

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Prescription drug coverage inquiries
Inquiry Sub-Category	Prior authorization requirements
Description	Inquiries regarding medications that require prior authorization, the process for obtaining approval, and any associated documentation or forms that need to be submitted.
Data Size	5,025 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Health Insurance Company" customer inquiry. (Purchased data will not be masked.)

Please _____ the approved drug list coverage criteria, _____ with _____.

_____ there are _____ distinct preconditions _____ notifying _____ for coverage, _____ clarify.

I _____ to know _____ drugs _____ included in coverage.

Can _____ inform me _____ the _____ covered _____?

_____ tell me _____ the _____ are _____ the drug _____?

Awareness should be created _____ the _____ drug _____.

I would _____ to _____ for covered drugs.

Is it _____ to _____ information _____ advanced _____ and _____ for _____ your approved list?

We _____ the _____ for the _____ list.

_____ like _____ know _____ for coverage on your _____ drug list.

_____ with advanced _____ requirements need to be _____ coverage criteria.

Would _____ give _____ information about advanced _____ and _____ applicable _____ drugs on _____ approved list?

I would like _____ details _____ advanced _____ of drugs _____ your _____ cover.

Can _____ details on the criteria _____ drugs that _____ included in _____?

Provide information _____ for approved _____.

_____ comes _____ or submitting _____ to know about the approved drug list _____.

_____ you _____ requirements for advanced notification _____ the approved drug _____?

Can you tell _____ the _____ approved _____ coverage?

_____ let me _____ the _____ advanced notification/submission _____ for _____ your approval cover.

_____ list _____ with early submission requirements.

_____ notice/submission guidelines _____ drugs.

I _____ like _____ learn _____ advanced _____ for _____ medications.

_____ need _____ advanced _____ for _____ medications.

Can I _____ details about _____ approved _____?

I should be aware _____ the approved _____ coverage _____.

_____ want to _____ the _____ list _____ criteria _____ those with advanced _____.

_____ would _____ if you _____ me _____ drugs _____ advance notification _____ submission.

Would you _____ willing to _____ information _____ advanced _____ and submission _____ approved list.

I would like ____ know ____ included in ____ that ____ advance notice.
____ drug list ____ have advanced ____ requirements ____ I ____ be ____ of.
____ it ____ to ____ you ____ advanced ____ and submission criteria ____ drugs on ____ approved list?
____ would ____ know if ____ require advance ____ or submission.
____ tell me about the ____ drug list coverage criteria ____ for ____ notification requirements.
____ to know the ____ list ____ guidelines for those ____ advanced ____.
I'd like ____ the specifics ____ advanced notification/submission ____ listed ____ your approval ____.
____ possible for ____ to ____ information about advanced ____ criteria for ____ on your approved ____?
____ know the ____ of ____ pertaining to drugs ____ under ____ approval cover.
____ like ____ advanced ____ requirements for covered ____.
____ to know ____ for ____ your approved drug list, ____ any ____ for ____ notification/submission.
Please ____ know if there are ____ list ____.
____ you tell me ____ the ____ the covered ____ list?
____ should know that the ____ has advanced notification ____.
I would appreciate ____ which ____ require advance notification ____ submission.
Let's ____ the ____ involved ____ drug ____.
I ____ love to ____ the ____ drug ____ criteria.
Inform me of the ____ included ____ the drug ____.
I'm looking ____ information ____ drugs require ____ notification ____.
____ you ____ the requirements for the approved ____ in ____ of prior ____?
____ like ____ know ____ drugs ____ advance notification or ____ according ____ drug list ____ criteria.
____ me ____ the ____ to be on ____ drug ____ list.
____ drug approval and coverage ____ explained.
Can you ____ the criteria for drugs ____ are ____ approved ____?
Can ____ us details ____ the ____ for drugs ____ are ____?
I should ____ aware ____ coverage ____ have advanced notification ____.
____ I ____ details ____ drug coverage rules.
____ me know about the details ____ notification ____ listed ____ cover.
____ would ____ know which ____ require ____ according ____ your approved ____ list ____ criteria.
If ____ for notifying ____ submitting ____ that ____ eligible ____ coverage, please clarify.
____ need ____ or submit in advance things ____ to ____ about the ____ criteria ____ approved ____ can ____ tell
Would ____ willing to provide ____ regarding advanced notification ____ criteria ____ on your ____ list?
____ specific requirements for the ____ list, ____ in ____ prior ____?
I need to ____ submit ____ for approved ____ give ____ the ____ for approved drugs?
Please ____ me know ____ for drugs listed on ____ approval ____.
____ know which drugs ____ advance notification and ____.
____ willing to give us ____ about ____ and ____ criteria ____ drugs on our ____ list?
____ me ____ drugs list requirements.
____ know about ____ requirements ____ approved drug list.
____ would like to ____ about ____ requirements ____ drugs.
The drug ____ have advanced notification requirements ____ should ____ aware ____
____ need to pre-notify or submit ____ meds, ____ you give ____ details about ____ criteria?
I'd like ____ which drugs ____ advance notification ____ according ____ drug list ____ criteria.
____ know about the ____ coverage ____ for advanced ____ requirements.
Can you tell ____ drugs that ____?
Please tell ____ the ____ involved ____ coverage.
I need ____ the ____ for drug list ____.
____ tell me ____ notification ____ for ____ drugs?
Discuss ____ conditions for ____.
____ tell me ____ for drugs included in ____?

I _____ know if there _____ on _____ approved drug list.
_____ give me _____ information about the _____ criteria _____ approved _____?
I need _____ about _____ list _____ guidelines _____ those with _____ notification _____.
To inform me _____ approved drug _____ criteria, _____.
Please _____ me know about _____ details of advanced _____ on _____ cover.
_____ medications require advance notice or submission _____.
I need to pre-notify _____ submit in advance _____ meds, _____ me an _____ coverage _____?
If there _____ any _____ notifying or submitting medications _____ coverage, _____ tell _____.
Explain the _____ conditions _____.
Can _____ tell me _____ of the _____ list?
_____ like _____ know _____ advanced notification/submission necessities _____ listed _____ your approval cover.
_____ need _____ advanced _____ necessities _____ the drugs listed under your approval cover.
Please clarify if _____ any _____ or submitting _____ medication _____ eligible for _____.
_____ would _____ to know _____ coverage criteria.
_____ let _____ which drugs _____ covered and _____ criteria apply.
If _____ are _____ preconditions for _____ or _____ that _____ for _____ on _____ drug list, please clarify.
I _____ details of _____ notification/submission _____ for drugs listed on _____ cover.
_____ give me details _____ the drug _____?
For _____ the approved drug list coverage _____ are especially _____.
_____ want _____ give us _____ about _____ and submission criteria applicable to drugs _____ approved _____?
_____ like to know if _____ requirements _____ notification or submission on the approved _____.
I am _____ the _____ for drugs included in _____.
Would _____ willing to _____ information _____ advanced _____ criteria for _____ on your approved _____?
Go ahead and fill _____ in _____ drug _____.
_____ me more information on the _____ list _____?
_____ advanced notice/submission _____ eligible _____.
Discuss approved _____ such _____ notice or paperwork.
_____ that the _____ drug list coverage criteria _____ advanced _____.
I would like to _____ or submission.
_____ you share _____ drugs are _____?
_____ you know _____ covered _____ the approved list?
_____ of _____ list approval requirements.
_____ you give me the _____ drugs _____?
The _____ drug list _____ those in _____ notification requirements.
_____ know _____ there _____ any advanced notification _____ for covered drugs.
_____ us know _____ for the _____.
_____ the coverage conditions for _____.
_____ details of _____ approval criteria _____.
_____ need to pre-notify or _____ advance _____ and can _____ information about the coverage _____?
_____ you give _____ the required information _____ drug _____?
_____ there _____ any specific preconditions _____ submitting _____ please let me know.
_____ it _____ that you _____ provide information _____ notification and _____ criteria _____ to _____ your approved _____?
Should I be aware _____ necessities when _____ drugs?
_____ would _____ know about the _____ coverage on _____ list.
_____ there are _____ requirements _____ notifying or _____ for coverage on _____ approved drug list.
_____ inform _____ approved _____ list _____ are important for people with advanced _____.
_____ list coverage Criteria are the _____ with _____.
Tell us about the _____ in _____ and _____.
_____ there _____ any _____ preconditions for notifying _____ submitting _____ for coverage on _____ please _____.
_____ let me _____ specifics _____ notification and submission necessities for _____ listed _____ approval _____.

_____ let me _____ the approved _____ coverage.

_____ know the _____ notification requirements for _____?

_____ about the criteria _____ on your approved _____.

I _____ to pre-notify or _____ meds, can you _____ me _____ coverage criteria _____ those?

Please share _____ criteria _____ in _____ and _____.

_____ to _____ description of advanced _____ and _____ criteria applicable _____ drugs _____ your approved list?

_____ tell me _____ the _____ drugs in _____ approved list?

Please clarify if there _____ requirements for _____ submitting medications _____.

Please let _____ the approved drug _____.

_____ you _____ there are any _____ submitting medications that are _____ for coverage?

I would like _____ know _____ that require early _____.

I would like _____ know _____ included in _____ coverage, _____ those _____ advance _____.

I _____ to pre-notify or submit _____ certain _____ I need _____ the _____ criteria for _____ meds.

The _____ drug list _____ criteria _____ advance notification _____ be aware _____.

_____ be aware _____ the _____ criteria _____ advanced notification requirements.

_____ you please tell me about _____ and _____ to drugs _____ approved _____?

I need to _____ the details of _____ notification _____ submission _____ for _____ my _____.

_____ drug _____ coverage _____ important for those with _____ notification _____.

_____ to your _____ list _____ criteria, I would like _____ which medications require advance _____.

I would like _____ advanced _____ drugs listed under _____ approval cover.

_____ aware _____ notification requirements of the _____ list coverage criteria.

_____ you tell me if there _____ list _____?

_____ should share _____ approval criteria.

_____ you _____ let _____ know _____ advanced _____ submission _____ applicable to drugs on _____ approved list?

_____ let _____ details of advanced notification _____ drugs listed _____ your _____.

Please tell me about _____ approved _____ criteria as they _____ for those _____ notification _____.

Can _____ tell _____ the _____ covered _____ what criteria apply?

I would like _____ drugs.

I _____ to _____ about eligibility criteria _____ the approved list _____ need _____.

I _____ submit in _____ approved drugs, _____ you _____ me the coverage criteria _____ that?

_____ Criteria _____ coverage _____ the drug _____ should be _____.

_____ pre-notify or _____ in advance, _____ me some _____ about the coverage _____?

I _____ to know the _____ coverage on _____.

_____ you _____ the criteria for _____ in _____?

_____ about the approved _____ coverage criteria _____ are _____ for those with _____ requirements.

I wish to _____ more about _____ drugs, _____ criteria _____.

Please clarify if _____ any _____ for _____ or _____ that _____ eligible for coverage _____ your _____ drug _____.

_____ want _____ what _____ criteria for _____ coverage is.

_____ me of _____ list requirements?

Please clarify if _____ or submitting _____ eligible for coverage.

_____ there are any _____ submitting _____ that are _____ for coverage, please _____.

_____ should be aware _____ the _____ drug list _____ criteria _____ advanced _____ requirements.

I _____ about _____ for _____ on your approved drug list.

I _____ knowing _____ the approved _____ list _____ criteria.

Please _____ there are any specific _____ for notifying _____ coverage.

Can you tell me _____ drugs in _____?

_____ me _____ the _____ of advanced _____ and _____ for _____ on _____ approval cover.

I _____ to _____ about _____ submissions _____ covered medications.

I _____ to know _____ requirements _____ covered _____ list.

_____ particularly in _____ notice or paperwork.

_____ let us know about _____ criteria _____ in drug _____.

I _____ find _____ list _____ criteria _____ those with advanced _____ requirements.

_____ about the _____ to _____ drug coverage list.

Drug list _____ know.

Please clarify if _____ specific _____ submitting medications _____ on your approved drug list.

Provide me _____ coverage criteria.

_____ you _____ on the _____ criteria for _____ drugs, things I _____ submit _____ or pre-notify?

We _____ the drug _____.

Can _____ tell _____ the _____ of the _____ list?

_____ would like _____ learn about the _____ your _____ drug list.

Discuss the _____ for _____ submission.

_____ need _____ the specifics _____ advanced notification/submission _____ for _____ your approval cover.

_____ about which drugs require advance _____ and submission.

Is it _____ for _____ provide _____ about advanced _____ submission _____ for drugs on your _____?

_____ like to know what _____ requirements _____ covered drugs.

_____ give us _____ on which _____ are covered _____ they _____ meet?

I _____ in the specifics _____ advanced _____ to _____ drugs listed _____ approval cover.

Is _____ information on eligibility _____ drugs _____ list _____ advance submission?

_____ inform _____ of the _____ list coverage criteria _____ are _____ for those with _____ requirements.

_____ criteria to _____ on the _____ coverage list?

_____ you _____ details of _____ covered _____ list requirements?

I _____ to know which _____ notification and _____ according _____ their _____ coverage criteria.

Those with _____ notification/submission requirements _____ of _____ drug _____ criteria.

_____ to know _____ criteria _____ for drugs included _____ coverage.

Can you _____ about _____ criteria for _____ in the approved list _____ or _____?

_____ if _____ are any _____ preconditions for notifying or _____ drugs _____ your approved drug _____.

Is it possible _____ you would _____ know _____ advanced _____ criteria _____ on _____ approved list?

_____ is _____ be aware of the _____ coverage criteria.

Is _____ a _____ you to give information _____ notification _____ submission criteria _____ on _____ approved _____?

Can you give _____ approved drugs _____?

_____ to _____ are _____ submission prerequisites for covered medications.

I'm _____ in knowing the _____ advanced _____ pertaining _____ your approval cover.

_____ drug list coverage criteria.

_____ need to _____ submit _____ advance _____ I _____ know about the coverage _____ approved pills, can you _____

Can you _____ know of _____ requirements _____ drugs?

I _____ know eligibility criteria _____ drugs on _____ need advance _____.

_____ should _____ drug _____ Criteria and _____ notifications/submission requirements.

If there _____ specific _____ notifying or submitting _____ that _____ eligible _____ clarify.

Please _____ me _____ drug _____ coverage criteria is.

I am _____ of _____ regarding which _____ advance _____ submission.

Is there information _____ drugs _____ list that need _____ submission?

_____ you be willing _____ information about _____ criteria for drugs _____ list?

I _____ like to _____ what _____ advance notification _____.

_____ to know _____ for covered drugs.

There _____ notification requirements that _____ the approved drug list _____ criteria.

Can you tell _____ what the advanced notification _____?

_____ advanced _____ requirements should be _____ the _____ list coverage _____.

Can _____ us which _____ are _____ and _____ to those _____ need _____ notice?

_____ me know _____ the _____ drug list coverage criteria _____ important for those _____.

Inform _____ drug _____ coverage criteria as they are important _____ with _____ requirements

_____ tell me _____ criteria _____ the _____ covered in the _____.

_____ know about the criteria _____ approval and _____.

You _____ create _____ about the requirements for _____.

_____ give _____ covered in the approved list?

I need to _____ or submit _____ things _____ to _____ about the _____ meds, _____ give me that
_____ be willing _____ information about _____ and submission criteria applicable to _____ your _____?

Receive details _____ approval _____.

Can _____ tell _____ about _____ and _____ criteria _____ those who need advance notice?

I am interested _____ criteria _____ approved drugs' _____.

Let _____ know _____ get _____ drug coverage list.

I am _____ need of information on which _____.

I'd _____ know the _____ advanced _____ for _____ listed under _____ cover.

_____ would _____ know _____ the _____ drugs criteria _____ advance _____ process.

_____ like to know if there _____ advanced _____ for _____.

Would you _____ to tell me _____ advanced _____ and submission _____ drugs _____ list?

_____ any distinct preconditions _____ or _____ medications _____ coverage on your approved _____ list, please _____

_____ to _____ or _____ advance _____ that I _____ know about _____ coverage criteria for _____ drugs.

_____ to know which medication _____ advance notification _____ drug list coverage criteria.

I should _____ aware _____ the advanced notification _____ drug _____ criteria.

_____ need _____ in advance things that _____ know about _____ criteria for approved _____ so can you

_____ me _____ details _____ advanced _____ pertaining _____ the drugs listed on _____ approval _____.

_____ inform _____ the approved _____ list coverage _____

_____ you give _____ on which _____ are covered _____ what _____ to _____ advance notice?

I _____ or submit in _____ approved drugs, _____ you _____ me the _____?

_____ need _____ or submit _____ advance _____ need _____ know about the coverage _____ drugs, so can you _____

_____ would like _____ the _____ of _____ notification/submission _____ to drugs listed _____ approval cover.

Would you _____ us information _____ advanced _____ and submission criteria for _____ drugs _____ list?

I _____ info about the _____ criteria for _____ drugs, _____ things _____ submit _____.

Please inform me _____ coverage criteria _____ very _____ for _____ with advanced notification _____.

Drug list _____ Criteria are ones _____.

_____ know what the _____ for approved drugs _____?

_____ give information _____ advanced _____ and _____ criteria _____ your approved list?

I _____ it if you _____ me information about which _____ require _____.

_____ like _____ know _____ notification/submission necessities _____ the drugs listed on your approval _____.

Please _____ me about the approved _____ list _____ as _____ are _____ for _____ notification requirements.

_____ approved _____ list coverage criteria _____ requirements that _____ be aware _____.

_____ would _____ to _____ of _____ notification/submission necessities for _____ drugs listed _____ approval cover.

_____ should know _____ the notification _____ the _____ coverage criteria.

I _____ know _____ notification requirements for _____.

Can _____ me about the _____ criteria _____ drugs?

_____ need of _____ on _____ drugs _____ advance notification or _____.

_____ me know _____ notification _____ for covered drugs?

_____ should _____ drug list _____ criteria.

_____ want to _____ the _____ list _____.

_____ let _____ know about the details _____ advanced notification/submission necessities _____ under your _____.

I _____ interested _____ and submission _____ drugs listed under your approval cover.

I _____ to _____ about advanced submission requirements _____.

I _____ like _____ know _____ covered _____ list _____.

_____ like to know the _____ the _____ on your _____ drug _____.

Is _____ possible _____ to _____ me _____ about _____ drugs _____ my approved list?

Can _____ give us _____ on _____ for _____ are covered _____ the _____ list?

I _____ to know which medications _____ and _____.

Would _____ be willing to _____ us information about _____ notification and _____ on _____ approved _____?

Will _____ know which _____ covered and _____ criteria _____ those _____ advance notice?

_____ you _____ criteria for _____ that are _____ approved list?

_____ you want _____ provide _____ about _____ criteria _____ drugs on your approved _____?

I _____ to _____ about _____ notification _____ for _____ drugs.

Would you be _____ give _____ information _____ notification and _____ criteria _____ drugs _____ list?

I want _____ what advanced submission _____ when _____ drugs.

I _____ to _____ which medications _____ notification _____ according to _____ criteria.

Would you be willing _____ share _____ criteria for _____ on your _____?

I would like to _____ the _____ of _____ notification _____ submission _____ pertaining _____ drugs _____ your _____.

_____ give me _____ about _____ covered drugs _____ requirements?

The _____ drug list coverage criteria _____ advanced _____ that _____.

_____ would _____ if you _____ explain the criteria for _____ in _____.

The approved drug _____ Criteria are _____ for those _____.

_____ are any preconditions for _____ coverage on your approved drug list.

I'd _____ know _____ approved drug coverage _____.

_____ approved _____ list _____ criteria are _____ those _____ notice requirements.

I was _____ if _____ tell _____ criteria for _____ coverage.

I _____ to _____ about the criteria _____.

_____ list coverage _____ with advanced _____ requirements and _____ be informed.

_____ you _____ to _____ advanced _____ and submission criteria applicable to drugs _____ approved list?

Can you _____ about the requirements for _____ notification/submission _____ list?

_____ need _____ know _____ the requirements for advanced _____ on _____ approved _____.

_____ you tell _____ about _____ requirements _____ the drug _____?

_____ there are _____ specific _____ or _____ that is eligible _____ coverage, please clarify.

_____ should know _____ drug _____ criteria

_____ you _____ information about the coverage criteria for _____ as _____ to pre-notify or submit _____ advance

_____ like _____ know about the _____ your approved _____ list.

I am in need of _____ which medications _____.

I would like _____ know _____ of _____ notification/submission _____ drugs _____ on your approval cover.

_____ I know _____ approved _____ list _____ criteria, especially when it _____ to notifying _____ requests?

I _____ more information _____ which medications are _____ in my _____ that _____.

I would appreciate _____ require _____ notification.

_____ like to know _____ necessities pertaining to _____ listed under your approval cover.

_____ details _____ the _____ list approval criteria.

_____ should be provided with early _____ requirements.

Can you tell _____ drugs' coverage?

I wish to _____ drug _____ coverage _____ with _____ notification requirements.

_____ tell me _____ the approved _____ coverage criteria as _____ important for _____ advanced _____.

Explain _____ for _____ that have _____.

We should know _____ drug _____ Criteria _____ advanced notifications/submission _____.

_____ you tell me the _____ drugs _____?

We _____ know _____ the approved _____ list coverage _____.

Is _____ possible _____ give _____ about advanced notification _____ submission criteria _____ the _____?

_____ me _____ the specifics of _____ notification/submission necessities for drugs _____ under _____.

What can I _____ for drugs _____ the approved _____ that _____ advance _____?

I need _____ criteria _____ with advanced notification requirements.

When _____ comes to notifying _____ what do I _____ to know _____ the _____ list _____

Can ____ please ____ me ____ the criteria for ____ approved drug ____?

I'd like ____ know ____ details of ____ pertaining ____ on your approval ____.

The ____ drug list ____ criteria have ____ requirements I ____ of

When it ____ to notifying or submitting ____ what ____ know about ____ list coverage ____?

____ need ____ know the ____ list ____ criteria.

____ would like ____ know ____ advanced notification and submission necessities for ____ under ____ approval ____.

____ if there are ____ submission requirements ____ covered medications.

____ I find about eligibility ____ for ____ need advance ____?

____ want to know ____ advanced submission prerequisites ____.

Can ____ tell me ____ drugs are ____ apply.

It ____ we ____ the drug list coverage ____.

____ comes to notifying ____ I need ____ know ____ approved drug list ____.

When ____ comes to notifying ____ advance, what should ____ know about ____ drug ____ criteria?

____ pre-notify or ____ in advance ____ things ____ need to know ____ coverage criteria ____ meds, ____ you give

Please let ____ know that ____ drug list ____ criteria ____ important ____ those with ____.

____ let me know about ____ requirements ____ the approved ____.

I'm curious ____ the ____ of advanced ____ to drugs ____ your ____ cover.

____ inform me ____ drug list ____ criteria are important ____ advanced notifications.

____ to know the criteria ____ approved drugs' ____

I should ____ the ____ of ____ drug list coverage criteria.

You ____ let me ____ requirements for ____ drugs.

The approved ____ list ____ criteria have ____ I need ____.

____ me about the ____ criteria ____ they are important to ____ with ____ notification ____.

____ would like ____ if ____ notification or ____ is ____ for ____ drugs.

____ approval criteria should ____ with early ____

It's important ____ requirements to be informed about ____ list ____ criteria.

____ drug ____ approval criteria should be ____.

____ it ____ to ____ information ____ notification and ____ drugs on your list?

Let ____ know ____ of advanced ____ for ____ under ____ approval cover.

____ to know ____ details ____ advanced ____ necessities for drugs listed ____ approval ____.

I ____ to ____ the ____ advanced notification/submission necessities for drugs ____ under ____ cover.

____ want ____ advanced ____ for ____ medications.

The ____ drug list coverage ____ for ____ with ____ requirements.

I ____ if there are requirements for advanced notification ____ approved ____.

____ should ____ the ____ list ____ especially the ____ that require advanced ____.

The ____ Criteria ____ notification requirements that ____ should be ____ of.

____ it ____ for ____ us ____ about advanced notification ____ submission criteria ____ drugs on ____ list?

____ need to pre-notify or submit in advance for ____ you let ____ coverage ____?

Be ____ of ____ criteria ____ drug inclusion.

____ get ____ on approved ____ rules?

____ need information about ____ drugs require ____ submission.

Will ____ me about the ____ requirements?

The approved drug ____ coverage ____ important to ____ advanced ____ requirements.

Can you ____ about ____ criteria ____ approved drugs, ____ things I ____ in advance?

____ let ____ know the ____ list ____ criteria ____ are important for those ____ notification requirements.

____ you give ____ the criteria ____?

Can ____ us about which ____ covered ____ what criteria ____?

I ____ if ____ could ____ me which ____ require advance ____ submission.

I ____ know about ____ covered drugs ____ and ____ process.

____ there ____ any unique preconditions for ____ submitting medications for coverage ____ drug ____ please ____.

I _____ know which _____ or submission, according to _____ approved _____ list _____ criteria.
_____ you give _____ information _____ requirements for covered _____?

I need to _____ things I need to _____ the _____ for approved meds.
_____ you _____ us more information about _____ criteria for _____ approved _____?

Would you be willing _____ us information about _____ and _____ for _____ on _____ list?
_____ want _____ find _____ drugs on the approved list _____ submission.
_____ possible to receive information _____ criteria and advance _____ process?
_____ the drug _____ criteria.
_____ need _____ the drug _____ coverage _____ advanced notification/submission requirements
_____ to _____ the drug _____ coverage _____.

I would _____ to know the details _____ advanced notification/ _____ necessities _____ under your _____.

Can you _____ requirements for covered _____?
_____ like _____ know _____ drugs require advance notification _____ to _____ criteria.
_____ want _____ the criteria for approved _____.
_____ drug _____ criteria _____ some advanced notification requirements.
_____ like _____ know which drugs require advance notification _____ approved drug list coverage _____.
_____ you _____ about _____ for coverage on the _____ list?

I _____ if _____ about the notification requirements _____ covered _____.

I _____ know the _____ notification/submission necessities pertaining to _____ listed under your _____.

I need to _____ what _____ criteria are.
_____ you _____ me _____ coverage _____ approved drugs, things _____ need _____ submit in _____ or _____?

I would appreciate it _____ tell me the _____ for coverage _____.

Is it possible to _____ me which _____ covered and what _____ advance _____?

I _____ about which _____ advance notification _____ your _____ drug list coverage criteria.

I _____ be aware that _____ advanced notification _____ the approved drug _____.

What _____ need _____ know _____ drug _____ coverage criteria.

I would _____ advanced _____ requirements _____ covered drugs.

Can you tell me _____ requirements _____ approved drug _____?

_____ kindly let us know about advanced _____ and _____ criteria _____ drugs _____ approved _____?

_____ would like to know about _____ drugs, their _____.

_____ need to _____ if there _____ any _____ for _____ notification on your _____.

You can _____ me _____ requirements.

Discuss the _____ for drugs _____ advanced _____.

_____ know _____ there are _____ advanced notification requirements _____ covered _____.

_____ you give us _____ on _____ for _____ that _____ covered in _____ list?

_____ are _____ preconditions for notifying _____ submitting medications _____ on _____ drug list, please clarify.

I _____ if I _____ drugs, their _____ and _____ notification process.
_____ to _____ are _____ my _____ and which ones require advance notice.
_____ tell _____ more _____ the _____ for coverage on your _____ list?

Is _____ to brief me _____ criteria for approved _____?

_____ a way to _____ about advanced notification and _____ drugs _____ your approved _____?

I want to _____ coverage criteria for _____ have _____ notification _____.

_____ you tell _____ the requirements are for _____?

_____ any _____ preconditions _____ notifying or _____ for coverage on your drug list, _____ clarify.

Is _____ to _____ information _____ notification _____ submission criteria _____ to drugs on _____ approved list?

I _____ information _____ requirements for covered medications.

You could _____ know the _____ for _____ drugs' _____.

Can _____ give us _____ which drugs are _____ what _____?

_____ you _____ criteria for drug _____?

Can _____ let me know _____ there _____ requirements _____ approved drug _____?

Can ____ tell me ____ requirements ____ list?

I want to ____ criteria ____ coverage on ____ especially ____ requirements ____ advanced notification.

____ tell me ____ approved ____ works?

____ medication ____ stipulations ____ or paperwork.

____ to ____ about ____ specifics of ____ necessities ____ drugs ____ under ____ approval cover.

____ are any preconditions ____ notifying or ____ eligible ____ coverage on your ____ drug list.

____ like ____ know ____ the covered ____ requirements.

____ approved ____ coverage ____ have advanced ____ requirements ____ be aware of them.

Explain the ____ drugs

____ about ____ approved ____ list ____ criteria

____ to ____ or submit in advance for ____ medication, ____ the coverage ____?

____ appreciate ____ could tell me the ____ coverage on your ____ list.

The ____ coverage criteria ____ advanced ____ requirements ____ should ____ aware of.

I would appreciate if ____ information about ____ advance notification or ____.

____ should know ____ approved ____ list coverage ____.

I'd ____ advanced submission prerequisites ____ medications

Can you ____ me ____ the coverage ____ for approved ____ and ____ need ____ submit ____ advance?

____ should know ____ drug list ____ especially ____ with advanced notifications/submission ____.

____ want to ____ the approved drug ____ coverage ____ important for those ____ advanced ____.

____ submission prerequisites for covered ____ are information ____.

____ be aware ____ the ____ criteria has advanced notification ____.

I was ____ you could ____ me on the criteria ____.

____ like to know ____ of ____ drugs listed under ____ approval cover.

Would you ____ willing ____ give ____ advanced notification ____ for drugs ____ list?

According to ____ approved drug ____ coverage criteria, ____ to ____ medications ____ advance ____.

____ to know ____ drug ____ criteria.

____ aware that the approved drug ____ criteria ____ notification requirements.

I was ____ could tell ____ about the ____ coverage ____ your ____ list.

____ share the criteria ____ and ____.

Please let ____ the ____ for approved drugs' ____.

____ covered drugs, their criteria and notification process.

____ love ____ medications require advance ____ or submission.

____ know about ____ drug list ____ criteria for ____ have advanced ____ requirements.

____ like ____ understand ____ criteria ____ drugs included ____ coverage.

____ there are any ____ preconditions for ____ submitting medications eligible ____ on your ____ drug ____.

____ drug ____ coverage criteria ____ important ____ with advanced ____ requirements.

____ am curious about ____ of ____ to drugs listed under ____ cover.

____ should be ____ advanced ____ requirements ____ with the approved drug ____ coverage ____.

____ looking for information on the ____ requirements.

I ____ pre-notify ____ in ____ for ____ drugs, ____ you give me ____ of ____ coverage criteria?

____ would ____ to know ____ advanced notification/submission ____ drugs listed under your approval cover.

____ details of drug ____ criteria.

Can you ____ me ____ for approved ____?

There ____ some ____ that require advance notice or submission ____ information ____.

____ it if you could tell ____ which ____ require advance ____.

____ details ____ drug ____ requirements.

Share ____ of ____ list ____.

Please let ____ know ____ drug list coverage criteria ____ it's ____ with ____ notification requirements.

____ the criteria for the ____ included in ____?

____ you ____ me the ____ for ____ on ____ drug list?

_____ the criteria for _____ coverage _____ me.

_____ and advance _____ process for covered drugs _____ of _____ me.

I _____ to pre-notify _____ submit in advance _____ you tell _____ the _____?

Can _____ tell me _____ for _____ that are covered _____ list?

_____ you _____ me what _____ requirements _____ covered _____ are?

_____ with _____ to _____ about the _____ list coverage criteria.

Can _____ me _____ coverage criteria for _____ meds, as well _____ need _____ submit _____ advance?

_____ approved _____ specifically regarding advance _____.

Discuss _____ criteria _____ submission requirements.

_____ need to know _____ the criteria _____.

I _____ like to _____ drug coverage _____.

Can you tell _____ drugs _____ covered _____ what _____ must _____?

We _____ the _____ list _____ Criteria.

_____ want more information _____ included in my _____ particularly those _____ advance _____.

_____ need _____ criteria for _____ of the _____ list.

_____ to know the _____ requirements for covered _____.

_____ in _____ details of _____ necessities _____ listed on _____ approval cover.

Please let _____ approved drug list coverage _____ which _____ those with advanced _____ requirements.

Do _____ want _____ information _____ and _____ criteria applicable _____ on your approved list?

_____ it possible _____ regarding advanced notification _____ submission criteria for _____ list?

Can you _____ me _____ the _____ for covered _____?

I'm _____ information on which _____ advance _____ submission.

I would _____ know _____ medication requires _____ notification and submission according to _____ approved _____.

Do you want to _____ information about advanced _____ applicable to drugs _____?

Insights _____ for approved _____ be provided.

I was _____ you could _____ for the _____ included in _____.

Please _____ approved drug list _____.

_____ would like _____ which _____ advance _____ or _____ to _____ approved drug list coverage criteria.

_____ the criteria _____ drug _____ and coverage?

_____ let me _____ which drugs _____ apply _____ those needing advance notice?

The _____ drug _____ coverage criteria _____ notification and _____.

Discuss _____ medication _____ stipulations _____ advance notice _____.

_____ details _____ the drug _____ criteria.

Can _____ tell _____ the criteria _____ drugs _____ the _____ list?

_____ there _____ any specific _____ or _____ medication eligible for coverage, _____ clarify.

_____ what _____ criteria are for drug _____ coverage.

I need to know about _____ drugs.

I _____ aware that the _____ drug _____ criteria _____ notification requirements.

Tell _____ the _____ drug _____ criteria.

Please _____ approved drug _____ coverage criteria as they're _____ with advanced notification _____.

Share _____ of drug _____

_____ information on which medications require advance _____ submission.

Do you _____ to provide _____ about _____ submission criteria applicable to drugs _____?

advanced notification _____ should be _____ approved drug _____ coverage _____.

_____ would appreciate _____ you _____ give me _____ which drugs _____ advance _____.

_____ about the _____ drug inclusion.

_____ me know what the covered _____ are?

_____ know the _____ list coverage _____.

Would _____ provide information _____ notification _____ criteria _____ to drugs _____ your _____ list?

Share _____ approval criteria.

Can _____ tell _____ the _____ coverage on your _____ list?

It is advisable _____ the _____ list coverage _____.

_____ about the approved _____ list coverage _____ as _____ are especially _____ with advanced _____ requirements.

Is it possible for you _____ me _____ and submission _____ drugs on my _____ list?

Can _____ me about _____ requirements _____ drug list?

Can _____ me _____ for coverage on _____ list?

_____ coverage _____ for these _____.

_____ the _____ the drug _____ approval.

Please _____ if _____ any specific _____ submitting medications for coverage _____ your approved _____ list.

_____ like to know _____ criteria _____ your _____ drug list _____ any _____ for advanced notification/submission.

Please tell me _____ the _____ coverage criteria _____ they are important _____ those _____ requirements.

_____ appreciate _____ if you _____ tell _____ which medications require _____.

_____ information on how to submit _____ medications.

_____ would like _____ know more _____ covered _____ their _____ notification process.

_____ you give _____ on the drug _____?

_____ need to pre-notify _____ submit _____ advance _____ approved meds, _____ you give _____ information about _____?

_____ you tell _____ the criteria for _____ are _____ the _____?

_____ about _____ approved drug list _____ criteria

_____ to know the _____ notification/submission necessities _____ drugs listed under _____ cover.

_____ coverage criteria are _____ those with advanced notifications

I _____ to pre-notify _____ submit in advance _____ approved drugs, _____ tell _____ coverage _____ for _____?

_____ me know _____ the _____ drug list _____ criteria, especially _____ with _____ notification _____.

_____ would _____ to know _____ drugs, their criteria and _____ advance _____.

Mention _____ drug _____ criteria _____ early submission _____.

Share details _____ drug _____.

I _____ to approving drug _____.

_____ would like _____ which _____ require advance notification _____ according to your _____ coverage _____.

_____ drug _____ criteria with submission _____.

_____ me know _____ drug _____ coverage criteria as they _____ important _____ those _____ notification requirements.

Can _____ requirements of the covered _____ list?

_____ advanced notice/submission _____ for eligible _____?

_____ me about the _____ for coverage on _____ drug _____.

_____ want to _____ criteria for _____ approval _____ coverage.

Please _____ about _____ drug _____ coverage criteria.

_____ approved _____ stipulations _____ to advance _____ or paperwork.

_____ you _____ about the notification _____ covered drugs?

I _____ be aware that the approved _____ coverage _____ advanced _____.

_____ want to _____ which _____ notification and _____ according to the approved _____ coverage _____.

_____ like _____ know which _____ require _____ or submission _____ to _____ coverage criteria.

Please let me know _____ drug list coverage _____ because it's important _____ advanced _____.

_____ give _____ the covered _____ list _____?

_____ need _____ or submit in advance _____ I _____ know about _____ coverage criteria for approved _____ tell

Please tell me _____ approved _____ coverage _____ as they are important for those _____.

_____ the _____ coverage Criteria because they have advanced _____.

Advanced _____ covered medications _____ I would like _____ know.

I _____ aware _____ the approved _____ coverage criteria, which have _____.

_____ provide me with _____ the covered _____ requirements?

_____ would _____ know _____ of advanced notification/submission necessities pertaining to _____ drugs _____ your approval _____.

Please tell _____ more _____ for drug approval _____.

Share details of _____

Would _____ willing to _____ advanced _____ and _____ drugs on your _____ list?
_____ it possible _____ information _____ advanced notification and _____ drugs on my approved list?
We _____ know _____ list _____ Criteria
I would _____ know the details _____ notification/submission _____ pertaining _____ drugs listed _____ cover.
_____ list coverage _____ include notification requirements _____ I should be _____.
_____ us details _____ approval criteria.
I _____ the _____ coverage criteria for _____ who need _____ notification.
_____ provide _____ about the _____ drugs in the _____ list?
I want to know the _____ list _____ advanced notification _____
_____ want _____ the advanced submission _____ covered drugs.
_____ you _____ us details _____ the _____ covered in _____ approved list?
_____ there are _____ for notifying or submitting _____ are eligible _____ coverage on _____ drug list.
_____ would _____ to know _____ require advance notification _____ submission _____ to your approved _____ criteria.
There are advanced _____ approved _____ coverage criteria.
_____ there _____ different _____ for notifying or submitting _____ on _____ drug list, please clarify.
_____ information about advanced notification _____ submission _____ for _____ your approved list?
_____ like to _____ about _____ covered _____ list requirements.
_____ tell _____ criteria for drug _____ coverage.
Share _____ details _____ the _____ requirements.
_____ me what the requirements _____ for the covered _____?
Make people aware _____ the _____ requirements _____ inclusion.
_____ there any _____ for _____ notification or _____ approved _____ list?
_____ details _____ drug list _____ with early submission _____
_____ like to _____ which medications _____ included in _____ that require advance _____.
_____ people aware of the _____ for _____.
_____ give _____ an idea _____ the covered _____ list _____?
Tell me about the _____ to _____ the _____.
_____ to know what the _____ prerequisites are _____ covered _____.
Inform _____ about the approved _____ coverage _____ especially _____ with _____ notification _____.
_____ information about _____ drugs are covered _____ what _____ apply to _____ needing advance notice?
_____ possible to _____ information about _____ notification _____ submission _____ drugs _____ approved list?
Can _____ tell me _____ requirements of the _____?
I would like _____ about _____ drugs _____ advance notice _____ submission.
Are you willing to share _____ submission criteria _____ your approved _____?
Please tell me _____ approved _____ list _____.
Become _____ the _____ drug inclusion.
Discuss approved _____ listing stipulations especially _____ paperwork.
Please clarify if there _____ preconditions _____ submitting _____ that _____ for _____ on _____ approved drug list.
_____ criteria for drug list.
You _____ explain the _____ for _____ coverage.
_____ you give me _____ about _____ coverage _____ for approved _____ as things that _____ need _____ submit _____?
I _____ to know _____ for _____ with advanced notifications.
_____ me _____ about the _____ list requirements?
_____ know the _____ coverage Criteria _____ advanced notifications.
_____ to know if _____ drug _____ those with advanced notification requirements.
Inform _____ requirements with details of _____ approval _____.
I _____ to _____ for coverage _____ your approved _____ list.
_____ want to _____ of advanced _____ for covered _____.
If there _____ or submitting _____ that _____ eligible _____ coverage, please clarify.
_____ to _____ more about _____ approved _____ coverage rules.

I _____ about _____ list requirements.

_____ the _____ conditions _____ some _____.

Please let me _____ the _____ advanced _____ for _____ your _____ cover.

We _____ to know _____ criteria for _____ drug _____.

_____ on the criteria _____ approved drugs coverage.

_____ me about _____ for coverage on your drug _____?

I would _____ know _____ require advance notification or _____.

_____ you _____ me _____ drug list _____ work?

I _____ you _____ tell me _____ drugs require advance _____ and _____.

Do _____ if _____ any preconditions for _____ that are eligible for _____ your approved _____ list?

_____ need to _____ me _____ approved drug _____ criteria.

_____ pre-notify, _____ in advance, things _____ to know about the coverage criteria for _____ can _____

I _____ to pre-notify _____ submit in _____ but can _____ me the _____ approved _____?

Please _____ me of the _____ criteria

_____ know _____ drug list coverage _____.

I _____ to _____ advanced notification _____ drugs.

Please _____ if there are any _____ preconditions _____ notifying _____ submitting medications _____ are _____ on _____ drug _____.

_____ inform _____ drug list coverage criteria.

Please _____ me _____ the approved drug list coverage _____ they _____ important _____ advanced _____ requirements.

_____ would _____ to know the _____ advanced notification _____ for drugs listed _____ approval cover.

Tell _____ about _____ criteria _____ coverage.

Can _____ give _____ information _____ the coverage criteria _____ things _____ need to pre-notify or _____ advance?

I want _____ know _____ need _____ notification or submission according to _____ drug _____.

Can you _____ us _____ for _____ in _____ approved list?

Discuss _____ stipulations _____ medication _____ advance notice or _____.

Information about _____ drug lists _____.

Can you _____ what the _____ for _____ coverage _____?

I should be _____ the _____ coverage criteria _____ advanced _____.

I wanted _____ know more about _____ their _____ notification _____.

It is _____ advanced _____ that they know _____ approved drug list _____ criteria.

_____ you _____ me _____ the _____ for covered _____ are?

_____ me know _____ criteria _____ in _____ approval _____ coverage.

I'd _____ to know which drugs _____ notification _____ according _____ your _____ list _____ criteria.

_____ you be willing to _____ the _____ notification _____ criteria for drugs on _____ list?

I need _____ be aware _____ drug _____ criteria.

_____ like _____ what the covered drug list _____.

Please tell me _____ approved _____.

_____ let _____ if _____ need to _____ or submit in advance _____ criteria _____ approved meds?

_____ it comes to _____ or submitting _____ is _____ drug _____ criteria?

I want _____ notification requirements for covered _____.

Can you let _____ the requirements _____ drugs?

_____ be _____ offer _____ about advanced _____ and _____ criteria for _____ on your approved _____?

_____ of drug approval criteria with _____.

_____ awareness _____ criteria _____ drug inclusion.

Discuss approved _____ stipulations, _____ advance _____ or _____.

_____ was _____ give _____ the criteria for approved _____ coverage.

I _____ pre-notify _____ submit in advance _____ can you _____ information on _____ coverage criteria?

I want _____ on the medications _____ notice _____ submission.

I would _____ know _____ notification requirements _____ drugs.

_____ to _____ specifics of advanced _____ necessities pertaining _____ drugs on _____ approval _____.

_____ of the approval criteria _____.

_____ to _____ drug _____ criteria for _____ with advanced notification _____ submission requirements.

_____ there _____ specific _____ for notifying _____ eligible for coverage _____ your _____ drug list, please _____ me _____.

_____ need to pre-notify or _____ advance for approved meds, _____ you give _____ the _____?

Would _____ be _____ to _____ the advanced _____ submission criteria _____ to _____ on _____ approved list?

Important _____ those with _____ requirements, _____ drug list _____ criteria _____ important _____ inform.

I _____ to _____ about _____ drug coverage criteria _____ with _____ requirements.

What _____ I know _____ the approved _____ criteria _____ it comes _____ notifying _____ submitting _____?

Can you _____ me more information _____ the notification _____?

I need to _____ the _____ coverage _____ for _____ with _____ requirements.

Can you explain _____ the _____ list?

I _____ pre-notify or _____ in advance _____ drugs, can you give me _____ coverage _____?

Would you be willing _____ provide _____ about advanced _____ and submission criteria _____ to _____?

_____ would like to _____ details _____ advanced _____ submission _____ listed on your approval cover.

You should _____ the _____ involved _____.

_____ tell _____ about _____ criteria _____ approved drugs' coverage?

_____ information on advanced submission prerequisites _____ medications.

_____ you _____ me _____ the advanced notification _____ drugs?

I'd _____ know the criteria for _____ your _____ list.

_____ you _____ me _____ information _____ covered drug list _____?

Discuss approved medication _____ notice _____ paperwork

_____ coverage _____ are especially important to _____ advanced notifications.

_____ want to _____ information _____ notification _____ criteria for _____ on your _____ list?

It is _____ with _____ requirements _____ I know about the _____ drug _____ coverage _____.

I would like _____ drugs, _____ criteria and advance notification _____.

I need _____ drug _____ coverage _____ for _____ who _____ advanced notification _____.

Can _____ about _____ requirements for covered drugs.

Please _____ me _____ the approved drug _____ coverage _____.

I wonder if you could explain _____ drugs _____.

Did _____ criteria _____ approved _____ coverage?

Please _____ criteria for _____ drugs' _____.

_____ for drug approval and _____ to _____ disclosed.

Drug _____ criteria are important _____ those with advanced _____ so _____.

I _____ what _____ are for the covered _____ list.

I am _____ which _____ advance _____ or submission.

_____ can _____ me _____ the _____ drugs _____ requirements.

Please let _____ know about _____ criteria _____ drug _____

I would _____ to know which medications _____ advance _____ my coverage.

_____ know the _____ of _____ notification/submission necessities _____ drugs _____ under your approval _____.

_____ the _____ advanced _____ for drugs listed under your approval cover.

I _____ to pre-notify _____ submit _____ advance, _____ can _____ me _____ criteria _____ approved drugs?

Please _____ the approved _____ list _____.

_____ you have information _____ medications _____ notification or submission, _____ let _____.

_____ give me some information _____ the _____ list _____?

I would _____ to _____ list requirements.

Can _____ tell me _____ the _____ drugs that _____ the approved _____.

When it _____ submitting _____ what _____ I need to know about the _____ list _____?

Can _____ the criteria for drugs covered _____ approved _____?

_____ if there are any different _____ for notifying _____ submitting _____ that _____ for _____?

Gimme _____ lowdown on _____ approved _____.

Would you _____ to provide _____ about advanced notification _____ submission _____ your list?

Discuss approved _____ stipulations, _____ as advance _____.

_____ know about covered _____ requirements.

I want to know _____ drugs require advance _____ according _____ your approved _____.

_____ like _____ know _____ submission requirements for _____ medications.

I _____ to _____ medications _____ coverage and _____ ones need to _____ submitted.

_____ the criteria for _____ drug _____

Please _____ me know of the _____ criteria.

_____ know the _____ criteria for those _____ notification requirements.

_____ give _____ some _____ covered drug list requirements?

The approved _____ list coverage _____ advanced _____ requirements I _____.

_____ like to know the _____ the covered _____ list.

_____ be willing _____ provide _____ the submission criteria _____ drugs _____ your approved _____?

Can you tell _____ the _____ the drugs that _____ covered _____ the _____?

I _____ to _____ about the _____ require advance _____ or _____.

_____ it _____ to notifying _____ submitting _____ what do _____ need _____ about the approved drug _____ coverage _____?

_____ you _____ me the _____ for _____ in the approved _____.

Tell me about _____ requirements for _____.

Can _____ the mandatory notifications regarding the _____ drugs _____?

_____ there _____ specific _____ for _____ submitting medications for coverage on _____ please clarify.

I _____ be _____ of _____ advanced notification requirements _____ the _____ drug _____ coverage _____.

_____ know _____ drug list coverage criteria for _____ have notification _____.

Tell _____ of drug list _____.

_____ would like _____ about _____ submission _____ covered medications.

_____ want to know _____ notification requirements _____ covered _____.

_____ to know about _____ approved _____ list _____ guidelines.

Let me _____ have _____ notification requirements _____ covered _____.

_____ to know the _____ of advanced _____ pertaining to drugs _____ approval _____.

_____ to know _____ the _____ list coverage criteria _____ advanced _____.

Can _____ me _____ information _____ the criteria _____ your _____ drug list?

Talk _____ in advance notice or paperwork.

Please _____ about _____ requirements for _____ drugs.

Can _____ what the _____ requirements are?

If _____ are _____ for _____ or submitting medications _____ coverage _____ your approved drug _____.

Can you let _____ if _____ any requirements for _____ notification on _____?

_____ would like _____ about _____ necessities for _____ under _____ approval cover.

_____ like to _____ more about _____ criteria and advance _____ covered _____.

The _____ drug _____ important _____ those with advanced _____ requirements

I would _____ know which _____ notification _____ submission _____ approved drug list coverage criteria.

_____ drug _____ criteria with _____ requirements.

I want to know _____ advance notification _____ submission _____ the approved _____ list _____.

_____ it comes _____ the drug _____ requirements, _____ sure you _____.

_____ want _____ know _____ criteria _____ drug _____.

_____ details about _____ standards.

Inform about _____ for _____.

_____ need _____ know _____ notification requirements _____ drugs.

I would like to know the _____.

If _____ are any specific requirements for _____ or _____ that _____ for _____ your approved _____ clarify.

The _____ drug list _____ have more advanced notification _____ that _____ aware _____.

_____ approved drug _____ criteria _____ important for those who _____ notification _____.

I _____ on which drugs require _____.

_____ you _____ information about _____ require advance _____ or submission, _____ know.

_____ the _____ involved in drug _____.

_____ inform me _____ approved _____ coverage criteria are important to _____ advanced _____

I should _____ aware _____ the _____ list _____ criteria, _____ notification requirements.

_____ to know the drugs that _____ advance notification _____ submission _____ your _____ drug _____ criteria.

I would like _____ drugs _____ requirements.

I _____ about the requirements for _____ drugs _____.

_____ tell me _____ the covered drug _____ requirements?

_____ any _____ preconditions _____ notifying _____ submitting _____ eligible for coverage, please clarify.

_____ interested _____ advanced _____ necessities pertaining _____ drugs _____ on your approval cover.

_____ like to _____ what _____ requirements _____ covered medications.

_____ the _____ list approval criteria with _____.

I _____ interested in knowing the details _____ notification/submission _____ pertaining _____ your _____ cover.

Would you be willing to provide information _____ advanced notification _____ list?

Can you _____ me the _____ inclusion _____ the _____?

Can _____ give _____ description of _____ criteria for _____ coverage?

Can _____ me about _____ covered _____?

I _____ like to know _____ about covered _____ criteria, _____.

I _____ the _____ drug list coverage _____.

Is _____ possible to _____ information about advanced _____ and _____ that _____ to drugs on _____?

Can you _____ the _____ for _____ included _____ the coverage?

_____ would like _____ know about _____ their criteria _____ process.

Can _____ tell me _____ the _____ for approved drugs, _____ I need _____ submit in _____?

Let me know the details _____ notification/submission _____ drugs listed _____ cover.

I _____ aware of advanced _____ requirements for _____ coverage criteria.

_____ any _____ preconditions for notifying or _____ certain drugs for _____.

I _____ know about _____ drug _____ coverage _____.

I should _____ advanced _____ requirements _____ come with _____ drug _____ coverage criteria.

The coverage _____ to be _____.

_____ you _____ the _____ for _____ on the drug coverage _____.

Make _____ you are aware _____ criteria _____ inclusion.

_____ be aware of _____ list _____ Criteria, especially _____ advanced notifications/submission requirements.

Is _____ that you _____ information about _____ notification _____ for _____ on your list?

Please clarify _____ there _____ or _____ that _____ eligible _____ coverage on your approved drug list.

_____ tell _____ what criteria are used in _____.

_____ you tell _____ criteria for drugs _____ in _____?

_____ Criteria _____ the drug _____ be known.

_____ please _____ the drug list _____ criteria.

I'd like _____ about _____ notification _____ covered drugs.

I need _____ pre-notify _____ submit _____ advance _____ drugs, _____ you tell _____ the _____?

I was wondering if _____ could _____ me _____ approved drugs' _____.

_____ drug _____ coverage criteria are essential for _____ with _____.

We need to know _____ for the _____.

_____ which medications require advance notice or _____ and _____ ones _____ my coverage.

_____ want to know more about _____ drugs, _____ notification process.

Share _____ for _____ list.

_____ tell me _____ involved in _____ coverage.

_____ you tell me the criteria for _____ list?

The drugs _____ coverage _____ have _____ notification _____ I _____ be aware _____.

I ____ like ____ know the details ____ notification ____ submission ____ drugs on ____ cover.

Can ____ criteria for ____ covered in ____ approved list?

____ me what notification ____ are ____ covered drugs?

The approved drug list coverage ____ that ____ need ____ of.

____ to ____ about the drug ____ coverage ____

I ____ to ____ of the ____ list ____ criteria.

____ would like ____ submission requirements for covered ____.

Please ____ me ____ about ____ list coverage criteria.

I ____ to ____ the ____ of ____ notification/submission ____ to ____ listed ____ your approval cover.

____ need to ____ the ____ requirements.

Can ____ about the criteria ____ covered ____ approved list.

Is it ____ give you information about advanced ____ criteria ____ drugs on ____ list?

I would like ____ know ____ submission necessities for ____ under your ____ cover.

____ provide details on the ____ for ____ the ____ list?

____ let ____ of the criteria involved ____ drug ____.

Please tell me ____ approved drug ____ criteria, ____ for ____ advanced ____ requirements.

____ should ____ aware ____ the approved drug list ____ have ____ requirements

I ____ like to ____ require advance ____ and/or ____.

The approved drug list ____ criteria are important ____ have ____

____ you provide information ____ advanced ____ applicable to ____ on your approved ____?

____ like ____ on advanced submission ____ covered ____.

If ____ are ____ preconditions for ____ submitting ____ on ____ approved drug list, please ____.

____ would like to know ____ included ____ those that ____ advance notice.

Let me ____ specifics of advanced ____ to ____ under your approval ____.

I need ____ pre-notify ____ submit ____ approved ____ so can ____ give me information ____ coverage ____?

____ want to ____ about ____ drug coverage rules ____ require ____.

____ need ____ know ____ notification requirements ____ drugs.

____ or submit ____ advance ____ approved meds, so can you give me information ____?

I would like to know ____ necessities pertaining to drugs ____ cover.

Should ____ of the requirements for ____ notification/submission ____ approved drug ____?

It's important for those ____ advanced ____ approved drug list ____.

Can you ____ for the ____ drugs list?

Do ____ advanced notification ____ submission ____ drugs on ____ list?

____ to ____ the details of advanced notification/submission necessities ____ listed on ____ approval ____.

Any ____ notification requirements for ____?

____ there are ____ specific preconditions for ____ or ____ medications ____ are ____ for ____ please ____.

Are ____ to provide information ____ advanced ____ submission ____ applicable ____ drugs ____ approved list?

____ know ____ Criteria for ____ list.

____ know that ____ approved drug ____ criteria require ____ notification.

Send ____ of ____ approval criteria.

____ want ____ know about ____ approved drug ____.

I would like ____ know about ____ advanced ____ listed on ____ cover.

____ you ____ I need to pre-notify ____ submit ____ advance about the ____ approved drugs?

____ to ____ about ____ list coverage criteria ____ with ____ notification/submission requirements.

____ am looking for ____ advance notification or submission.

Share ____ of approval criteria ____.

I would like to ____ advance notification and which ones ____.

____ would ____ if you ____ give me ____ about which ____ notification.

____ let ____ know ____ drug ____ coverage ____.

____ drug list coverage criteria ____ advanced notification requirements that ____ aware ____.

_____ the _____ list coverage criteria _____ those with notification _____.

_____ about the _____ involved _____ drug approval.

I _____ the _____ of advanced notification _____ drugs _____ approval cover.

_____ drug _____ be shared with _____ submission requirements.

_____ tell _____ about _____ advanced notification requirements _____ covered _____?

If _____ are _____ specific _____ for notifying or _____ for _____ on your _____ drug _____ tell me.

Can you _____ covered drugs list _____.

I _____ to _____ advanced _____ drugs listed in _____ approval cover.

Can you _____ the drugs list?

_____ know the drug _____ especially _____ with advanced notifications.

I should _____ aware of _____ drug list _____ criteria' _____.

_____ you _____ the _____ approved drugs, as well as things _____ need _____ pre-notify or _____ in _____?

_____ to _____ the _____ drugs _____ requirements.

You _____ inform _____ about the _____.

_____ provide _____ with the approved _____ criteria.

Inform _____ of the requirements _____ be _____ coverage list.

_____ like to know _____ drug list coverage _____.

_____ to _____ criteria _____ coverage on your _____ drug list.

Would _____ be _____ with information about _____ submission _____ drugs on your approved list?

I _____ curious about _____ advanced _____ for covered _____.

_____ am in need of information regarding which _____.

Discuss _____ coverage _____ for _____ submission _____.

Explain _____ for _____ drugs.

I need _____ or submit in _____ things I _____ to know _____ the _____ criteria _____ drugs, _____ you _____

_____ tell _____ the criteria used for _____ coverage.

You should _____ drug list _____.

_____ wanted to know the criteria _____.

Please _____ us _____ used for drug approval _____.

_____ submit _____ for approved meds, can you give me a _____ the _____ criteria?

_____ wondering if _____ explain _____ criteria for _____ included _____ coverage.

Can _____ for drugs in coverage?

Inform me _____ to _____ the drug coverage list.

_____ us information _____ which _____ covered and _____ criteria they use?

Is _____ possible for you to _____ me information _____ notification _____ for drugs _____ list?

You might _____ to give me _____ criteria _____ drugs' _____.

_____ me of _____ criteria needed _____ be on _____ coverage _____.

_____ could tell _____ about the _____ approved _____ coverage.

I want to _____ about _____ on _____ approved _____ list.

Discuss drug _____ with early _____

A drug _____ criteria _____ advanced _____ that _____ should be aware _____.

Please _____ if there are any _____ notifying or submitting _____ are _____

_____ help us _____ the criteria for _____ coverage?

Please inform _____ about the _____ drug _____ criteria, _____ those with advanced notification _____.

I _____ know _____ there are any _____ for advanced notification _____ your _____.

I want _____ know _____ covered drugs _____ are.

Please _____ me the _____ drug _____.

I _____ to _____ about _____ for covered drugs.

Can you _____ on _____ are covered _____ criteria apply _____ needing advance _____?

I _____ like _____ be _____ drugs _____ advance notification and _____.

_____ need to _____ in _____ certain _____ I _____ to know about _____ coverage criteria for approved meds, _____

Can _____ the _____ drugs in coverage?

_____ you _____ on the covered _____ list requirements?

Please let me know if _____ approved _____ coverage criteria _____ important _____ with _____.

I _____ to _____ about advanced _____ requirements _____ covered _____.

_____ should be _____ criteria for approved _____ inclusion.

_____ listing _____ such as _____ notice.

_____ it _____ me information _____ advanced notification _____ submission criteria for drugs _____ my _____?

_____ you _____ me _____ need to be _____ coverage?

_____ to know which _____ require advance _____ according to _____ approved _____ list coverage _____.

I need to _____ if there _____ any _____ notification _____ your _____ drug list.

_____ you give _____ the criteria for _____ covered _____ approved list?

_____ about the covered drug list _____.

It would _____ could tell me about _____ drug _____ criteria.

_____ to know _____ drugs _____ advance notification _____ according _____ coverage criteria.

Details _____ approval criteria can _____.

_____ advanced _____ submission criteria applicable _____ drugs _____ your approved list?

_____ you tell _____ more _____ in the approved list?

_____ would appreciate it _____ information about which _____ require _____ notification.

_____ want _____ know about the _____ for _____ drugs.

If there are _____ notifying _____ medications that _____ eligible for _____ please _____.

_____ you _____ know the criteria _____ drugs _____ the _____ list?

_____ want _____ give information _____ notification and submission criteria _____ on your _____?

The approved _____ coverage _____ have advanced _____ requirements _____ should _____ aware _____.

_____ medication listing conditions, _____ advance _____ or paperwork.

_____ need to know the _____ for _____.

_____ you _____ about approved _____ coverage?

The approved drug _____ criteria _____ advanced notification/submission _____.

I _____ looking _____ information about eligibility _____ drugs _____ submission.

_____ need to pre-notify _____ if I need to know _____ meds, can you give _____ that

_____ approved _____ list _____ criteria _____ important for _____ advanced notification.

Would _____ be _____ give _____ information about advanced notification and submission criteria _____ drugs _____?

I want to _____ about _____ that require advance _____.

Inform _____ the requirements to _____ the _____ list.

Can you _____ the covered drug _____

I _____ to know _____ the _____ coverage on _____ list.

I _____ know _____ for _____ with advanced notification/submission requirements.

Please _____ if _____ specific conditions that _____ be met in order to submit _____.

Is _____ possible _____ you to give _____ advanced notification and _____ applicable _____ your _____ list?

Would _____ give _____ information about _____ and _____ drugs on _____ approved list?

I _____ know _____ the criteria _____ for _____ drugs' _____.

Can _____ me about the _____ for _____ on _____ list?

_____ tell _____ more _____ the covered _____ requirements?

Let me know _____ specifics _____ and submission necessities _____ drugs _____ cover.

I _____ know _____ submission prerequisites for _____ drugs.

Can you _____ us _____ criteria _____ in _____ list?

_____ are any preconditions for notifying or _____ drugs _____ approved drug _____ please _____.

_____ notification _____ should _____ aware _____ approved _____ list coverage criteria.

I need _____ submit in _____ for _____ can you tell _____ about _____ criteria?

Can _____ me _____ criteria _____ drugs' coverage?

I _____ know _____ of advanced _____ necessities _____ to drugs listed _____ your _____.

Inform me about ____ approved ____ list ____ as ____ are ____ those ____ notifications.

I need ____ about the specifics of ____ notification/submission necessities pertaining ____ approval ____.
____ me ____ criteria ____ on the drug coverage ____.

I want to know the specifics ____ necessities for ____ your ____ cover.

Can you tell ____ the ____ approved ____?

____ drug list ____ criteria ____ advanced ____ requirements I should be ____.

____ you ____ more ____ the criteria ____ drugs in the ____ list?

I ____ to ____ if there are ____ requirements for advanced ____ or ____ on ____.

____ are ____ that require advance ____ or ____ that ____ like to know ____.

Can you ____ what ____ criteria are ____ drugs ____?

____ about ____ notice/ ____ eligible drugs.

____ know that ____ approved drug list ____ include advanced ____?

The approved ____ list coverage ____ notification ____ I ____ understand.

I ____ like ____ about advanced ____ prerequisites ____ medication.

____ drug ____ coverage criteria has advanced ____ requirements that ____ should ____.

____ know that the ____ drug ____ criteria ____ notification requirements.

You could tell ____ about ____ included in ____.

____ approved ____ coverage criteria is especially ____ with advanced notification ____.

Can you ____ us details ____ for drugs covered in ____?

Please ____ me ____ list coverage ____ are important ____ those with ____ notification requirements.

____ you tell ____ the advanced ____ covered drugs?

Discuss ____ medication ____ stipulations, ____ notice