Step Therapy Criteria

### 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.



**Family Care Basic  
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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**

- A. 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**

- A. 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.



## Family Care Basic Step Therapy Criteria

### TEGRETOL XR

#### COVERAGE POLICY

- 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



**Family Care Basic  
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**TRIPTAN**

**COVERAGE POLICY**

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



**Family Care Basic  
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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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