

You can contact Humana for the most recent list of drugs by calling 1-800-457-4708 or, for TTY users, 711, five days a week April 1 - September 30 or seven days a week October 1 - March 31 from 8 a.m. - 8 p.m. Our automated phone system is available after hours, weekends, and holidays. Our website is also available 24 hours a day 7 days a week, by visiting Humana.com.

Step Therapy Criteria

Effective 04/01/2026

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. |
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azelaic acid

| 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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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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febuxostat

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

fenofibrate micronized

| Criteria Details |
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| 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). |

fluvastatin

| 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

| 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. |

levetiracetam

| 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. |

RHOPRESSA

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

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

| 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. |

ROCKLATAN

| 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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SPRITAM

| 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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tramadol

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

TRINTELLIX

| Criteria Details |
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| 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. |

XARELTO

| 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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ZYPITAMAG

| 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. |

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)**:

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

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हिन्दी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं।
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Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab
caum. Hu **877-320-1235 (TTY: 711)**.

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。

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다.
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ພາສາລາວ [Lao]: ມີການບໍລິການດ້ານພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນ
ໃຫ້ໃຊ້ຜິ. ໂທ **877-320-1235 (TTY: 711)**.

Mienh [lu Mien]: Wangv henh porv waac mv zuqc cingv, jaa-dorngx tengx, aengx
caux mbenc maaih camv-nyungc sou-guv bun longc. Mborqv finx lorz taux **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।

This notice is available at <https://www.humana.com/legal/multi-language-support>.
CAHMR7BEN

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

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

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