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Step Therapy Criteria

Effective 12/01/2025

ABSORICA

<p>Criteria Details</p>	<p>An automatic approval will be given to members who have had previous treatment with two of the following: Amnesteem, Claravis, Isotretinoin, Myorisan, or Zenatane.</p>
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ABSORICA LD

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: Amnesteem, Claravis, Isotretinoin, Myorisan, or Zenatane.

ACTICLATE

Criteria Details
The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

ACULAR

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

ACULAR LS

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

ACUVAIL (PF)

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

ADLARITY

Criteria Details

The member has tried or cannot use BOTH donepezil tablets AND rivastigmine patches.

ADMELOG SOLOSTAR U-100 INSULIN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).
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ADMELOG U-100 INSULIN LISPRO

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).
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AIRDUO DIGIHALER

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: Wixela Inhub, fluticasone-salmeterol (generic for AirDuo Respiclick or generic for Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

AIRDUO RESPICLICK

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with two of the following: Wixela Inhub, fluticasone-salmeterol (generic for AirDuo Respiclick or generic for Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

An automatic approval will be given to members who have had previous treatment with two of the following: Wixela Inhub, fluticasone-salmeterol (generic for AirDuo Respiclick or generic for Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

almotriptan malate

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

ALPHAGAN P

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with brimonidine 0.2% eye drops (generic Alphagan).

ALREX

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

ALTOPREV

Criteria Details
An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

ALVESCO

Criteria Details

An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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amcinonide

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

amoxicil-clarithromy-lansopraz

Criteria Details
An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.

AMRIX

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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APIDRA SOLOSTAR U-100 INSULIN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).
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APIDRA U-100 INSULIN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).
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APLENZIN

Criteria Details
A automatic approval will be given to members who have had prior therapy with a generic bupropion product (75mg/100mg IR, 100mg/150mg/200mg SR, or 150mg/300mg XL) and at least 1 other SSRI, SNRI or mirtazapine.

APRISO

Criteria Details
An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

ARB LI

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.

ARMONAIR DIGIHALER

Criteria Details	
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	An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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ASMANEX HFA

Criteria Details

An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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ASMANEX TWISTHALER

Criteria Details	
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	An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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aspirin-dipyridamole

Criteria Details

An automatic approval will be given to members who have had previous treatment with clopidogrel.
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ATORVALIQ

Criteria Details
An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

avidoxy

Criteria Details
The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

AZASITE

Criteria Details
The member has had previous treatment within the past 12 months or intolerance to two of the following: ciprofloxacin eye drops, levofloxacin eye drops, moxifloxacin eye drops (generic Vigamox), or ofloxacin eye drops.

azelaic acid

Criteria Details

An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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azelastine-fluticasone

Criteria Details
An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

AZOPT

Criteria Details

An automatic approval will be given to members who have had previous treatment with dorzolamide 2 % eye drops.
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BELBUCA

Criteria Details

An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

bepotastine besilate

Criteria Details

An automatic approval will be given to members who have had previous trial with at least two of the following agents: olopatadine 0.1% eye drops, azelastine eye drops, cromolyn eye drops, or Zerviate eye drops.

BEPREVE

Criteria Details

An automatic approval will be given to members who have had previous trial with at least two of the following agents: olopatadine 0.1% eye drops, azelastine eye drops, cromolyn eye drops, or Zerviate eye drops.
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BESIVANCE

Criteria Details

The member has had previous treatment within the past 12 months or intolerance to two of the following: ciprofloxacin eye drops, levofloxacin eye drops, moxifloxacin eye drops (generic Vigamox), or ofloxacin eye drops.
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BETIMOL

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following ophthalmic products: timolol (generic Timoptic), levobunolol, or betaxolol.
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BETOPTIC S

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with two of the following ophthalmic products: timolol (generic Timoptic), levobunolol, or betaxolol.

BINOSTO

Criteria Details	An automatic approval will be given to members who have had previous treatment with Alendronate.
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bismuth subcit k-metronidz-tcn

Criteria Details

An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.
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brimonidine

Criteria Details	An automatic approval will be given to members who have had previous treatment with brimonidine 0.2% eye drops (generic Alphagan).
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brinzolamide

Criteria Details

An automatic approval will be given to members who have had previous treatment with dorzolamide 2 % eye drops.
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bromfenac

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

BROMSITE

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

BRYHALI

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

bupropion hcl

Criteria Details
A automatic approval will be given to members who have had prior therapy with a generic bupropion product (75mg/100mg IR, 100mg/150mg/200mg SR, or 150mg/300mg XL) and at least 1 other SSRI, SNRI or mirtazapine.

calcipotriene

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

calcitriol

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

CAMBIA

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

CANASA

Criteria Details

An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

carbidopa-levodopa

Criteria Details

The member has tried or cannot use at least one other carbidopa-levodopa containing product.
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carisoprodol

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

chlorzoxazone

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

CLARINEX-D 12 HOUR

Criteria Details	
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An automatic approval will be given to members who have had previous treatment with one of the following: fluticasone nasal spray, flunisolide nasal spray, levocetirizine solution, or levocetirizine tablets.

CLENPIQ

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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CLOBEX

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.
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CONZIP

Criteria Details

An automatic approval will be given to members who have had previous treatment with immediate-release tramadol 50 mg tablet.
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CORDRAN

Criteria Details	
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An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

COSOPT

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with dorzolamide/timolol ophthalmic solution

COSOPT (PF)

Criteria Details	An automatic approval will be given to members who have had previous treatment with dorzolamide/timolol ophthalmic solution
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CREXONT

Criteria Details

The member has tried or cannot use at least one other carbidopa-levodopa containing product.
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cyclobenzaprine

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

CYCLOSET

Criteria Details
An automatic approval will be given to members who have had previous treatment with, contraindication, or intolerance to a metformin containing medicine.

DARTISLA

Criteria Details	Member has previous treatment or intolerance to glycopyrrolate tablet.
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DELZICOL

Criteria Details	
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An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

desloratadine

Criteria Details
An automatic approval will be given to members who have had previous treatment with one of the following: fluticasone nasal spray, flunisolide nasal spray, levocetirizine solution, or levocetirizine tablets.

desvenlafaxine

Criteria Details
An automatic approval will be given to members who have had previous treatment with venlafaxine (IR or ER) AND duloxetine.

diclofenac potassium

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

difluprednate

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

DIPENTUM

Criteria Details

An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

dolobid

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

DORYX

Criteria Details

The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).
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DORYX MPC

Criteria Details

The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).
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doxycycline hyclate

Criteria Details
The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

doxycycline monohydrate

Criteria Details

The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).
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DULERA

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: Wixela Inhub, fluticasone-salmeterol (generic for AirDuo Respiclick or generic for Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

DUREZOL

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

DYMISTA

Criteria Details

An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

EDARBI

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.

EDARBYCLOR

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.

eletriptan

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

ELIQUIS

Criteria Details	Pending CMS Review
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ELIQUIS SPRINKLE

Criteria Details	Pending CMS Review
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ELYXYB

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

epinastine

Criteria Details
An automatic approval will be given to members who have had previous trial with at least two of the following agents: olopatadine 0.1% eye drops, azelastine eye drops, cromolyn eye drops, or Zerviate eye drops.

EPSOLAY

Criteria Details	An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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EXELDERM

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to two of the following: clotrimazole cream, ciclopirox 0.77% cream/gel/suspension, or ketoconazole cream.

EZALLOR SPRINKLE

Criteria Details	
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An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

ezetimibe-rosuvastatin

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

febuxostat

Criteria Details

An automatic approval will be given to members who have had previous treatment with Allopurinol.
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fenofibrate micronized

Criteria Details
An automatic approval will be given to members who have had previous treatment to one strength of generic fenofibrate tablet (145mg, 160mg, 48mg,54 mg) AND one strength of generic fenofibrate micronized capsule (200 mg, 134 mg, 67 mg).

fenoprofen

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

fenopron

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

FEXMID

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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FINACEA

Criteria Details

An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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FLAREX

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

FLOLIPID

Criteria Details
An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

fluticasone propionate

Criteria Details

An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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fluvastatin

Criteria Details
An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.

FML FORTE

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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FML LIQUIFILM

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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FORFIVO XL

Criteria Details
A automatic approval will be given to members who have had prior therapy with a generic bupropion product (75mg/100mg IR, 100mg/150mg/200mg SR, or 150mg/300mg XL) and at least 1 other SSRI, SNRI or mirtazapine.

FOSAMAX PLUS D

Criteria Details	An automatic approval will be given to members who have had previous treatment with Alendronate.
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FROVA

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

frovatriptan

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

gabapentin

Criteria Details
This applies to new starts only. An automatic approval will be given to members who have had a previous treatment or intolerance to gabapentin AND at least one of the following: Lidocaine 5% topical patch or pregabalin (e.g. Lyrica).

GELNIQUE

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: Oxybutynin immediate-release tablet, oxybutynin extended-release tablet, solifenacin, Myrbetriq, or Gemtesa.

GLUCAGEN HYPOKIT

Criteria Details

An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.

GLUCAGON (HCL) EMERGENCY KIT

Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.
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glucagon emergency kit (human)

Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.
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GLUMETZA

Criteria Details	
	An automatic approval will be given to members who have had previous treatment or intolerance to metformin IR 500 mg, 850 mg, or 1000 mg (generic Glucophage) OR metformin ER (generic Glucophage XR) for at least 3 months.

GOLYTELY

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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GRALISE

Criteria Details

This applies to new starts only. An automatic approval will be given to members who have had a previous treatment or intolerance to gabapentin AND at least one of the following: Lidocaine 5% topical patch or pregabalin (e.g. Lyrica).

GVOKE

Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.
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GVOKE HYPOPEN 1-PACK

Criteria Details

An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.

GVOKE HYPOPEN 2-PACK

Criteria Details

An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.

GVOKE PFS 1-PACK SYRINGE

Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.
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GVOKE PFS 2-PACK SYRINGE

Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue or Baqsimi.
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HUMALOG TEMPO PEN(U-100)INSULN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).

hydrocodone bitartrate

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

hydromorphone

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

HYSINGLA ER

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

ibuprofen

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

imiquimod

Criteria Details

The member has had previous treatment, or intolerance to generic imiquimod 5% cream.
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INVELTYS

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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ivermectin

Criteria Details

An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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IYUZEH (PF)

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: bimatoprost, latanoprost, travaprost, Lumigan, Rocklatan, or Vyzulta.

KAPSPARGO SPRINKLE

Criteria Details

The member has had previous treatment with at least TWO of the following generic beta blockers: carvedilol tablet, atenolol tablet, metoprolol (tartrate OR succinate).

KATERZIA

Criteria Details

Member must have previous treatment with two of the following: generic amlodipine tablet, generic immediate release verapamil tablet, or generic immediate release diltiazem tablet.
--

ketoprofen

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

kiprofen

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

KIRSTY

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).

KIRSTY PEN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).

KONVOMEF

Criteria Details
An approval will be given to members who have had previous treatment or intolerance to omeprazole AND pantoprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required.

LESCOL XL

Criteria Details

An automatic approval will be given to members who have had previous treatment with ezetimibe and one of the following: lovastatin, atorvastatin, rosuvastatin, simvastatin, or pravastatin.
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levalbuterol tartrate

Criteria Details

An automatic approval will be given to members who have had previous treatment with generic albuterol HFA OR Ventolin HFA.
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levetiracetam

Criteria Details
An automatic approval will be given to members who have had prior therapy with levetiracetam and one of the following: lamotrigine, carbamazepine, topiramate, divalproex, or phenytoin.

levorphanol tartrate

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to at least two (2) of the following agents: oxycodone IR, hydromorphone, morphine sulfate IR.

LIALDA

Criteria Details

An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

LIVALO

Criteria Details

An automatic approval will be given to members who have had previous treatment with both of the following: Zypitamag and ezetimibe.
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LORZONE

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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LOTEMAX

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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loteprednol etabonate

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

Iuliconazole

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to two of the following: clotrimazole cream, ciclopirox 0.77% cream/gel/suspension, or ketoconazole cream.

LUXIQ

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

LUZU

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to two of the following: clotrimazole cream, ciclopirox 0.77% cream/gel/suspension, or ketoconazole cream.

LYUMJEV TEMPO PEN(U-100)INSULN

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).
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LYVISPAH

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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MAXIDEX

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.

MERILOG

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).

MERILOG SOLOSTAR

Criteria Details

An automatic approval will be given to members who have had previous treatment with Lyumjev Kwikpen/Vial (insulin lispro), Fiasp (insulin aspart), Novolog (insulin aspart), Novolog Mix (insulin aspart protamine / insulin aspart), Novolin R (regular insulin), Novolin N (NPH insulin), Novolin 70/30 (NPH insulin / regular insulin), Humalog Kwikpen/Vial (insulin lispro), Humulin N (NPH insulin), Humulin R (regular insulin), Humulin Mix 70/30 (nph insulin and regular insulin), Humalog Mix 75/25 (insulin lispro and insulin lispo protamine) or Humalog Mix 50/50 (insulin lispro and insulin lispo protamine).

mesalamine

Criteria Details
An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

metaxalone

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

metformin

Criteria Details
An automatic approval will be given to members who have had previous treatment or intolerance to metformin IR 500 mg, 850 mg, or 1000 mg (generic Glucophage) OR metformin ER (generic Glucophage XR) for at least 3 months.

METROGEL

Criteria Details	An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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minocycline

Criteria Details

The member has previous treatment or intolerance with a generic immediate-release minocycline formulation.
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MIRAPEX ER

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.

MIRVASO

Criteria Details

An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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mondoxyne nl

Criteria Details
The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

morgidox

Criteria Details
The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

morphine

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

MOVIPREP

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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moxifloxacin

Criteria Details
The member has had previous treatment within the past 12 months or intolerance to two of the following: ciprofloxacin eye drops, levofloxacin eye drops, moxifloxacin eye drops (generic Vigamox), or ofloxacin eye drops.

mupirocin calcium

Criteria Details

The member has had previous treatment within the past 12 months or intolerance with mupirocin topical ointment.

naftifine

Criteria Details	
	An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to two of the following: clotrimazole cream, ciclopirox 0.77% cream/gel/suspension, or ketoconazole cream.

NAFTIN

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to two of the following: clotrimazole cream, ciclopirox 0.77% cream/gel/suspension, or ketoconazole cream.

NALFON

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

naproxen sodium

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

NEUPRO

Criteria Details

An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.

NEVANAC

Criteria Details	
	An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

NORITATE

Criteria Details

An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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NORLIQVA

Criteria Details	Member must have previous treatment with two of the following: generic amlodipine tablet, generic immediate release verapamil tablet, or generic immediate release diltiazem tablet.
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NUCYNTA

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to at least two (2) of the following agents: oxycodone IR, hydromorphone, morphine sulfate IR.

NUCYNTA ER

Criteria Details

An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

olopatadine

Criteria Details
An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

OMECLAMOX-PAK

Criteria Details	An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.
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omeprazole-sodium bicarbonate

Criteria Details
An approval will be given to members who have had previous treatment or intolerance to omeprazole AND pantoprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required.

OMNARIS

Criteria Details

An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

ONZETRA XSAIL

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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ORACEA

Criteria Details

The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).

orphenadrine citrate

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

oxcarbazepine

Criteria Details

An automatic approval will be given to members who have had prior therapy with immediate release oxcarbazepine.

OXTELLAR XR

Criteria Details	An automatic approval will be given to members who have had prior therapy with immediate release oxcarbazepine.
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oxycodone

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

OXYCONTIN

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

oxymorphone

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

OXYTROL

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: Oxybutynin immediate-release tablet, oxybutynin extended-release tablet, solifenacin, Myrbetriq, or Gemtesa.

PANCREAZE

Criteria Details	An automatic approval will be given to members who have had previous treatment or intolerance to Creon AND Zenpep.
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peg3350-sod sul-nacl-kcl-asb-c

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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PENTASA

Criteria Details

An automatic approval will be given to members who have had previous treatment or intolerance to two of the following: sulfasalazine, balsalazide capsules, mesalamine enema, mesalamine 0.375g extended-release, or mesalamine rectal suppository.

PERTZYE

Criteria Details	An automatic approval will be given to members who have had previous treatment or intolerance to Creon AND Zenpep.
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pitavastatin calcium

Criteria Details

An automatic approval will be given to members who have had previous treatment with both of the following:
Zypitamag and ezetimibe.

PLENVU

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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pramipexole

Criteria Details	An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.
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PRED FORTE

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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PRED MILD

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with two of the following eye drops: prednisolone sodium phosphate 1%, prednisolone acetate 1%, Dexamethasone 0.1%, Fluorometholone 0.1%, Lotemax SM 0.38%.
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PROAIR DIGIHALER

Criteria Details	An automatic approval will be given to members who have had previous treatment with generic albuterol HFA OR Ventolin HFA.
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PROAIR RESPICLICK

Criteria Details	
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An automatic approval will be given to members who have had previous treatment with generic albuterol HFA OR Ventolin HFA.

PROLENSA

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months, contraindication, or intolerance to Ilevro ophthalmic solution and one of the following: ketorolac ophthalmic solution or diclofenac ophthalmic solution or Flurbiprofen ophthalmic solution.

PULMICORT FLEXHALER

Criteria Details	An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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PYLERA

Criteria Details
An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.

QNASL

Criteria Details	An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.
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QUVIVIQ

Criteria Details

The member has had previous treatment, intolerance or contraindication with Belsomra or trazodone tablet.

QVAR REDIHALER

Criteria Details

An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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ramelteon

Criteria Details

The member has had previous treatment, intolerance or contraindication with Belsomra or trazodone tablet.

RELAFEN DS

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

RELPA

Criteria Details	An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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RHOFADE

Criteria Details	An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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RHOPRESSA

Criteria Details
An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog.

risperidone

Criteria Details

The member has had prior therapy or intolerance with generic risperidone tablets.

rivaroxaban

Criteria Details
An automatic approval will be given to members who have had previous treatment with Xarelto tablets OR is 17 years of age or younger.

ROCKLATAN

Criteria Details

An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to a prostaglandin analog.

ropinirole

Criteria Details	
	An automatic approval will be given to members who have had previous treatment with Pramipexole IR AND Ropinirole IR.

rosadan

Criteria Details
An automatic approval will be given to members who have had previous treatment with topical metronidazole.

ROZEREM

Criteria Details

The member has had previous treatment, intolerance or contraindication with Belsomra or trazodone tablet.

RYALTRIS

Criteria Details
An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

RYTARY

Criteria Details

The member has tried or cannot use at least one other carbidopa-levodopa containing product.
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SEYSARA

Criteria Details

The member has previous treatment or intolerance with a generic immediate-release minocycline formulation.
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SOAANZ

Criteria Details	An automatic approval will be given to members who have had previous treatment with two of the following: furosemide tablet, bumetanide table, or torsemide tablet.
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SOLODYN

Criteria Details	The member has previous treatment or intolerance with a generic immediate-release minocycline formulation.
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SOMA

Criteria Details	An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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SOOLANTRA

Criteria Details	An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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SORILUX

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

SPRITAM

Criteria Details

An automatic approval will be given to members who have had prior therapy with levetiracetam and one of the following: lamotrigine, carbamazepine, topiramate, divalproex, or phenytoin.
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sumatriptan-naproxen

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

SUPREP BOWEL PREP KIT

Criteria Details

The member has tried or cannot use at least one of the following: Suflave, Sutab, or generic Suprep (sodium, potassium, and magnesium sulfates oral solution).
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SYMBRAVO

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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tafluprost (pf)

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: bimatoprost, latanoprost, travaprost, Lumigan, Rocklatan, or Vyzulta.

TARGADOX

Criteria Details

The member has had previous treatment or intolerance with oral immediate release doxycycline (e.g. doxycycline monohydrate 50 mg capsule/tablet, doxycycline 75 mg tablet, 100 mg capsule/tablet).
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TEKTURNA HCT

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.

timolol

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following ophthalmic products: timolol (generic Timoptic), levobunolol, or betaxolol.

TIMOPTIC OCUDOSE (PF)

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following ophthalmic products: timolol (generic Timoptic), levobunolol, or betaxolol.
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tizanidine

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.

TOSYMRA

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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tramadol

Criteria Details
An automatic approval will be given to members who have had previous treatment with immediate-release tramadol 50 mg tablet.

TRAVATAN Z

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: bimatoprost, latanoprost, travaprost, Lumigan, Rocklatan, or Vyzulta.

TREXIMET

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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TRINTELLIX

Criteria Details
An automatic approval will be given to members who have had prior therapy, intolerance, or contraindication with a generic SSRI, SNRI, a generic bupropion product (75mg/100mg IR, 100mg/150mg/200mg SR, or 150mg/300mg XL) or mirtazapine.

ULORIC

Criteria Details	An automatic approval will be given to members who have had previous treatment with Allopurinol.
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valsartan

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: lisinopril, lisinopril-HCTZ, ramipril, benazepril, benazepril-HCTZ, quinapril, quinapril-HCTZ, enalapril, enalapril-HCTZ, Losartan, Losartan-HCTZ, Valsartan, Valsartan-HCTZ, Irbesartan, Irbesartan-HCTZ, Olmesartan, Olmesartan-HCTZ.

VECTICAL

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following topical generic products: triamcinolone, mometasone, fluticasone, betamethasone, or clobetasol.

VIOKACE

Criteria Details
An automatic approval will be given to members who have had previous treatment or intolerance to Creon AND Zenpep.

VOQUEZNA DUAL PAK

Criteria Details

An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.
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VOQUEZNA TRIPLE PAK

Criteria Details
An automatic approval will be given to members who have had previous treatment, intolerance, or contraindication to Talicia.

VYSCOXA

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

XARELTO

Criteria Details
An automatic approval will be given to members who have had previous treatment with Xarelto tablets OR is 17 years of age or younger.

XELPROS

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: bimatoprost, latanoprost, travaprost, Lumigan, Rocklatan, or Vyzulta.

XIMINO

Criteria Details

The member has previous treatment or intolerance with a generic immediate-release minocycline formulation.
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XOPENEX HFA

Criteria Details
An automatic approval will be given to members who have had previous treatment with generic albuterol HFA OR Ventolin HFA.

XTAMPZA ER

Criteria Details
An automatic approval will be given to members who have had a trial of at least two of the following long acting opioid products: morphine extended-release tablet, fentanyl patch, buprenorphine weekly transdermal patch, tramadol extended-release tablet.

ZANAFLEX

Criteria Details

An automatic approval will be given to members who have had previous treatment within the past 12 months with generic tizanidine tablets AND baclofen tablets.
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ZEGERID

Criteria Details
An approval will be given to members who have had previous treatment or intolerance to omeprazole AND pantoprazole. For the diagnosis of reduction of risk of upper GI bleeding in critically ill patients, pantoprazole therapy is not required.

ZEMBRACE SYMTOUCH

Criteria Details

An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.
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ZETONNA

Criteria Details
An approval will be given to members who have had previous treatment with two of the following: Fluticasone nasal spray, Azelastine nasal spray, Flunisolide nasal spray. If the member has nasal polyps OR for prophylaxis to seasonal allergic rhinitis, the request will be approved.

zileuton

Criteria Details
An automatic approval will be given to members who have had previous treatment or intolerance to montelukast AND zafirlukast.

ZIOPTAN (PF)

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: bimatoprost, latanoprost, travaprost, Lumigan, Rocklatan, or Vyzulta.

ZIPSOR

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

zolmitriptan

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

zomig

Criteria Details
An automatic approval will be given to members who have had previous treatment with two of the following: naratriptan, sumatriptan or rizatriptan.

ZORVOLEX

Criteria Details
An automatic approval will be given to members who have had previous treatment within the past 12 months with at least two of the following oral generics: Diclofenac tablet, Ibuprofen (400/600/800 mg tablet, 100mg/5mL suspension), meloxicam, Naproxen.

ZYCLARA

Criteria Details

The member has had previous treatment, or intolerance to generic imiquimod 5% cream.
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ZYFLO

Criteria Details

An automatic approval will be given to members who have had previous treatment or intolerance to montelukast AND zafirlukast.

ZYPITAMAG

Criteria Details

An automatic approval will be given to members who have had previous treatment with one of the following statins: simvastatin, pravastatin, lovastatin, atorvastatin or rosuvastatin.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-320-1235 (听障专线：711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-320-1235 (聽障專線：711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخططنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-320-1235. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスをご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY: 711) にお電話ください。日本語を話す者が支援いたします。これは無料のサービスです。