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Step Therapy Criteria

Effective 04/01/2026

## **ABSORICA**

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

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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.

## ACULAR

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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

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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)

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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

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Criteria Details
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The member has tried or cannot use BOTH donepezil tablets AND rivastigmine patches.
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# ADMELOG SOLOSTAR U-100 INSULIN

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# ADMELOG U-100 INSULIN LISPRO

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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## AIRDUO DIGIHALER

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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 Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

# AIRDUO RESPICLICK

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

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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

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

# ALREX

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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

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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

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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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## amcinonide

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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

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Criteria Details
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The member has tried or cannot use Talicia.
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# AMRIX

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Criteria Details
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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

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# APIDRA U-100 INSULIN

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# APLENZIN

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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 one of the following: selective serotonin reuptake inhibitor (SSRI) (e.g., citalopram, fluoxetine, or sertraline), serotonin norepinephrine reuptake inhibitor (SNRI) (e.g., venlafaxine, duloxetine, or desvenlafaxine), OR mirtazapine.

# APRISO

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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

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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

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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

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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 TWISTHALER

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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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# ATORVALIQ

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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.

# AUVELITY

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

## avidoxy

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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

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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

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

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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, mometasone nasal spray.

# AZOPT

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

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<b>Criteria Details</b>	An automatic approval will be given to members who have had previous treatment with Arnuity Ellipta.
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# BELBUCA

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**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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

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## bepotastine besilate

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Criteria Details
An automatic approval will be given to members who have had previous treatment, contraindication or intolerance with both of the following: azelastine eye drops and cromolyn eye drops.

# BEPREVE

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<b>Criteria Details</b>	An automatic approval will be given to members who have had previous treatment, contraindication or intolerance with both of the following: azelastine eye drops and cromolyn eye drops.
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# besifloxacin

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Criteria Details
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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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# BESIVANCE

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Criteria Details
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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

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Criteria Details
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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

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Criteria Details	
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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

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

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<b>Criteria Details</b>	The member has tried or cannot use Talicia.
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# brimonidine

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<b>Criteria Details</b>	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

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

**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

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Criteria Details
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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.
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# BRYHALI

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**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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# bupropion hcl

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**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 one of the following: selective serotonin reuptake inhibitor (SSRI) (e.g., citalopram, fluoxetine, or sertraline), serotonin norepinephrine reuptake inhibitor (SNRI) (e.g., venlafaxine, duloxetine, or desvenlafaxine), OR mirtazapine.

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## calcipotriene

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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

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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

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**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, celecoxib capsule, naproxen (250/375/500mg tablet).

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# CANASA

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**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.

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## carbidopa-levodopa

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

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Criteria Details
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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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## chlorzoxazone

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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.

# CLENPIQ

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Criteria Details
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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

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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.

# CONZIP

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

# CORDRAN

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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

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

# COSOPT (PF)

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

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

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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

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

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

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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.
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## diclofenac potassium

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## difluprednate

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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

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**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.

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# dolobid

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# DORYX

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**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

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Criteria Details
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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

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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

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Criteria Details
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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

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**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 Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

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# DUREZOL

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**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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# DYMISTA

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**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, mometasone nasal spray.

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# EDARBI

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**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.

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# EDARBYCLOR

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Criteria Details
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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.
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# ELIQUIS

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Criteria Details	Pending CMS Review
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# ELIQUIS SPRINKLE

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Criteria Details	Pending CMS Review
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# ELYXYB

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**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, celecoxib capsule, naproxen (250/375/500mg tablet).

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# EPSOLAY

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

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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

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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.
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## febuxostat

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

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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

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## fenopron

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# FEXMID

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Criteria Details
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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

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

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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

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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

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

## fluticasone propion-salmeterol

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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 Advair Diskus), Symbicort, Advair HFA or Breo Ellipta.

## fluvastatin

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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

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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%.

# FML LIQUIFILM

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Criteria Details
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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

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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 one of the following: selective serotonin reuptake inhibitor (SSRI) (e.g., citalopram, fluoxetine, or sertraline), serotonin norepinephrine reuptake inhibitor (SNRI) (e.g., venlafaxine, duloxetine, or desvenlafaxine), OR mirtazapine.

# FOSAMAX PLUS D

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

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Criteria Details
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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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## frovatriptan

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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**

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<b>Criteria Details</b>
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).

# GLUCAGEN HYPOKIT

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# GLUCAGON (HCL) EMERGENCY KIT

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# GLUCAGON EMERGENCY KIT (HUMAN)

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

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Criteria Details	
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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

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Criteria Details
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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

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**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).

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# GVOKE

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<b>Criteria Details</b>	An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# GVOKE HYPOPEN 1-PACK

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# GVOKE HYPOPEN 2-PACK

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# GVOKE PFS 1-PACK SYRINGE

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

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Criteria Details	An automatic approval will be given to members who have had previous treatment with Zegalogue AND Baqsimi.
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# HUMALOG JUNIOR KWIKPEN U-100

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# HUMALOG KWIKPEN INSULIN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMALOG MIX 50-50 KWIKPEN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMALOG MIX 75-25 KWIKPEN

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# HUMALOG MIX 75-25(U-100)INSULN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMALOG TEMPO PEN(U-100)INSULN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMALOG U-100 INSULIN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMULIN 70/30 U-100 INSULIN

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# HUMULIN 70/30 U-100 KWIKPEN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMULIN N NPH INSULIN KWIKPEN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMULIN N NPH U-100 INSULIN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# HUMULIN R REGULAR U-100 INSULN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# hydrocodone bitartrate

Criteria Details
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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.
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# hydromorphone

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

# HYSINGLA ER

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<b>Criteria Details</b>	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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.
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## ibuprofen

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## imiquimod

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

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Criteria Details
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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

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

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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

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

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Criteria Details
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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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## ketoprofen

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## kiprofen

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# KIRSTY

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Criteria Details
An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

# KIRSTY PEN

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# KONVOMEF

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Criteria Details
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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.
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# LESCOL XL

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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.

## levalbuterol tartrate

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

# levetiracetam

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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

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Criteria Details
An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to TWO of the following immediate release opioids: oxycodone, hydromorphone, or morphine.

# LIALDA

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**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.

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# LIVALO

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Criteria Details
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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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# LOTEMAX

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Criteria Details
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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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# Iuliconazole

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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

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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

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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 KWIKPEN U-100 INSULIN

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Criteria Details
An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

## LYUMJEV KWIKPEN U-200 INSULIN

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Criteria Details
An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

## LYUMJEV TEMPO PEN(U-100)INSULN

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Criteria Details
An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

## LYUMJEV U-100 INSULIN

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Criteria Details
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An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).
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# LYVISPAH

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Criteria Details
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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

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**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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# MERILOG

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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# MERILOG SOLOSTAR

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**Criteria Details**

An automatic approval will be given to members who have had previous treatment with Fiasp (insulin aspart) vial/pen, Novolog (insulin aspart) vial/pen, Novolog Mix (insulin aspart protamine / insulin aspart) vial/pen, Novolin R (regular insulin) vial/pen, Novolin N (NPH insulin) vial/pen, Novolin 70/30 (NPH insulin / regular insulin) vial/pen, insulin aspart vial/pen (authorized generic for Novolog), or insulin lispro vial (authorized generic for Humalog).

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## mesalamine

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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

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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

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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

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

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

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

# MIRVASO

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

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Criteria Details
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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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## morgidox

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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

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

# MOVIPREP

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Criteria Details
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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

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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

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

## naftifine

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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

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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

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# NAPRELAN CR

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**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, celecoxib capsule, naproxen (250/375/500mg tablet).

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## naproxen sodium

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# NEUPRO

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

# NEVANAC

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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

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<b>Criteria Details</b>	An automatic approval will be given to members who have had previous treatment with topical metronidazole.
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# NORLIQVA

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Criteria Details
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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

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Criteria Details
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An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to TWO of the following immediate release opioids: oxycodone, hydromorphone, or morphine.
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# NUCYNTA ER

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Criteria Details
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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.
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# olopatadine

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Criteria Details
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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, mometasone nasal spray.
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# OMECLAMOX-PAK

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Criteria Details
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The member has tried or cannot use Talicia.
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## omeprazole-sodium bicarbonate

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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

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Criteria Details
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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, mometasone nasal spray.
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# ONTRALFY

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Criteria Details
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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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# ONZETRA XSAIL

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Criteria Details
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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

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Criteria Details
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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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## orphenadrine citrate

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Criteria Details
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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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## orudis

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## oxcarbazepine

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

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

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

# OXYCONTIN

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**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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

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## oxymorphone

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

# OXYTROL

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**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.

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# PANCREAZE

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Criteria Details
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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

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Criteria Details
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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

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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

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Criteria Details
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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

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Criteria Details
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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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# PLENVU

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Criteria Details
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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

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

# PRED FORTE

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Criteria Details
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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

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Criteria Details
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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

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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.
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# PROAIR RESPICLICK

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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

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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

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

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Criteria Details	The member has tried or cannot use Talicia.
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# QNASL

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<b>Criteria Details</b>	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, mometasone nasal spray.
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# QUVIVIQ

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

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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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# RELAFEN DS

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Criteria Details
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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, celecoxib capsule, naproxen (250/375/500mg tablet).
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# RELPA

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<b>Criteria Details</b>	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

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

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

# risperidone

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

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

# ROCKLATAN

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

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

## rosadan

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

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

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Criteria Details
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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, mometasone nasal spray.
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# RYTARY

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

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Criteria Details
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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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# SEYSARA

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

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<b>Criteria Details</b>	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

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<b>Criteria Details</b>	The member has previous treatment or intolerance with a generic immediate-release minocycline formulation.
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# SOMA

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<b>Criteria Details</b>	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

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

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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

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Criteria Details
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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

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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

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Criteria Details
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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

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Criteria Details
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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)

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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.

# tapentadol

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

# TARGADOX

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Criteria Details
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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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## TIMOPTIC OCUDOSE (PF)

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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.

## tizanidine

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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

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Criteria Details
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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

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

# TRAVATAN Z

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Criteria Details
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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.
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# TREXIMET

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

# TRINTELLIX

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

# ULORIC

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

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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

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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

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

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Criteria Details
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The member has tried or cannot use Talicia.
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# VOQUEZNA TRIPLE PAK

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Criteria Details
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The member has tried or cannot use Talicia.
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# VYSCOXA

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# XARELTO

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

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

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

## XTAMPZA ER

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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 (12mcg, 25mcg, 50mcg, 75mcg, and 100mcg patch are covered), buprenorphine weekly transdermal patch, tramadol extended-release tablet.

## xyvona

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Criteria Details
An automatic approval will be given to members who have had previous treatment, contraindication, or intolerance to TWO of the following immediate release opioids: oxycodone, hydromorphone, or morphine.

# ZANAFLEX

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Criteria Details
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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

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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

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

## ZERVIAE

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Criteria Details
An automatic approval will be given to members who have had previous treatment, contraindication or intolerance with both of the following: azelastine eye drops and cromolyn eye drops.

# ZETONNA

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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, mometasone nasal spray.

## ZIOPTAN (PF)

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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

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

## zolmitriptan

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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

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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

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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, celecoxib capsule, naproxen (250/375/500mg tablet).

# ZYCLARA

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

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Criteria Details
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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.
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# Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجانًا. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Չանգահարե՛ք՝ **877-320-1235 (TTY: 711)**:

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

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Kreyòl Ayisyen [Haitian Creole]: Lang gratis, èd oksilyè, ak lòt fòm sèvis disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupni su besplatni jezik, dodatna pomoć i usluge alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. با **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits linguistiques, d'aide auxiliaire et de mise au format sont disponibles. Appeler le **877-320-1235 (TTY: 711)**.

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Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: નિ:શુલ્ક ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למספר **877-320-1235 (TTY: 711)**.

हिन्दी [Hindi]: नि:शुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY: 711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiama il numero **877-320-1235 (TTY: 711)**.

This notice is available at <http://www.humana.com/legal/multi-language-support>.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。**877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗដល់អ្នកមានការប្រឈមនឹងបញ្ហាភាសា។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)**។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)**번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ຊ່ວຍເຫຼືອຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໃຫ້ໃຊ້ໄດ້. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad t'áa' jiik'eh, t'áadoole'é binahji' bee adahodoonílgíí diné bich'í' anídahazt'i'í, dóó łahgo át'éeego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohji' hodíilnih **877-320-1235 (TTY: 711)**.

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਹਾਇਤਾ, ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

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தமிழ் [Tamil]: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. **877-320-1235 (TTY: 711)** ஐ அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

[Urdu]: اردو مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ **(TTY: 711) 877-320-1235**

Tiếng Việt [Vietnamese]: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ብቻ፡ ኢንፎርሜሽን ማዳመጫ እና አማራጭ ቅርፅ ለሌሎች አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

Bàsà [Bassa]: Wuḍu-xwíníín-mú-zà-zà kùà, Hwòdǒ-fǎnǎ-nyo, kè nyo-boŋn-po-kà bě bé nyuεε se wídí p'éè-p'éè dǒ ko. **877-320-1235 (TTY: 711)** dá.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

Òyìnbó [Yoruba]: Àwọn isẹ̀ àtilẹ̀hìn ìrànጓwọ̀ èdè, àti ọ̀nà kíkà mírán wà lárọ̀wọ̀tó. Pe **877-320-1235 (TTY: 711)**.