You can contact Humana for the most recent list of drugs by calling the number on the back of your membership card, or for TTY users, 711, Monday through Friday, from 8 a.m. - 9 p.m., Eastern time. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting Humana.com.

Step Therapy Criteria

Effective 12/01/2025

ABSORICA

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.

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.

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).

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

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

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

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

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).

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).

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.

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.

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

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

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%.

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.

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

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.

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

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.

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).

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).

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.

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.

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.

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

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

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

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

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.

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).

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.

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

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.

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

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.

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.

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.

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.

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.

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.

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

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

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

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

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

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

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.

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.

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.

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.

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.

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.

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

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.

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.

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.

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).

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.

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

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.

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

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

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

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.

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

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

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.

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.

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

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.

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%.

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.

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.

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).

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).

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).

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).

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.

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%.

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.

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.

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.

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

Criteria Details	Pending CMS Review

Criteria Details	Pending CMS Review

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.

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.

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

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.

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.

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.

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

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).

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.

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.

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.

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

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%.

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.

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

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.

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%.

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%.

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.

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

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

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

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).

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.

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

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

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

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.

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).

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).

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

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

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).

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.

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.

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.

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.

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

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%.

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

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.

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).

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.

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.

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.

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).

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).

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.

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.

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

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.

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.

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.

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

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.

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%.

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%.

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.

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.

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.

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).

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.

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%.

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).

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).

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.

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.

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.

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

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

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

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

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).

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).

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.

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).

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.

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

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.

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.

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.

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.

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

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

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

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.

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.

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.

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.

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

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.

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.

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

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).

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.

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

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

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.

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.

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.

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.

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

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).

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.

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

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

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).

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

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%.

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%.

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

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

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

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

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

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.

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

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

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

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.

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

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

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

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

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.

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

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

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

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

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.

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

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

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.

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

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.

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

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.

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.

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

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).

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

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.

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).

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.

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.

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.

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.

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

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

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.

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

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.

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

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.

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.

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

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

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

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.

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.

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.

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

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

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.

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.

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.

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

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.

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

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.

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.

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

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

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.

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

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

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 quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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 답해 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 بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). 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。