

Pharmacy Non-Specialty Overview by Prior Authorization Approval or Denial 2nd Quarter 2023

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ANTINEOPLASTICS	Approved	1
3956	UROLOGY	ABIRATERONE	ANTINEOPLASTICS	Approval	1
3956	FAMILY PRACTICE	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denial	1
3956	FAMILY PRACTICE	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PEDIATRICS	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denial	1
3951	PSYCHIATRY	ACAMPROSATE CALCIUM 333 MG ORAL TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3951	FAMILY PRACTICE	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	1
3956	FAMILY PRACTICE	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3951	FAMILY PRACTICE	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PSYCHIATRY	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	1
3963	PSYCHIATRY	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	4
3963	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	ACCU-CHEK GUIDE TEST STRIPS	DIABETIC TESTING SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	ACCU-CHEK GUIDE TEST STRIPS	DIABETIC TESTING SUPPLIES	Approved	1
3956	UNSPECIFIED	ACCU-CHEK GUIDE TEST STRIPS	DIABETIC TESTING SUPPLIES	Approved	1
3961	PHYSICIAN, ENDOCRINOLOGY	ACCU-CHEK GUIDE VI STRP	DIABETIC TESTING SUPPLIES	Approved	1
3956	UNSPECIFIED	ACCU-CHEK GUIDE VI STRP	DIABETIC TESTING SUPPLIES	Approved	1
3963	DERMATOLOGY	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approval	1
3963	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	2
3956	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	No Response	1
3956	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approval	1
3963	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ACUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	ACUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	ACUTANE 30 MG CAPSULE	ALL OTHER DERMATOLOGICALS	Approved	1
3956	DERMATOLOGY	ACUTANE 30MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3963	FAMILY PRACTICE	ACETAMINOPHEN 300 MG-CODEINE 30 MG TABLET	NARCOTIC ANALGESICS	No Response	2
3956	FAMILY PRACTICE	ACETAMINOPHEN 300 MG-CODEINE 30 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN 300 MG-CODEINE 30 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN 300 MG-CODEINE 30 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	OBSTETRICS & GYNECOLOGY	ACETAMINOPHEN 300 MG-CODEINE 30 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	UNSPECIFIED	ACETAMINOPHEN-CODEINE #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ACETAMINOPHEN-CODEINE #4 (ACETAMINOPHEN W/ CODEINE) 300-60 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, ACUTE CARE	ACETAMINOPHEN-CODEINE (ACETAMINOPHEN W/ CODEINE) 300-30 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN-CODEINE (ACETAMINOPHEN W/ CODEINE) 300-30 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	INTERNAL MEDICINE	ACETAMINOPHEN-CODEINE 300-30 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE 300-30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ACETAMINOPHEN-CODEINE 300-30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE 300-60 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3963	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3964	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3964	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3963	NEUROLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	RHEUMATOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	3

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3963	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approval	1
3963	DERMATOLOGY	ACITRETIN	ALL OTHER DERMATOLOGICALS	Denied	1
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	UNSPECIFIED	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	INTERNAL MEDICINE	ACTHAR GEL	ANTICONVULSANTS	Denied	1
3963	FAMILY PRACTICE	ACYCLOVIR 5 % TOPICAL OINTMENT	ANTIVIRALS	No Response	1
3963	PEDIATRICS	ACYCLOVIR 5 % TOPICAL OINTMENT	ANTIVIRALS	No Response	1
3965	FAMILY PRACTICE	ACYCLOVIR 5% EX OINT	ANTIVIRALS	Denied	1
3963	DENTIST, GENERAL PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denial	1
3963	DENTIST, ENDODONTICS (ROOT CANAL TREATMENT)	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3963	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approval	1
3963	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3963	INTERNAL MEDICINE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACYCLOVIR OINTMENT	ANTIVIRALS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Approval	1
3963	PEDIATRICS	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3965	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Approval	1
3969	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Denial	1
3963	FAMILY PRACTICE	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3965	PEDIATRICS	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	ADAPALENE 0.1% GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	No Response	1
3964	NURSE PRACTITIONER, UNSPECIFIED	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Denial	1
3962	PEDIATRICS	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	5
3964	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	ADDERALL EXTENDED RELEASE 30MG CAPSULE	CNS STIMULANTS	Denied	1
3956	CARDIOLOGY	ADEMPAS	OTHER ANTIHYPERTENSIVES	Approved	1
3956	CARDIOLOGY	ADEMPAS	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3956	INTERNAL MEDICINE	ADEMPAS	OTHER ANTIHYPERTENSIVES	Approved	1
3956	INTERNAL MEDICINE	ADEMPAS	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3963	UNSPECIFIED	ADVAIR HFA INHALER	CORTICOSTEROID, INHALANT	Denied	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	3
3965	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3967	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denial	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denied	1
3965	NEUROLOGY	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denied	1
3951	FAMILY PRACTICE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	2
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	2
3963	INTERNAL MEDICINE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	2
3962	PEDIATRICS	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denied	1
3963	UNSPECIFIED	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approval	2
3967	UNSPECIFIED	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Denied	2
3963	UNSPECIFIED	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AIRDUO	CORTICOSTEROID, INHALANT	No Response	1
3963	FAMILY PRACTICE	AIRDUO DIGIHALER 232/14 232-14 INH	CORTICOSTEROID, INHALANT	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	2
3965	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3951	NEUROLOGY	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3965	FAMILY PRACTICE	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	NEUROLOGY	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approval	3
3956	NURSE PRACTITIONER, ACUTE CARE	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Denied	1
3963	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3951	INTERNAL MEDICINE	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	2
3963	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	3
3951	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	No Response	1
3951	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Denied	2
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	4
3963	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approval	2
3951	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Denied	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	No Response	1
3961	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE AGENT	Approved	1
3963	PEDIATRICS	AKLIEF CREAM	ACNE PRODUCT	Denied	1
3956	FAMILY PRACTICE	ALBUTEROL SULFATE 1.25MG/3ML SOLUTION FOR INHALATION	ASTHMA	Denied	1
3956	UNSPECIFIED	ALBUTEROL SULFATE HFA 108 (90 BASE)MCG/ACT IN AERS	ASTHMA	No Response	1
3956	INTERNAL MEDICINE	ALOGLIPTIN	DIABETIC THERAPY	Denial	1
3956	UNSPECIFIED	ALOSETRON	GASTROINTESTINAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ALOSETRON HCL 0.5MG OR TABS	GASTROINTESTINAL AGENTS	Approval	2
3956	UNSPECIFIED	ALOSETRON HCL 1MG OR TABS	GASTROINTESTINAL AGENTS	Denied	1
3963	UNSPECIFIED	ALPRAZOLAM	ATARACTICS-TRANQUILIZERS	Approved	1
3963	UNSPECIFIED	AMBIEN 10MG TABLETS	HYPNOTIC	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	CARDIOLOGY	AMBRISENTAN	DERMATOLOGICAL AGENTS	Approval	1
3962	CARDIOLOGY, PEDIATRIC	AMBRISENTAN	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	AMBRISENTAN	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	AMBRISENTAN	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMJEVITA	ANTIRHEUMATIC	Approval	1
3964	UNSPECIFIED	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	AMNESTEEM (ISOTRETINOINS)	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	AMNESTEEM 10MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3961	UNSPECIFIED	AMNESTEEM 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3956	UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approval	1
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3951	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approval	1
3956	FAMILY MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3963	NEUROLOGY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3963	PEDIATRICS	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3964	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	2
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Denied	1
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TAB	CNS STIMULANTS	Denied	2
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Approved	1
3962	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG EXT-REL MIXTURE	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG EXT-REL MIXTURE	CNS STIMULANTS	Approval	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1
3961	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denied	2
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TABLETS	CNS STIMULANTS	Approved	1
3969	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approval	1
3963	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approval	1
3965	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	2
3956	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Denied	1
3956	PEDIATRICS	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3961	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	No Response	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3963	ALLERGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	3
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	4
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	2
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	4
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHOLOGIST, SCHOOL	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	No Response	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approval	1
3961	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denial	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approval	1
3964	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denial	2
3964	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approval	1
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	OPHTHALMOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approval	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3951	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	24
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	8
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	3
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	12
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	7
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	9
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3961	OBSTETRICS & GYNECOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PEDIATRICS	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	2
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Denied	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	SPORTS MEDICINE, FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	7
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	2
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approval	1
3965	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denial	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	5
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approval	5
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	No Response	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	2
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	No Response	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	SPORTS MEDICINE, FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3962	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approval	1
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 25MG	CNS STIMULANTS	Denied	1
3965	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE ER 25MG	CNS STIMULANTS	Approval	1
3969	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 30MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 30MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	ANDRODERM (TESTOSTERONE TRANSDERMAL PATCH)	ANDROGENS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ANDRODERM (TESTOSTERONE TRANSDERMAL PATCH)	ANDROGENS	Denied	1
3951	UROLOGY	ANDRODERM 2MG/24HR TD PT24	ANDROGENS	Approved	1
3951	UNSPECIFIED	APAP-CODEINE TAB 300-15 MG	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3963	EMERGENCY MEDICINE	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	2
3956	PEDIATRICS	ARANESP	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	PEDIATRICS	ARANESP	HEMATOPOIETIC AGENT	Denied	1
3962	UNSPECIFIED	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	2
3951	INTERNAL MEDICINE	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	No Response	1
3963	PULMONARY DISEASES	ARIKAYCE	ANTIBIOTIC	Approval	1
3956	UNSPECIFIED	ARMODAFINIL 150 MG ORAL TABLET	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	INTERNAL MEDICINE	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	PULMONARY DISEASES	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Denial	1
3956	INTERNAL MEDICINE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	PULMONARY DISEASES	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	PULMONARY DISEASES	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Denied	1
3956	RHEUMATOLOGY	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NEUROLOGY	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NEUROLOGY	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3962	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Denied	1
3956	NEUROLOGY	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	FAMILY PRACTICE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3962	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	PULMONARY DISEASES	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	PULMONARY DISEASES	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3961	PULMONARY DISEASES	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3964	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	CLINICAL NURSE SPECIALIST, GERONTOLOGY	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	EMERGENCY MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	INTERNAL MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	NEUROLOGY	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3964	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	PSYCHIATRY	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approval	1
3956	PULMONARY DISEASES	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	2
3956	UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	ARMODAFINIL 50MG	CNS STIMULANTS	Denied	1
3956	UNSPECIFIED	ARMODAFINIL 50MG	CNS STIMULANTS	Denied	1
3956	INTERNAL MEDICINE	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	ARMOUR THYROID	THYROID PREPS	Denial	1
3963	FAMILY PRACTICE	ARMOUR THYROID 15MG TABLETS	THYROID PREPS	Denial	1
3963	PHYSICIAN, ENDOCRINOLOGY	ARMOUR THYROID 60MG TABLET	THYROID PRODUCT	Denied	1
3963	FAMILY PRACTICE	ARMOUR THYROID TABLET	THYROID PRODUCT	Approval	1
3963	UNSPECIFIED	ARMOUR THYROID TABLETS	THYROID PRODUCT	No Response	1
3963	UNSPECIFIED	ATOGEPAANT 60 MG TABLET	ANTIMIGRAINE AGENT	Approval	1
3956	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS	Denial	1
3963	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS	Approval	2
3956	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS	Approved	2
3951	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS	Approved	1
3963	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	Approved	1
3963	UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	Approved	1
3956	UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AUVELITY 45MG-105MG EXTENDED-RELEASE TABLET	ANTIDEPRESSANT	Approved	1
3965	DERMATOLOGY	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3951	INTERNAL MEDICINE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	2
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denial	3
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	2
3963	DERMATOLOGY	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	EMERGENCY MEDICINE	AZSTARYS	CENTRAL NERVOUS SYSTEM STIMULANT	Denied	1
3963	PEDIATRICS	AZSTARYS 26.1-5.2 CAPSULE	CENTRAL NERVOUS SYSTEM STIMULANT	Denial	1
3963	ANESTHESIOLOGY	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	BELBUCA 150MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	GENERAL PRACTICE	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELBUCA 300MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	BELBUCA 300MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denial	1
3963	ANESTHESIOLOGY	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 600MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	BELBUCA 750MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approval	2
3956	NEUROLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3962	ANESTHESIOLOGY	BELBUCA 75MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 75MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3956	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denial	1
3956	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3951	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denial	1
3956	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approval	1
3967	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3956	INTERNAL MEDICINE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approval	1
3963	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	No Response	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approval	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3961	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3956	PSYCHIATRY	BELSOMRA (SUVOREXANT) 15 MG ORAL TABLET	SEDATIVE NON-BARBITURATE	Approved	2
3963	FAMILY PRACTICE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3956	FAMILY PRACTICE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	INTERNAL MEDICINE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	INTERNAL MEDICINE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	INTERNAL MEDICINE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	PSYCHIATRY	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	3
3956	FAMILY PRACTICE	BELSOMRA 15MG TAB	SEDATIVE NON-BARBITURATE	Approved	1
3956	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3965	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3951	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	INTERNAL MEDICINE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 5MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BENLYSTA	MISCELLANEOUS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BENLYSTA	LUPUS THERAPY	Approved	1
3963	RHEUMATOLOGY	BENLYSTA	MISCELLANEOUS	Approved	2
3963	RHEUMATOLOGY	BENLYSTA	LUPUS THERAPY	Approved	2
3963	UNSPECIFIED	BENLYSTA	MISCELLANEOUS	Approval	1
3963	UNSPECIFIED	BENLYSTA	LUPUS THERAPY	Approval	1
3956	FAMILY PRACTICE	BETAMETHASONE DIPROPIONATE 0.05% CREAM	TOPICAL SKIN PRODUCT	Approved	1
3963	UNSPECIFIED	BETAMETHASONE DIPROPIONATE 0.05% CREAM	TOPICAL SKIN PRODUCT	Approved	1
3963	UNSPECIFIED	BETASERON	MISCELLANEOUS	Approved	1
3963	NEUROLOGY	BETASERON (INTERFERON BETA-1B) 0.3 MG SUBCUTANEOUS EACH	MISCELLANEOUS	No Response	1
3956	DERMATOLOGY	BEXAROTENE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	BEXAROTENE (TARGRETIN) 75 MG CAPS	ANTINEOPLASTICS	No Response	1
3963	UNSPECIFIED	BEXAROTENE CAPSULE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	BEXAROTENE CAPSULE	ANTINEOPLASTICS	Denied	1
3951	MEDICAL ONCOLOGY	BRAFTOVI	ANTINEOPLASTICS	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	BREZTRI AEROSPHERE 160-9-4.8MCG/ACT IN AERO	CORITCOSTEROID, INHALANT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approval	1
3956	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approval	2
3963	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approval	1
3962	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3956	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3963	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3956	UNSPECIFIED	BUDESONIDE 1MG/2ML SUSPENSION	RESPIRATORY AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	FAMILY PRACTICE	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PAIN MEDICINE	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3956	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3965	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3962	CLINICAL NURSE SPECIALIST, ACUTE CARE	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approval	1
3956	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3951	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	INTERNAL MEDICINE	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	4
3963	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denial	1
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	ANESTHESIOLOGY	BUPRENORPHINE 7.5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denial	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 7.5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3964	FAMILY PRACTICE	BUPRENORPHINE HCL 2MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE HCL 2MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	1
3956	INTERNAL MEDICINE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	1
3956	PEDIATRICS	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	1
3964	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	1
3956	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	4
3956	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	No Response	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	6
3963	EMERGENCY MEDICINE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	3
3963	FAMILY PRACTICE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	2
3956	INTERNAL MEDICINE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	2
3963	INTERNAL MEDICINE	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	1
3963	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	2
3956	UNSPECIFIED	BUPRENORPHINE HCL 8 MG SUBLINGUAL TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	1
3956	UNSPECIFIED	BUPRENORPHINE HCL 8 MG TABLET, SUBLINGUAL	SUBSTANCE ABUSE AGENTS	No Response	1
3963	FAMILY PRACTICE	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	No Response	1
3956	PEDIATRICS	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	No Response	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3969	PSYCHIATRY	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	No Response	1
3956	PSYCHIATRY	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denial	1
3956	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3963	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE HCL-NALOXONE HCL 8-2MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3956	FAMILY PRACTICE	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PSYCHIATRY	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3956	UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3963	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	3
3956	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	4
3951	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	7
3951	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	2
3963	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3956	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	10
3951	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3956	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	4
3956	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	4
3951	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	No Response	1
3956	NEUROLOGICAL SURGERY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3951	NEUROLOGICAL SURGERY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	9
3951	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	3
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	1
3956	PSYCHIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	6
3951	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denial	2
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	21
3951	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3963	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3964	ANESTHESIOLOGY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	No Response	1
3965	ANESTHESIOLOGY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	EMERGENCY MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	No Response	1
3963	FAMILY PRACTICE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	6
3951	FAMILY PRACTICE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	INTERNAL MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	INTERNAL MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	5
3964	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	3
3965	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3951	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3951	UNSPECIFIED	BUPRENORPHINE/NALOXONE 8-2MG FILM	SUBSTANCE ABUSE AGENTS	Denied	1
3963	FAMILY PRACTICE	BUPRENORPHINE-NALOXONE 8MG-2MG SL TABLETS	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NEUROLOGY	BUTORPHANOL NASAL SOL	ANALGESIC	Denied	1
3956	ANESTHESIOLOGY	BUTORPHANOL TARTRATE 10MG/ML NA SOLN	OPIOID ANALGESIC	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUTRANS 5MCG/HR TD PTWK	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3961	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	CABOMETYX	ANTINEOPLASTICS	No Response	1
3963	INTERNAL MEDICINE	CABOMETYX	ANTINEOPLASTICS	Approved	1
3963	MEDICAL ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	CABOMETYX	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	CALCIPOTRIENE-BETAMETHASONE OINTMENT	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE CAPSULE	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	CALQUENCE CAPSULE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	CALQUENCE TABLET	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approval	3
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	No Response	1
3969	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approval	1
3951	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approval	2
3963	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approval	1
3956	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approval	2
3956	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3956	MEDICAL ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	3
3963	MEDICAL ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Denied	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ANTINEOPLASTICS	Denied	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approval	3
3963	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3965	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3962	FAMILY PRACTICE	CAPEX SHAMPOO (FLUOCINOLONE ACETONIDE)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	UNSPECIFIED	CAPLYTA 21MG OR CAPS	ANTIPSYCHOTIC	Approved	1
3956	INTERNAL MEDICINE	CAPRELSA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	CARDURA XL 4MG OR TB24	ANTIHYPERTENSIVE	Approved	1
3956	PULMONARY DISEASES	CAYSTON	OTHER ANTIBIOTICS	Approved	1
3956	PULMONARY DISEASES	CAYSTON	ANTIBIOTIC	Approved	1
3963	INTERNAL MEDICINE	CEFTRIAXONE VIALS	ANTIBIOTIC	Approved	1
3956	ORTHOPEDIC SURGERY	CEFTRIAXONE VIALS	ANTIBIOTIC	Approved	1
3963	UNSPECIFIED	CHORIONIC GONADOTROPIN 10000UNT	GONADOTROPIN	Denied	2
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	THYROID PRODUCT	No Response	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	THYROID PRODUCT	Approved	1
3956	INTERNAL MEDICINE	CINACALCET	THYROID PRODUCT	Approval	1
3956	INTERNAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	1
3956	INTERNAL MEDICINE	CINACALCET	THYROID PRODUCT	Denied	1
3961	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approval	1
3951	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Denial	1
3951	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approval	1
3963	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	2
3963	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	No Response	1
3956	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approval	1
3956	UNSPECIFIED	CINACALCET	THYROID PRODUCT	Approved	1
3963	UNSPECIFIED	CINACALCET	THYROID PRODUCT	Approved	1
3962	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3964	NURSE PRACTITIONER, ACUTE CARE	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denial	1
3962	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3951	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3961	UNSPECIFIED	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	CLARAVIS 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3963	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	CLINDAMYCIN PHOSPHATE 1% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL	TOPICAL SKIN PRODUCT	Approval	1
3956	UNSPECIFIED	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL	TOPICAL SKIN PRODUCT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CLINDAMYCIN SOLUTION 1%	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	CLOBETASOL 0.05% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	CLOBETASOL 0.05% SHAMPOO	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	CLOCORTOLONE PIVALATE 0.1% CREAM	TOPICAL SKIN PRODUCT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CLONIDINE HCL 0.1MG OR TABS	ANTIHYPERTENSIVE	No Response	1
3951	FAMILY PRACTICE	CLOTRIMAZOLE TROCHES	ANTIFUNGAL	Approval	1
3956	INTERNAL MEDICINE	CODEINE SULFATE 30MG TABLETS	OPIOID ANALGESIC	Denial	1
3965	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Approved	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE MONITOR	DIABETIC DEVICES	Approved	1
3962	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Approval	1
3965	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3965	REGISTERED NURSE, UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Approval	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denial	1
3965	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3965	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3969	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approval	1
3951	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denial	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denial	2
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	2
3965	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	2
3964	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3969	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER	DIABETIC DEVICES	Approved	1
3963	FAMILY PRACTICE	CONTRACE 8-90MG TABLET	ANOREXICANT	Approved	1
3956	NEUROLOGY	COPAXONE (GLATIRAMER ACETATE) 40 MG/ML SUBCUTANEOUS MILLILITER	MULTIPLE SCLEROSIS	No Response	1
3963	FAMILY PRACTICE	COPAXONE 20MG	MULTIPLE SCLEROSIS	Approved	1
3956	UNSPECIFIED	COPAXONE 20MG	MULTIPLE SCLEROSIS	Approved	1
3963	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	Approval	1
3956	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	Approval	2
3967	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	Approved	1
3963	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	Approved	1
3963	UNSPECIFIED	COPAXONE 40MG	MULTIPLE SCLEROSIS	Denied	1
3963	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3969	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	1
3951	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3956	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3956	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	2
3963	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	1
3962	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	INTERNAL MEDICINE	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3956	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	4
3951	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	1
3956	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	1
3963	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	2
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	4
3951	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	1
3963	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denial	2
3963	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	3
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	3
3965	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approval	1
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	2
3951	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	No Response	3
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	No Response	1
3965	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	INTERNAL MEDICINE	COSENTYX 150MG/ML PEN 2PK	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX 150MG/ML PEN 2PK	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	COSENTYX PEN 300 MG/2 PENS (150 MG/ML) SUBCUTANEOUS	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	DERMATOLOGY	COSENTYX SENSOREADY (300 MG) 150MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	No Response	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX SENSOREADY (300 MG) 150MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3951	UNSPECIFIED	COSENTYX SENSOREADY (300 MG) 150MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	HEMATOLOGY & ONCOLOGY	COTELLIC	ANTINEOPLASTICS	No Response	1
3963	HEMATOLOGY & ONCOLOGY	COTELLIC	ANTINEOPLASTICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CREON (PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)) 3000-9500 UNIT ORAL CAPSULE	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	GASTROENTEROLOGY	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	3
3956	INTERNAL MEDICINE	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3951	FAMILY PRACTICE	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	2
3956	UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, ACUTE CARE	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3951	PULMONARY DISEASES	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	SURGERY, ONCOLOGY	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3956	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	6
3963	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	No Response	2
3963	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3956	FAMILY PRACTICE	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3956	GASTROENTEROLOGY	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	2
3951	INTERNAL MEDICINE	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	CREON 6000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	Denial	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	Approved	2
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	Approval	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	No Response	1
3956	UNSPECIFIED	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	Approval	2
3951	INTERNAL MEDICINE	DAYTRANA PATCH 10MG (METHYLPHENIDATE TRANSDERMAL)	OPIOID ANALGESIC	Denial	1
3964	FAMILY PRACTICE	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approval	1
3965	FAMILY PRACTICE	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3963	FAMILY PRACTICE	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3963	FAMILY PRACTICE	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approval	1
3964	UNSPECIFIED	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approval	1
3956	UNSPECIFIED	DAYVIGO (LEMBOREXANT) 10 MG ORAL TABLET	HYPNOTIC	Approved	1
3963	FAMILY PRACTICE	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	PSYCHIATRY	DAYVIGO 10MG OR TABS	HYPNOTIC	Approval	1
3963	UNSPECIFIED	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	FAMILY PRACTICE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DAYVIGO 5MG OR TABS	HYPNOTIC	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	PSYCHIATRY	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approval	1
3963	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approval	2
3956	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	INTERNAL MEDICINE	DENAVIR (PENCICLOVIR)	ANTIVIRALS	Approval	1
3963	FAMILY PRACTICE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denial	1
3963	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	1
3956	UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	1
3963	UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denial	2
3963	INTERNAL MEDICINE	DEPO-TESTOSTERONE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3965	DERMATOLOGY	DERMA-SMOOTHIE F/S (BRAND ONLY) (FLUOCINOLONE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DERMA-SMOOTHIE F/S (BRAND ONLY) (FLUOCINOLONE)	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DERMA-SMOOTHIE/FS SCALP OIL 0.01 %	DERMATOLOGICAL AGENTS	No Response	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER 100MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	EMERGENCY MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	FAMILY MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	No Response	1
3963	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	No Response	1
3956	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2
3963	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	PSYCHIATRY	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	PSYCHIATRY	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	PSYCHIATRY	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PSYCHIATRY, CHILD & ADOLESCENT	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3956	PSYCHIATRY, CHILD & ADOLESCENT	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	5
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	6
3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	5
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3951	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3961	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	6
3963	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3961	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3961	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG ORTB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3963	UNSPECIFIED	DEXCOM G5 MOBILE/G4 PLATI	MEDICAL SUPPLIES	Approval	1
3963	UNSPECIFIED	DEXCOM G5 MOBILE/G4 PLATI	DIABETIC DEVICES	Approval	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denial	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denial	1
3951	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	No Response	1
3951	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	No Response	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Approval	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approval	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denial	2
3961	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denial	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denial	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	No Response	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	No Response	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approval	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC SUPPLIES	Denied	5
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	5
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	ENDOCRINOLOGY, PEDIATRIC	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	5
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	2
3951	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3951	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	No Response	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3961	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	2
3951	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3956	OBSTETRICS & GYNECOLOGY	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denial	1
3963	PEDIATRICS	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	4
3961	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	4
3951	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	8
3963	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	No Response	1
3951	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	No Response	1
3963	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approval	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denial	2
3956	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approval	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denial	1
3956	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	2
3951	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	3
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	2
3964	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	2
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3962	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denial	1
3951	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denial	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3956	EMERGENCY MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	5
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	5
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	3
3956	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3956	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3964	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3951	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	No Response	1
3956	NEUROLOGY	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	No Response	1
3951	NURSE PRACTITIONER, PRIMARY CARE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3969	PEDIATRICS	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	6
3956	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	No Response	1
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3967	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3962	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3964	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3964	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3962	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3951	GENERAL PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	No Response	1
3964	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3965	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	3
3962	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3962	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3951	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	No Response	1
3964	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	No Response	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3964	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3951	PSYCHIATRY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	No Response	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	3
3951	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approval	1
3969	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3965	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denial	1
3965	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3964	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3962	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3969	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3967	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR MISCELLANEOUS DEVICE	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR (CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR) EACH	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 SENSOR (CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR) EACH	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G6 SENSOR MISC 3EA X 1 BOX	DIABETIC SUPPLIES	No Response	1
3963	CARDIOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	9
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	ENDOCRINOLOGY, PEDIATRIC	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	ENDOCRINOLOGY, PEDIATRIC	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3956	FAMILY MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3956	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	12
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	11
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	4
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3964	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3969	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	7
3962	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3956	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	8
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	11
3956	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	13
3969	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	3
3965	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NEUROLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	10
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3956	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3963	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	3
3951	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3965	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3951	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	6
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3963	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3956	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	REGISTERED NURSE, PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	15
3956	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	10
3963	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	19
3961	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	No Response	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	8
3951	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	No Response	1
3965	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denial	1
3964	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denial	1
3951	GENERAL PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	No Response	1
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3951	PEDIATRICS	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	No Response	1
3964	PEDIATRICS	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approval	1
3969	PEDIATRICS	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approval	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3964	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approval	1
3964	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3951	PSYCHIATRY	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	No Response	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approval	2
3951	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denial	1
3964	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approval	1
3965	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denial	1
3962	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3969	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3964	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER (CONTINUOUS BLOOD GLUCOSE SYSTEM TRANSMITTER) EACH	DIABETIC SUPPLIES	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER DEVICE (BLOOD-GLUCOSE TRANSMITTER)	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G6 TRANSMITTER MISC 1EA X 1 BOX	DIABETIC SUPPLIES	No Response	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	7
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	2
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	2
3951	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3951	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	No Response	1
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	5
3956	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	5
3969	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3956	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	4
3951	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3961	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	7
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	6
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	8
3956	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	9

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	6
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	7
3951	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3969	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	2
3951	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3961	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	DEXCOM G7 RECEIVER (BLOOD-GLUCOSE METER,- CONTINUOUS)	DIABETIC SUPPLIES	Approved	1
3969	INTERNAL MEDICINE	DEXCOM G7 RECEIVER RECEIVER MIS	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G7 RECEIVER RECEIVER MIS	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3951	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approval	1
3963	INTERNAL MEDICINE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3965	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3969	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR (CONTINUOUS BLOOD GLU- COSE SYSTEM SENSOR) EACH	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G7 SENSOR MISC 1EA X 1 BOX	DIABETIC SUPPLIES	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3969	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3951	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3965	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3964	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3964	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3962	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	6
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	OBSTETRICS & GYNECOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3951	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3964	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denial	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	11
3964	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	1
3969	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3962	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approval	2
3967	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PSYCHIATRY	DEXMETHYLPHENIDATE 10MG TAB	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	DEXMETHYLPHENIDATE 10MG TAB	CNS STIMULANTS	Denied	1
3963	GENERAL PRACTICE	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3961	PSYCHIATRY	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PSYCHIATRY	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	DEXMETHYLPHENIDATE HCL ER 5MG OR CP24	CNS STIMULANTS	Approval	1
3961	FAMILY PRACTICE	DEXTROAMPHETAMINE 15MG ER CAPSULE	CNS STIMULANTS	Approved	1
3951	FAMILY PRACTICE	DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denied	2
3965	UNSPECIFIED	DEXTROAMPHETAMINE 30MG TABLETS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE SULFATE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	DEXTROAMPHETAMINE SULFATE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE SULFATE ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3961	MEDICAL ONCOLOGY	DIAZEPAM 5MG OR TABS	BENZODIAZEPINE	Approved	1
3956	FAMILY PRACTICE	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3969	UNSPECIFIED	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3956	GASTROENTEROLOGY	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Approved	1
3956	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	No Response	1
3956	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Denial	1
3956	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Approval	1
3951	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	Approval	1
3951	UNSPECIFIED	DIMETHYL FUMARATE 120MG DR CAP	MULTIPLE SCLEROSIS	No Response	1
3961	UNSPECIFIED	DIPENTUM (OLSALAZINE)	AMINOSALICYCLIC ACID DERIVATIVE	Denial	1
3961	UNSPECIFIED	DIPENTUM 250MG OR CAPS	AMINOSALICYCLIC ACID DERIVATIVE	Approval	1
3956	CARDIOLOGY	DOFETILIDE	OTHER CARDIOVASCULAR PREPS	Approval	1
3956	CARDIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approval	1
3956	CARDIOLOGY	DOFETILIDE	OTHER CARDIOVASCULAR PREPS	Approved	1
3956	CARDIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	OTHER CARDIOVASCULAR PREPS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	OTHER CARDIOVASCULAR PREPS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approval	1
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	OTHER CARDIOVASCULAR PREPS	Approved	2
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	2
3951	INTERNAL MEDICINE	DOPTELET	HEMATOPOIETIC AGENT	Approval	1
3951	INTERNAL MEDICINE	DOPTELET	HEMATOPOIETIC AGENT	Denial	1
3956	UNSPECIFIED	DOPTELET	HEMATOPOIETIC AGENT	Approval	1
3963	FAMILY PRACTICE	DOXEPIN 100MG	ANTIDEPRESSANTS	Denied	2
3951	UNSPECIFIED	DRONABINOL 2.5MG CAPSULE	ANTINAUSEANTS	Denied	1
3963	HEMATOLOGY	DRONABINOL 2.5MG OR CAPS	ANTINAUSEANTS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	DRONABINOL 2.5MG OR CAPS	ANTINAUSEANTS	Approval	1
3963	FAMILY PRACTICE	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3951	HEMATOLOGY & ONCOLOGY	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	NEUROLOGY	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DRONABINOL CAPSULES	ANTINAUSEANTS	Denial	1
3963	UNSPECIFIED	DRONABINOL CAPSULES	ANTINAUSEANTS	Denial	1
3963	UNSPECIFIED	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	DUAVEE 0.45MG-20MG TABLET	ESTROGEN DERIVATIVE	Denied	1
3963	UNSPECIFIED	DULAGLUTIDE 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR (TRULICITY)	ANTIDIABETICS	No Response	1
3956	UNSPECIFIED	DULOXETINE HCL 30MG DR CAPSULES	ANTIDEPRESSANTS	Approval	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	3
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	13
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	5
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	7
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3965	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3969	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	5
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	5
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3956	ALLERGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3964	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3965	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	4
3963	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3969	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3962	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3961	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	NEUROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	5
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	3
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	4
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3961	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3962	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3951	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	7
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	9
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	7
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	11
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	8
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	6
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	14
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	13
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	10
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	6
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	3
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	2
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	3
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3964	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3964	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3962	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3965	UNSPECIFIED	DUPIXENT 200MG/1.14ML PEN 2 PK	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	DERMATOLOGY	DUPIXENT 300MG/2ML PEN 2X2ML	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	2
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT 300MG/2ML PEN 2X2ML	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3951	UNSPECIFIED	DUPIXENT 300MG/2ML PEN 2X2ML	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	DUPIXENT 300MG/2ML PEN 2X2ML	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	3
3963	OTOLARYNGOLOGY	DUPIXENT 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	DUPIXENT 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT 300MG/2ML SC SOSY	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT 300MG/2ML SC SOSY	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	DUPIXENT 300MG/2ML SC SOSY	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT PEN 300 MG/2 MLMG/ML PEN INJECTOR	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	DYANAVEL XR 10MG CHEWABLE TABLET	CNS STIMULANTS	Denied	1
3956	UNSPECIFIED	ELETRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	ELETRIPTAN HYDROBROMIDE 20MG OR TABS	NON-NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	ELETRIPTAN HYDROBROMIDE 40MG OR TABS	NON-NARCOTIC ANALGESICS	Approved	1
3962	DERMATOLOGY	ELIDEL (PIMECROLIMUS)	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	ELIDEL 1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	ELIGARD	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	ELIQUIS 5MG OR TABS	ANTICOAGULANTS	Approved	1
3956	UNSPECIFIED	EMFLAZA	CORTICOSTEROID	No Response	1
3956	UNSPECIFIED	EMFLAZA	CORTICOSTEROID	Approved	1
3963	FAMILY PRACTICE	EMGALITY 100MG/ML PREF SYR INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	8
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	4
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denial	2
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3965	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3964	INTERNAL MEDICINE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	6
3951	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	2
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3962	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3962	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3964	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	3
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	3
3965	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3951	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	3
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	7
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3961	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	2
3951	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	GENERAL PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	3
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	3
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3963	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	3
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	2
3963	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	9
3956	NURSE PRACTITIONER, ADULT HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	2
3956	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	3
3951	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	No Response	1
3956	PEDIATRICS	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3963	PEDIATRICS	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	2
3956	PSYCHIATRY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	11
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denied	3
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	5
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3951	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3951	ALLERGY	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3964	INTERNAL MEDICINE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Denied	1
3969	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	2
3965	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	No Response	1
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Denied	1
3963	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	No Response	2
3956	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	3
3963	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3965	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approved	1
3962	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE AGENT	Approval	1
3951	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE AGENT	Approval	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE AGENT	Approved	2
3956	NEUROLOGY	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SYRINGE	ANTIMIGRAINE AGENT	Denied	1
3956	NEUROLOGY	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denial	1
3956	NEUROLOGY	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	No Response	1
3956	NEUROLOGY	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE AGENT	Approved	2
3951	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY PEN 120 MG/MLMG/ML PEN INJECTOR	ANTIMIGRAINE AGENT	No Response	1
3963	UNSPECIFIED	EMGALITY PEN 120 MG/MLMG/ML PEN INJECTOR	ANTIMIGRAINE AGENT	No Response	1
3956	UNSPECIFIED	EMVERM 100MG OR CHEW	ANTHELMINTIC	Approved	1
3963	UNSPECIFIED	ENBREL 25MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	ENBREL 25MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3965	FAMILY PRACTICE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	DERMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	DERMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	ALLERGY & IMMUNOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	4
3962	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3964	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3969	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	8
3951	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	11
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3964	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	6
3964	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3969	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3965	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	7
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	6
3965	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3964	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3969	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	UNSPECIFIED	ENBREL 50MG/ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	ENBREL SURECLICK 50MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	ENBREL SURECLICK 50MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3956	GASTROENTEROLOGY	ENTECAVIR	ANTIVIRALS	Approval	1
3956	GASTROENTEROLOGY	ENTECAVIR	ANTIVIRAL	Approval	1
3963	GASTROENTEROLOGY	ENTECAVIR	ANTIVIRALS	Approved	1
3963	GASTROENTEROLOGY	ENTECAVIR	ANTIVIRAL	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	ANTIVIRALS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	ANTIVIRAL	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ENTECAVIR	ANTIVIRALS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ENTECAVIR	ANTIVIRAL	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ENTECAVIR	ANTIVIRALS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ENTECAVIR	ANTIVIRAL	Approved	1
3956	UNSPECIFIED	ENTECAVIR	ANTIVIRALS	Denial	1
3956	UNSPECIFIED	ENTECAVIR	ANTIVIRAL	Denial	1
3963	FAMILY PRACTICE	EPIDIOLEX	ANTICONVULSANTS	Denial	1
3969	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	Denial	1
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	Denial	2
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	Approval	1
3963	ALLERGY & IMMUNOLOGY	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	ALLERGY & IMMUNOLOGY	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denial	1
3956	FAMILY PRACTICE	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	UNSPECIFIED	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	2
3956	UNSPECIFIED	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	HEMATOLOGY	ERBITUX	ANTINEOPLASTICS	Approval	1
3956	DERMATOLOGY	ERIVEDGE	ANTINEOPLASTICS	Approval	1
3956	INTERNAL MEDICINE	ERIVEDGE	ANTINEOPLASTICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ERLEADA	ANTINEOPLASTICS	Approved	1
3965	UNSPECIFIED	ERLEADA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	ERLOTINIB	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	ERLOTINIB	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	ESTRADIOL 0.0375MG/24HR TD PTTW	ESTROGEN DERIVATIVE	Approved	1
3956	OBSTETRICS & GYNECOLOGY	ESTRADIOL 0.1MG/24HR TD PTWK	ESTROGEN DERIVATIVE	Approval	1
3963	OBSTETRICS & GYNECOLOGY	ESTRADIOL 2MG OR TABS	ESTROGEN DERIVATIVE	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ESTRADIOL TAB 1MG	ESTROGEN DERIVATIVE	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ESZOPICLONE 2MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3963	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3965	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	2
3965	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denial	1
3964	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3962	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3956	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3963	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3963	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3951	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denial	3
3951	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3956	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	5
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	3
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	4
3963	UNSPECIFIED	EUCRISA 2 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	ALLERGY & IMMUNOLOGY	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	No Response	3
3956	UNSPECIFIED	EUCRISA 2% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 10 MG	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 5 MG	ANTINEOPLASTICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 5 MG	ANTINEOPLASTICS	Approval	1
3963	FAMILY PRACTICE	FARXIGA 5MG OR TABS	DIABETIC AGENT	Approved	1
3956	ALLERGY & IMMUNOLOGY	FASENRA	RESPIRATORY AGENTS	Denied	1
3956	INTERNAL MEDICINE	FASENRA	RESPIRATORY AGENTS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Approved	1
3951	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Approval	1
3963	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Denied	3
3964	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Denial	1
3951	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Denied	1
3956	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Approval	1
3964	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	No Response	1
3956	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	No Response	1
3956	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Approval	3
3951	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Denial	1
3956	UNSPECIFIED	FASENRA 30MG/ML INJ	RESPIRATORY AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	FASENRA PEN 30MG/ML INJ	RESPIRATORY AGENTS	Approval	1
3963	PULMONARY DISEASES	FASENRA PEN 30MG/ML SC SOAJ	RESPIRATORY AGENTS	No Response	1
3956	FAMILY PRACTICE	FEBUXOSTAT	ANTIGOUT	Denied	1
3956	FAMILY PRACTICE	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	FEBUXOSTAT	ANTIGOUT	Approval	1
3956	FAMILY PRACTICE	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	2
3963	FAMILY PRACTICE	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approval	1
3963	UNSPECIFIED	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approval	1
3956	UNSPECIFIED	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3963	FAMILY PRACTICE	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3965	HEMATOLOGY & ONCOLOGY	FENTANYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	No Response	1
3956	ANESTHESIOLOGY	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	FENTANYL 12MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 12MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3951	PALLIATIVE MEDICINE	FENTANYL 12MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	2
3956	INTERNAL MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3951	PALLIATIVE MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3962	INTERNAL MEDICINE	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	FENTANYL 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	FENTANYL 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3962	INTERNAL MEDICINE	FENTANYL 75MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3964	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	FENTANYL 87.5MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	FETZIMA (LEVOMILNACIPRAN)	ANTIDEPRESSANTS	Denied	1
3963	INTERNAL MEDICINE	FETZIMA 40MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	FETZIMA 80MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	FETZIMA 80MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	FIASP FLEXTOUCH 100UNIT/ML PEN	INSULIN	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Denied	2
3965	UNSPECIFIED	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	FINACEA 15 % TOPICAL FOAM	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approved	1
3961	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approval	1
3951	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approval	1
3963	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	FLUOXETINE HCL 90MG CAPSULE	ANTIDEPRESSANTS	Denial	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	FORTEO	MISCELLANEOUS	Approved	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	FORTEO	OSTEOPOROSIS	Approved	1
3963	FAMILY PRACTICE	FORTEO	MISCELLANEOUS	Approved	1
3963	FAMILY PRACTICE	FORTEO	OSTEOPOROSIS	Approved	1
3963	INTERNAL MEDICINE	FORTEO	MISCELLANEOUS	Approved	1
3963	INTERNAL MEDICINE	FORTEO	OSTEOPOROSIS	Approved	1
3963	INTERNAL MEDICINE	FORTEO	MISCELLANEOUS	Denied	1
3963	INTERNAL MEDICINE	FORTEO	OSTEOPOROSIS	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	FORTEO	MISCELLANEOUS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	FORTEO	OSTEOPOROSIS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	FORTEO	MISCELLANEOUS	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	FORTEO	OSTEOPOROSIS	Denied	1
3965	UNSPECIFIED	FORTEO	MISCELLANEOUS	Approved	1
3965	UNSPECIFIED	FORTEO	OSTEOPOROSIS	Approved	1
3963	UNSPECIFIED	FORTEO	MISCELLANEOUS	Approved	2
3963	UNSPECIFIED	FORTEO	OSTEOPOROSIS	Approved	2
3956	FAMILY PRACTICE	FOSAMAX PLUS D 70-2800MG-UNIT OR TABS	BISPHOSPHONATE DERIVATIVE	Approval	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ANTINEOPLASTICS	Approval	3
3956	UNSPECIFIED	FULVESTRANT	ANTINEOPLASTICS	No Response	1
3963	UNSPECIFIED	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approval	2
3956	UNSPECIFIED	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approval	1
3956	UNSPECIFIED	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	NEUROLOGY	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3951	FAMILY PRACTICE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	PSYCHIATRY	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approval	3
3956	UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	2
3951	ANESTHESIOLOGY	GABAPENTIN 400MG OR CAPS	ANTICONVULSANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	GABAPENTIN 400MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	GABAPENTIN 600MG TABLETS	ANTICONVULSANTS	Denied	1
3951	UNSPECIFIED	GABAPENTIN 800MG TABLETS	ANTICONVULSANTS	Denied	1
3956	UNSPECIFIED	GABAPENTIN 800MG TABLETS	ANTICONVULSANTS	Denied	1
3956	INTERNAL MEDICINE	GALCANEZUMAB-GNLM 120 MG/ML SUBCUTANEOUS PEN INJECTOR	ANTIMIGRAINE AGENT	No Response	1
3963	FAMILY PRACTICE	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denial	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3963	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denial	1
3963	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	3
3963	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3951	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approval	1
3962	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3963	FAMILY PRACTICE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	No Response	1
3963	UROLOGY	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	No Response	1
3963	UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	3
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	OTHER HORMONES	No Response	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE THERAPY	No Response	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	OTHER HORMONES	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE THERAPY	Denied	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	OTHER HORMONES	Approved	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE THERAPY	Approved	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	OTHER HORMONES	Denied	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE THERAPY	Denied	1
3956	PEDIATRICS	GENOTROPIN	OTHER HORMONES	Denied	1
3956	PEDIATRICS	GENOTROPIN	GROWTH HORMONE THERAPY	Denied	1
3951	PEDIATRICS	GENOTROPIN	OTHER HORMONES	Denied	1
3951	PEDIATRICS	GENOTROPIN	GROWTH HORMONE THERAPY	Denied	1
3956	NEUROLOGY	GILENYA	MISCELLANEOUS	Approved	1
3956	NEUROLOGY	GILENYA	MULTIPLE SCLEROSIS	Approved	1
3951	UNSPECIFIED	GILENYA	MISCELLANEOUS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	GILENYA	MULTIPLE SCLEROSIS	Denied	1
3963	INTERNAL MEDICINE	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approved	1
3964	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approved	1
3963	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Denied	1
3956	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approval	1
3956	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approved	2
3963	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approval	1
3962	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approved	1
3963	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Approved	2
3951	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GLIMEPIRIDE 2MG OR TABS	ANTI-DIABETICS	No Response	1
3963	PHYSICIAN, ENDOCRINOLOGY	GLUCOSE MONITORING DEVICES	DIABETIC MONITORING DEVICES	Approved	1
3963	INTERNAL MEDICINE	GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN)	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	2
3963	INTERNAL MEDICINE	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY, PEDIATRIC	GRANISETRON HCL 1MG OR TABS	ANTIEMETIC	Approval	1
3963	ALLERGY & IMMUNOLOGY	GRASSTEK 2800BAU SL SUBL	ALLERGEN SPECIFIC IMMUNOTHERAPY	Approved	1
3963	UNSPECIFIED	GRASSTEK 2800BAU SUB TABLET	ALLERGEN SPECIFIC IMMUNOTHERAPY	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	GUAIFENESIN-CODEINE SOLN	COUGH SUPPRESSANT	Denied	1
3956	FAMILY PRACTICE	HALOBETASOL 0.05% OINTMENT	TOPICAL SKIN PRODUCT	Approved	1
3963	UNSPECIFIED	HEMLIBRA	HEMOPHILIA AGENT	Approval	3
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	BIOLOGICALS	Approval	1
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE GLOBULIN	Approval	1
3969	ALLERGY & IMMUNOLOGY	HIZENTRA	BIOLOGICALS	Approved	1
3969	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE GLOBULIN	Approved	1
3963	PEDIATRICS	HIZENTRA	BIOLOGICALS	Denial	1
3963	PEDIATRICS	HIZENTRA	IMMUNE GLOBULIN	Denial	1
3963	UNSPECIFIED	HIZENTRA	BIOLOGICALS	Approved	1
3963	UNSPECIFIED	HIZENTRA	IMMUNE GLOBULIN	Approved	1
3969	INTERNAL MEDICINE	HORIZANT (GABAPENTIN ENACARBIL ER TABLETS)	ANTI-SEIZURE AGENT	Denied	1
3963	RHEUMATOLOGY	HUMIRA 10 MG	ANTI-ARTHRITICS	Approved	1
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3961	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3961	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3965	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3961	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY, PEDIATRIC	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	GENERAL PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	GENERAL PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3964	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3962	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	PEDIATRICS	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PEDIATRICS	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	PSYCHIATRY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3965	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	14
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	22
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	6
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	3
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	7
3965	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3961	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3969	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3951	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3962	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3962	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3962	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	8
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	10
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	8
3964	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	10
3969	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	20
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	3
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	5
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3962	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	4
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3962	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3961	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3969	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	RHEUMATOLOGY	HUMIRA 40MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	INTERNAL MEDICINE	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA CD/UC/HS PACK CF 80MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	HUMIRA CD/UC/HS PACK CF 80MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	DERMATOLOGY	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	DERMATOLOGY	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	INTERNAL MEDICINE	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	UNSPECIFIED	HUMIRA CROHN'S/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA PED. UC STARTER PACK + 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3963	UNSPECIFIED	HUMIRA PED. UC STARTER PACK + 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3965	UNSPECIFIED	HUMIRA PED. UC STARTER PACK + 80 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	HUMIRA PEN 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	HUMIRA PEN 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	DERMATOLOGY	HUMIRA PEN 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	DERMATOLOGY	HUMIRA PEN-CD/UC/HS STARTER 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3951	GASTROENTEROLOGY	HUMIRA PEN-CD/UC/HS STARTER 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3969	INTERNAL MEDICINE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	ANESTHESIOLOGY	HYDROCODONE 10 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	HYDROCODONE 10 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	ANESTHESIOLOGY	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	RHEUMATOLOGY	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	2
3951	UNSPECIFIED	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	HYDROCODONE 5 MG-ACETAMINOPHEN 325 MG TABLET (NORCO)	NARCOTIC ANALGESICS	No Response	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3964	FAMILY PRACTICE	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	UNSPECIFIED	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	FAMILY PRACTICE	HYDROCODONE 7.5 MG-ACETAMINOPHEN 325 MG/15 ML ORAL SOLUTION	NARCOTIC ANALGESICS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE BITARTRATE ER 10MG OR CP12	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	NARCOTIC ANALGESICS	No Response	3
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3965	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3969	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3951	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3969	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	REGISTERED NURSE, EMERGENCY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	2
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	5
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3951	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	No Response	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	No Response	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	2
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	4
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3964	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PEDIATRICS	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3964	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	RADIATION ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	6
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3965	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	5
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	4
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	4
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denial	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	2
3969	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3961	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	No Response	1
3951	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denial	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3961	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	11
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	6
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	3
3961	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	3
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3964	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3967	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3962	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	10
3964	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3965	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3964	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	HYDROCODONE-APAP SOLN 7.5-325 MG/15 ML	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-APAP SOLN 7.5-325 MG/15 ML	NARCOTIC ANALGESICS	Denied	1
3964	FAMILY PRACTICE	HYDROCODONE-APAP TAB 7.5-300 MG	NARCOTIC ANALGESICS	Approval	1
3965	FAMILY PRACTICE	HYDROCODONE-APAP TAB 7.5-300 MG	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	HYDROCODONE-IBUPROFEN 7.5-200MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-IBUPROFEN TAB 10-200 MG	NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	HYDROCORTISONE 1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	HYDROCORTISONE 2.5% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	No Response	1
3956	ANESTHESIOLOGY	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROMORPHONE HCL 2MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROMORPHONE HCL 2MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	PALLIATIVE MEDICINE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	UNSPECIFIED	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	HYDROXYZINE HCL 50MG OR TABS	ANTIHISTAMINE	Approved	1
3956	FAMILY PRACTICE	HYDROXYZINE PAMOATE CAP 25MG	ANTIHISTAMINE	Approval	1
3964	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Approved	1
3964	ALLERGY & IMMUNOLOGY	HYQVIA	IMMUNE GLOBULIN	Approved	1
3956	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Denial	1
3956	ALLERGY & IMMUNOLOGY	HYQVIA	IMMUNE GLOBULIN	Denial	1
3956	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Approval	1
3956	ALLERGY & IMMUNOLOGY	HYQVIA	IMMUNE GLOBULIN	Approval	1
3963	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Approval	2
3963	ALLERGY & IMMUNOLOGY	HYQVIA	IMMUNE GLOBULIN	Approval	2
3964	UNSPECIFIED	HYQVIA	BIOLOGICALS	No Response	1
3964	UNSPECIFIED	HYQVIA	IMMUNE GLOBULIN	No Response	1
3964	UNSPECIFIED	HYQVIA	BIOLOGICALS	Approved	1
3964	UNSPECIFIED	HYQVIA	IMMUNE GLOBULIN	Approved	1
3956	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Approved	2
3964	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	No Response	1
3969	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Approved	1
3964	UNSPECIFIED	IBRANCE	ANTINEOPLASTICS	Approval	1
3951	UNSPECIFIED	ILARIS	ANTIRHEUMATIC	Approved	1
3951	UNSPECIFIED	ILARIS	ANTIRHEUMATIC	Denied	1
3963	UNSPECIFIED	ILARIS	ANTIRHEUMATIC	Approved	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ANTINEOPLASTICS	No Response	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	No Response	1
3956	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ANTINEOPLASTICS	Approved	1
3965	UNSPECIFIED	IMBRUVICA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	IMBRUVICA	ANTINEOPLASTICS	Approved	1
3961	UNSPECIFIED	IMBRUVICA 280MG	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	INFLIXIMAB	ANTIRHEUMATIC	Denied	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	INGREZZA	PSYCHOTHERAPEUTIC	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	INGREZZA	PSYCHOTHERAPEUTIC	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	INGREZZA	PSYCHOTHERAPEUTIC	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	INGREZZA	PSYCHOTHERAPEUTIC	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	INGREZZA 80MG OR CAPS	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	INGREZZA 80MG OR CAPS	VMAT2 INHIBITOR	No Response	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ANTINEOPLASTICS	No Response	1
3956	HEMATOLOGY & ONCOLOGY	INLYTA	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	INLYTA	ANTINEOPLASTICS	Approved	1
3964	DERMATOLOGY	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denial	1
3965	INTERNAL MEDICINE	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3964	NURSE PRACTITIONER, ACUTE CARE	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denial	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denial	2
3963	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 20 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 20 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOTRETINOIN 20 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3961	INTERNAL MEDICINE	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 30 MG ORAL CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3965	DERMATOLOGY	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	No Response	1
3963	FAMILY PRACTICE	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	No Response	1
3951	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ITRACONAZOLE 100 MG CAPSULE	ANTIFUNGALS	Approval	1
3963	ALLERGY	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	DERMATOLOGY	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approval	1
3951	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3963	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approval	1
3956	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approval	1
3963	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3965	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	INTERNAL MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3951	INTERNAL MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	No Response	1
3963	PULMONARY DISEASES	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approval	2
3956	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3963	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	5
3962	ALLERGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3969	ALLERGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denial	1
3964	DERMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3969	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3965	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3969	INTERNAL MEDICINE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3951	INTERNAL MEDICINE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	PODIATRIST, UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approval	1
3956	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3961	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denial	1
3963	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	2
3963	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3964	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3951	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3964	DERMATOLOGY	IVERMECTIN	ANTIPARASITICS	Denied	1
3964	DERMATOLOGY	IVERMECTIN	ANTIPARASITIC	Denied	1
3951	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Denial	1
3951	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Denial	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Approval	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Approval	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Denied	1
3951	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Approved	1
3951	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Approved	1
3963	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Denied	1
3963	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Denied	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Approved	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITIC	Approved	1
3962	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITICS	Denied	1
3962	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITIC	Denied	1
3963	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITICS	Denied	1
3963	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITIC	Denied	1
3964	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITICS	Denial	1
3964	INTERNAL MEDICINE	IVERMECTIN	ANTIPARASITIC	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITIC	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITIC	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	2
3965	PHYSICIAN, SURGERY, GENERAL	IVERMECTIN	ANTIPARASITICS	Approved	1
3965	PHYSICIAN, SURGERY, GENERAL	IVERMECTIN	ANTIPARASITIC	Approved	1
3963	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	2
3963	UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	2
3963	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denial	1
3963	UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denial	1
3956	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	UNSPECIFIED	IVERMECTIN	ANTIPARASITIC	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	IVERMECTIN 1 % TOPICAL CREAM	ANTIPARASITIC	Approved	1
3951	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	3
3956	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	3
3963	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	2
3956	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Denied	1
3963	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	1
3956	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 1% EX CREA	ANTIPARASITIC	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	5
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	1
3956	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	3
3961	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	1
3951	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approval	2
3963	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	Approved	4
3963	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	No Response	1
3956	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITIC	No Response	1
3951	FAMILY PRACTICE	IVERMECTIN 3 MG ORAL TABLET	ANTIPARASITIC	No Response	1
3963	UNSPECIFIED	IVERMECTIN 3 MG TABLET	ANTIPARASITIC	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 3MG OR TABS	ANTIPARASITIC	Approved	1
3951	UNSPECIFIED	IVERMECTIN 3MG OR TABS	ANTIPARASITIC	Approved	1
3956	UNSPECIFIED	IVERMECTIN 3MG OR TABS	ANTIPARASITIC	Approved	1
3956	DERMATOLOGY	IVERMECTIN CREAM	ANTIPARASITIC	Denied	1
3956	FAMILY PRACTICE	IVERMECTIN CREAM	ANTIPARASITIC	Approved	1
3962	INTERNAL MEDICINE	IVERMECTIN CREAM	ANTIPARASITIC	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITIC	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITIC	Denial	1
3956	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITIC	Denial	1
3962	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITIC	Approval	1
3956	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITIC	Approval	1
3951	HEMATOLOGY & ONCOLOGY	JAKAFI	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ANTINEOPLASTICS	Approved	2
3963	INTERNAL MEDICINE	JAKAFI	ANTINEOPLASTICS	Approved	1
3956	MEDICAL ONCOLOGY	JAKAFI	ANTINEOPLASTICS	Approval	1
3965	UNSPECIFIED	JAKAFI	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	JAKAFI	ANTINEOPLASTICS	Approved	1
3963	FAMILY PRACTICE	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3951	FAMILY PRACTICE	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET 50-1,000 MG TABLET	ANTIDIABETICS	No Response	1
3956	FAMILY PRACTICE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	2
3956	FAMILY PRACTICE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	2
3963	FAMILY PRACTICE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approval	1
3956	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	2
3951	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3961	PHYSICIAN, ENDOCRINOLOGY	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	1
3961	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	NEUROLOGY	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approval	3
3956	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	No Response	1
3956	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	JANUVIA 25MG OR TABS	DIABETIC AGENT	No Response	1
3956	FAMILY PRACTICE	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approval	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	4
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	No Response	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	13
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	9
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	3
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denial	1
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	5
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3963	NEPHROLOGY / RENAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3963	PEDIATRICS	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, GERIATRIC MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	REGISTERED NURSE, GENERAL PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	No Response	1
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denial	3
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	17

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	15
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	5
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	No Response	1
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denial	1
3961	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JARDIANCE 10 MG TABLET	DIABETIC AGENT	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10 MG TABLET	DIABETIC AGENT	Approval	1
3956	CARDIOLOGY, INTERVENTIONAL	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	9
3956	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	6
3956	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	6
3956	CARDIOLOGY, INTERVENTIONAL	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3961	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	18
3956	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	No Response	1
3951	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	4
3963	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	6
3951	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	4
3956	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	12
3963	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3951	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	NEPHROLOGY / RENAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ADULT HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3963	PEDIATRICS	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	2
3956	REGISTERED NURSE, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	34
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	9
3951	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	6
3963	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	6
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	No Response	1
3963	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25 MG ORAL TABLET	DIABETIC AGENT	No Response	1
3956	FAMILY PRACTICE	JARDIANCE 25 MG TABLET	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	12
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	27
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3951	CARDIOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	EMERGENCY MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	3
3951	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	5
3951	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3961	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	No Response	1
3961	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	GENERAL PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3963	GENERAL PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	19
3963	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	2
3963	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3956	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	6
3961	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	8
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	No Response	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	PEDIATRICS	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	PHYSICIAN, GERIATRIC MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3961	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	25
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	6
3963	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	No Response	1
3951	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	JARDIANCE 25MG TAB	DIABETIC AGENT	No Response	1
3963	UROLOGY	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	No Response	2
3963	UNSPECIFIED	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	Denied	2
3963	UNSPECIFIED	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	Denial	1
3964	UNSPECIFIED	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	Denied	1
3963	UNSPECIFIED	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	DERMATOLOGY	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Approval	2
3963	FAMILY PRACTICE	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denial	1
3963	DERMATOLOGY	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3956	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denial	3
3956	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3956	UNSPECIFIED	JUBLIA 10% EX SOLN	ANTIFUNGALS	No Response	1
3963	INTERNAL MEDICINE	JUBLIA 10% SOLUTION	ANTIFUNGALS	Denied	1
3963	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denial	1
3963	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	2
3963	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approval	1
3965	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approval	1
3956	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	2
3963	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	3
3961	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3965	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3963	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3969	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	2
3963	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	3
3963	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approval	1
3965	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3962	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3951	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3962	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3956	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3956	FAMILY PRACTICE	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approval	1
3963	INTERNAL MEDICINE	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approved	1
3963	INTERNAL MEDICINE	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approved	1
3963	FAMILY PRACTICE	KERENDIA 20MG OR TABS	KIDNEY AGENT	Approval	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, GERONTOLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approval	1
3963	UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS AGENT	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	KETOCONAZOLE 2% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	KETOCONAZOLE 2% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	KETOCONAZOLE SHAMPOO 2%	DERMATOLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3969	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	KISQALI	ANTINEOPLASTICS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	KISQALI	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	KISQALI	ANTINEOPLASTICS	Approved	1
3964	HEMATOLOGY & ONCOLOGY	KISQALI PAK FEMARA	ANTINEOPLASTICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LATUDA 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	LATUDA 20MG OR TABS	ANTIPSYCHOTICS	Denied	1
3956	UNSPECIFIED	LATUDA 40MG OR TABS	ANTIPSYCHOTICS	Approved	1
3956	PSYCHIATRY	LATUDA 80MG OR TABS	ANTIPSYCHOTICS	Approval	1
3965	UNSPECIFIED	LEMBOREXANT 5 MG ORAL TABLET	HYPNOTIC	Approved	1
3963	HEMATOLOGY	LENALIDOMIDE	ANTINEOPLASTICS	No Response	1
3956	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	LENALIDOMIDE	ANTINEOPLASTICS	No Response	1
3965	UNSPECIFIED	LENALIDOMIDE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	LENALIDOMIDE 25MG OR CAPS	ANTINEOPLASTICS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	No Response	1
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	Approval	2
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	LENVIMA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	LEUPROLIDE KIT	HORMONES	No Response	4
3964	UNSPECIFIED	LIDOCAINE 2.5%-PRILOCAINE 2.5% CREAM	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5 % EXTERNAL EACH	NON-NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5 % EXTERNAL EACH	NON-NARCOTIC ANALGESICS	No Response	1
3963	FAMILY PRACTICE	LIDOCAINE 5 % TOPICAL PATCH (LIDODERM)	NON-NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	LIDOCAINE 5 % TOPICAL PATCH (LIDODERM)	NON-NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	EMERGENCY MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	REGISTERED NURSE, EMERGENCY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	4
3956	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	3
3963	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3951	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	DERMATOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3
3956	EMERGENCY MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	10
3963	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	2
3963	ORTHOPEDIC SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ORTHOPEDIC SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ORTHOPEDIC SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	PHYSICIAN, SURGERY, GENERAL	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	PODIATRIST, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	12
3956	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	8
3963	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denial	3
3951	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3
3963	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	EMERGENCY MEDICINE	LIDOCAINE OINTMENT 5%	NON-NARCOTIC ANALGESICS	Denial	1
3956	EMERGENCY MEDICINE	LIDOCAINE OINTMENT 5%	NON-NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	LIDOCAINE OINTMENT 5%	NON-NARCOTIC ANALGESICS	Denied	1
3951	CLINICAL NURSE SPECIALIST, ACUTE CARE	LIDOCAINE PAIN RELIEF PATCH 4%	NON-NARCOTIC ANALGESICS	Approved	1
3962	ALLERGY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3951	ANESTHESIOLOGY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3963	ANESTHESIOLOGY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	EMERGENCY MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3951	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3964	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3967	INTERNAL MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3964	NEUROLOGICAL SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	ORTHOPEDIC SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	1
3963	ORTHOPEDIC SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	PHYSICIAN, SURGERY, GENERAL	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	7
3963	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denial	5
3969	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	4
3965	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	3
3965	FAMILY PRACTICE	LIDODERM (LIDOCAINE PATCH 5%)	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	LIDODERM (LIDOCAINE PATCH 5%)	NON-NARCOTIC ANALGESICS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDODERM 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	LONSURF	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ANTINEOPLASTICS	Approval	1
3962	HEMATOLOGY & ONCOLOGY	LONSURF	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	LUBIPROSTONE 24MCG CAPSULE	GASTROINTESTINAL AGENT	Approved	1
3963	OPHTHALMOLOGY	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Approval	1
3951	OPTOMETRIST, UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denied	1
3963	OPTOMETRIST, UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denial	1
3962	UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denied	1
3965	UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denial	1
3963	OPHTHALMOLOGY	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approval	1
3963	OPHTHALMOLOGY	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	2
3963	OPTOMETRIST, UNSPECIFIED	LUMIGAN 0.01% OPHTHALMIC SOLUTION	ANTIGLAUCOMA	Denied	1
3963	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONES/HORMONE MODIFIERS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONES/HORMONE MODIFIERS	Approved	2
3963	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONES/HORMONE MODIFIERS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Denied	1
3963	INTERNAL MEDICINE	LYNPARZA	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	LYNPARZA	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	LYNPARZA	ANTINEOPLASTICS	Approved	1
3951	FAMILY PRACTICE	LYRICA (PREGABALIN)	ANTICONVULSANTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	FAMILY PRACTICE	LYRICA (PREGABALIN)	ANTICONVULSANTS	Denied	1
3962	NURSE PRACTITIONER, UNSPECIFIED	LYRICA (PREGABALIN)	ANTICONVULSANTS	Approved	1
3963	INTERNAL MEDICINE	LYRICA 50MG OR CAPS	ANTICONVULSANTS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	LYRICA 50MG OR CAPS	ANTICONVULSANTS	Approval	1
3965	UNSPECIFIED	LYRICA 75 MG CAPSULE	ANTICONVULSANTS	No Response	1
3963	UNSPECIFIED	LYRICA 75MG OR CAPS	ANTICONVULSANTS	Approved	3
3956	UNSPECIFIED	MALATHION LOTION	ANTIPARASITICS	Denied	1
3956	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	Denial	1
3956	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	Approval	1
3956	UNSPECIFIED	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY	MEKINIST	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	MEKINIST	ANTINEOPLASTICS	Denied	1
3956	INTERNAL MEDICINE	MEKINIST	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	MEKINIST	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	MEKINIST	ANTINEOPLASTICS	Approved	1
3951	MEDICAL ONCOLOGY	MEKTOVI	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	MELOXICAM 15MG OR TABS	ANTIINFLAMMATORY	Approval	1
3956	UNSPECIFIED	MEMANTINE	DEMENTIA AGENT	Denied	1
3963	EMERGENCY MEDICINE	MEPERIDINE 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	PLASTIC SURGERY	MEPERIDINE HCL 50MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3956	RHEUMATOLOGY	METANX 3-90.314-2-35MG OR CAPS	MEDICAL FOOD	No Response	1
3951	FAMILY PRACTICE	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PALLIATIVE MEDICINE	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	METHOCARBAMOL 500MG OR TABS	MUSCLE RELAXANT	Approval	1
3962	PSYCHIATRY	METHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Denied	1
3963	PSYCHIATRY	METHYLPHENIDATE 20MG TABLET	CNS STIMULANTS	Denial	1

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3963	PSYCHIATRY	METHYLPHENIDATE ER TABLET	CNS STIMULANTS	Denied	1
3956	PSYCHOLOGIST, SCHOOL	METHYLPHENIDATE HCL 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	METHYLPHENIDATE HCL ER (LA) 40MG OR CP24	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	METHYLPHENIDATE HCL ER 20MG OR TBCR	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	METRONIDAZOLE CREAM	ANTIBIOTIC	Approval	1
3963	DERMATOLOGY	METRONIDAZOLE GEL	ANTIBIOTIC	Denial	1
3951	FAMILY PRACTICE	METRONIDAZOLE GEL	ANTIBIOTIC	Approved	1
3951	PULMONARY DISEASES	METRONIDAZOLE GEL	ANTIBIOTIC	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	MIRVASO (BRIMONIDINE)	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 100 MG ORAL TABLET (PROVIGIL)	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 100 MG ORAL TABLET (PROVIGIL)	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100 MG TABLET	CNS STIMULANTS	No Response	1
3956	UNSPECIFIED	MODAFINIL 100 MG TABLET	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3951	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	2
3963	INTERNAL MEDICINE	MODAFINIL 100MG	CNS STIMULANTS	Denial	1
3956	NEUROLOGY	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3956	NEUROLOGY	MODAFINIL 100MG	CNS STIMULANTS	Denial	1
3961	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	MODAFINIL 100MG	CNS STIMULANTS	Denial	1
3963	PSYCHIATRY	MODAFINIL 100MG	CNS STIMULANTS	Denied	2
3963	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Denied	4
3956	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Denied	2
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	No Response	1
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	INTERNAL MEDICINE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3951	NEUROLOGY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Denied	1
3961	PSYCHIATRY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	MODAFINIL 200 MG ORAL TABLET	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200 MG ORAL TABLET	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200 MG ORAL TABLET	CNS STIMULANTS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200 MG TABLET	CNS STIMULANTS	No Response	1
3963	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3963	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3951	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3964	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3965	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3963	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3956	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	PEDIATRICS	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3951	PSYCHIATRY	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denial	2
3956	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	3
3951	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denial	3
3965	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denial	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3965	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	CHIROPRACTOR, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	No Response	1
3956	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	4
3963	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	4
3956	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	4
3963	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3963	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	6
3963	PEDIATRICS	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	PSYCHOLOGIST, SCHOOL	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	No Response	1
3956	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	SLEEP MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	7
3963	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	3
3964	HEMATOLOGY & ONCOLOGY	MORPHINE ER (A) 45MG BEADED CAP	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	MORPHINE ER 30 MG CAPSULE, EXTENDED RELEASE PELLETS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	MORPHINE SULFATE 30MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	MORPHINE SULFATE ER (MORPHINE SULFATE) 30 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	MORPHINE SULFATE ER (MORPHINE SULFATE) 30 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 100MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	MORPHINE SULFATE ER 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	PALLIATIVE MEDICINE	MORPHINE SULFATE ER 30MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	MOUNJARO	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO	ANTIDIABETICS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	1
3963	SPORTS MEDICINE, FAMILY PRACTICE	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO 10/0.5 PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 15MG/0.5ML PEN	ANTIDIABETICS	No Response	1
3963	FAMILY PRACTICE	MOUNJARO 2.5 MG/0.5 ML PEN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML PEN	ANTIDIABETICS	Denial	2
3963	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	MOUNJARO 2.5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML SC SOPN	ANTIDIABETICS	No Response	1
3964	NURSE PRACTITIONER, UNSPECIFIED	MOUNJARO 5/0.5 PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO 7.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO PEN	ANTIDIABETICS	Denied	1
3956	CARDIOLOGY	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	2
3956	CARDIOLOGY	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Denied	1
3956	INTERNAL MEDICINE	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1
3956	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	3
3963	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3956	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	3
3951	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	1
3956	INTERNAL MEDICINE	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3961	INTERNAL MEDICINE	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3951	UNSPECIFIED	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	PEDIATRICS	MUPIROCIN 2% OINTMENT	OTHER ANTIBIOTICS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Denied	1
3965	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Denied	1
3951	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Approval	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Approved	2
3962	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHINDRONE)	PROGESTIN	Denial	1
3963	UNSPECIFIED	MYFEMBREE 40 MG-1 MG-0.5 MG TABLET (RELUGOLIX-ESTRADIOL-NORETHINDR)	PROGESTIN	Approved	1
3951	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	No Response	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approval	1
3963	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	3
3963	DERMATOLOGY	MYORISAN (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	MYORISAN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MYORISAN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	MYORISAN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3961	UNSPECIFIED	MYORISAN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	MYORISAN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	NARATRIPTAN	ANTIMIGRAINE	Approval	1
3963	NEPHROLOGY / RENAL MEDICINE	NEBIVOLOL HCL 10MG OR TABS	ANTIHYPERTENSIVE	No Response	1
3956	INTERNAL MEDICINE	NEULASTA ONPRO 6MG/0.6ML SC PSKT	HEMATOPOIETIC AGENT	Denied	1
3969	UNSPECIFIED	NEULASTA ONPRO 6MG/0.6ML SC PSKT	HEMATOPOIETIC AGENT	Denial	1
3963	CARDIOLOGY	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
3965	CARDIOLOGY	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
3964	CARDIOLOGY	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3964	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	2
3963	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
3951	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
3963	INTERNAL MEDICINE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
3963	UNSPECIFIED	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denial	1
3963	FAMILY PRACTICE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3963	UNSPECIFIED	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denial	2
3965	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	2
3963	INTERNAL MEDICINE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963	UNSPECIFIED	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	4
3963	UNSPECIFIED	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Approved	2
3963	INTERNAL MEDICINE	NEXLIZET 180/10MG TAB	LIPOTROPICS	Approved	1
3963	CARDIOLOGY	NEXLIZET 180/10MG TABLETS	LIPOTROPICS	Denied	1
3963	UNSPECIFIED	NEXLIZET 180-10MG OR TABS	LIPOTROPICS	Approved	1
3963	INTERNAL MEDICINE	NEXLIZET 180-10MG TABLET	LIPOTROPICS	No Response	1
3963	OBSTETRICS & GYNECOLOGY	NEXTSTELLIS 3-14.2MG TABLET	CONTRACEPTIVES	No Response	1
3965	UNSPECIFIED	NICOTINE STEP 1 21MG/24HR TD PT24	NICOTINE ADDICTION	No Response	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	COLONY STIMULATING FACTORS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	COLONY STIMULATING FACTORS	Approved	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	OTHER HORMONES	Approved	2
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE THERAPY	Approved	2
3963	PEDIATRICS	NORDITROPIN	OTHER HORMONES	Approval	2
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Approval	2
3963	PEDIATRICS	NORDITROPIN	OTHER HORMONES	Denied	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Denied	1
3951	PEDIATRICS	NORDITROPIN	OTHER HORMONES	Denied	1
3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Denied	1
3963	PEDIATRICS	NORDITROPIN	OTHER HORMONES	Denial	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Denial	1
3951	PEDIATRICS	NORDITROPIN	OTHER HORMONES	Approved	1
3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Approved	1
3963	REGISTERED NURSE, PEDIATRICS	NORDITROPIN	OTHER HORMONES	Denied	1
3963	REGISTERED NURSE, PEDIATRICS	NORDITROPIN	GROWTH HORMONE THERAPY	Denied	1
3951	UNSPECIFIED	NORDITROPIN	OTHER HORMONES	No Response	1
3951	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE THERAPY	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	NORDITROPIN	OTHER HORMONES	Approved	1
3951	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE THERAPY	Approved	1
3963	UNSPECIFIED	NORDITROPIN	OTHER HORMONES	Approved	1
3963	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE THERAPY	Approved	1
3956	UNSPECIFIED	NORDITROPIN	OTHER HORMONES	Denied	1
3956	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE THERAPY	Denied	1
3951	UNSPECIFIED	NORDITROPIN FLEXPPO 15MG/1.5ML SC SOPN	GROWTH HORMONE THERAPY	No Response	1
3963	FAMILY PRACTICE	NP THYROID	THYROID AGENTS	Denied	1
3963	FAMILY PRACTICE	NP THYROID 120MG TABLET	THYROID AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NP THYROID 15MG TABLET	THYROID AGENTS	Denied	1
3963	UNSPECIFIED	NP THYROID 30MG TABLETS	THYROID AGENTS	Denied	1
3963	FAMILY PRACTICE	NP THYROID 90MG TABLET	THYROID AGENTS	Denial	2
3963	UNSPECIFIED	NP THYROID TABLETS	THYROID AGENTS	Denied	1
3956	UNSPECIFIED	NPLATE	HEMATOPOIETIC AGENT	No Response	1
3956	UNSPECIFIED	NPLATE	ANTINEOPLASTICS	No Response	1
3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ANTINEOPLASTICS	Approved	1
3965	ALLERGY & IMMUNOLOGY	NUCALA	MISCELLANEOUS	Approved	1
3963	NEUROLOGY	NUCALA	MISCELLANEOUS	Denied	1
3963	NEUROLOGY	NUCALA	MISCELLANEOUS	Approved	1
3951	NEUROLOGY	NUCALA	MISCELLANEOUS	Approved	1
3965	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	Approved	1
3963	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	Denied	1
3965	UNSPECIFIED	NUCALA	MISCELLANEOUS	Approved	1
3956	FAMILY PRACTICE	NUCYNTA 100MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	NUCYNTA 100MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	NUCYNTA 100MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	NUCYNTA 100MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Denial	1
3963	INTERNAL MEDICINE	NUCYNTA 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	NUCYNTA 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	NUCYNTA ER 100MG OR TB12	NARCOTIC ANALGESICS	Denied	1
3956	RHEUMATOLOGY	NUCYNTA ER 100MG OR TB12	NARCOTIC ANALGESICS	Approved	1
3951	RHEUMATOLOGY	NUCYNTA ER 100MG TABLETS (TAPENTADOL ER)	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	NUEDEXTA (DEXTROMETHORPHAN QUINIDINE)	CNS AGENT	Approval	1
3951	PSYCHIATRY	NUEDEXTA 20-10MG OR CAPS	CNS AGENT	Approval	1
3963	FAMILY PRACTICE	NURTEC 75MG ODT	ANTIMIGRAINE	Denial	1
3963	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	15
3951	ALLERGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1

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3963	ALLERGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	EMERGENCY MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	No Response	1
3951	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3969	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	4
3951	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	2
3962	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3951	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	6
3963	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	5
3951	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	8
3951	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3965	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	2
3963	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	3
3951	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	NURTEC ODT 75 MG TAB RAPDIS	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC ODT 75 MG TABLET,DISINTEGRATING	ANTIMIGRAINE	No Response	1
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3951	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	4
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3951	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3969	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	No Response	1
3962	GENERAL PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3964	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3967	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3967	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3951	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3962	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3963	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3962	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3964	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	No Response	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3967	OBSTETRICS & GYNECOLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	PEDIATRICS	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3962	PSYCHIATRY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	REGISTERED NURSE, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	No Response	1
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	3
3962	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approval	1
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denial	1
3962	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3969	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT TABLETS	ANTIMIGRAINE	No Response	1
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	2
3951	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	2
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	No Response	4
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	1
3963	INTERNAL MEDICINE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approval	2
3963	UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	No Response	1
3964	UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	No Response	1
3956	UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	No Response	1
3963	UNSPECIFIED	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3956	PEDIATRICS	NUTROPIN AQ	GROWTH HORMONE	No Response	1
3963	INTERNAL MEDICINE	OCTREOTIDE ACETATE	OTHER HORMONES	Approved	1
3956	MEDICAL ONCOLOGY	OCTREOTIDE ACETATE	OTHER HORMONES	Approved	1
3963	MEDICAL ONCOLOGY	OCTREOTIDE ACETATE	OTHER HORMONES	Denial	2
3956	DERMATOLOGY	ODOMZO	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	OFEV	MISCELLANEOUS	No Response	1
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	No Response	1
3956	INTERNAL MEDICINE	OFEV	MISCELLANEOUS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	Approval	1
3956	INTERNAL MEDICINE	OFEV	MISCELLANEOUS	Approved	1
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3956	INTERNAL MEDICINE	OFEV	MISCELLANEOUS	Denied	1
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OFEV	MISCELLANEOUS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OFEV	TYROSINE KINASE INHIBITOR	Approval	1
3951	PULMONARY DISEASES	OFEV	MISCELLANEOUS	Approved	1
3951	PULMONARY DISEASES	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3951	UNSPECIFIED	OFEV	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	OFEV	TYROSINE KINASE INHIBITOR	Approval	1
3956	UNSPECIFIED	OFEV	MISCELLANEOUS	Approved	3
3956	UNSPECIFIED	OFEV	TYROSINE KINASE INHIBITOR	Approved	3
3956	INTERNAL MEDICINE	OFEV 150MG OR CAPS	MISCELLANEOUS	No Response	3
3956	UNSPECIFIED	OLANZAPINE 10MG OR TABS	ANTIPSYCHOTICS	No Response	1
3956	OBSTETRICS & GYNECOLOGY	OMEPRAZOLE 40MG OR CPDR	GASTROINTESTINAL AGENT	Approved	1
3956	FAMILY PRACTICE	OMEPRAZOLE CAP 20MG	GASTROINTESTINAL AGENT	Approved	1
3951	UNSPECIFIED	OMNIPOD 5 G6 INTRO (GEN 5) KIT	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	UNSPECIFIED	OMNIPOD 5 G6 INTRO (GEN 5) XX KIT	DIABETIC MEDICAL SUPPLIES	No Response	2
3956	FAMILY PRACTICE	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT 1EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	2
3956	INTERNAL MEDICINE	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT 1EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	UNSPECIFIED	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT 1EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	3
3951	UNSPECIFIED	OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT 1EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE WITH CONTROLLER	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	INTERNAL MEDICINE	OMNIPOD 5 G6 INTRP KIT	DIABETIC MEDICAL SUPPLIES	Denied	1
3956	PEDIATRICS	OMNIPOD 5 G6 POD (GEN 5) XX MISC	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	PHYSICIAN, ENDOCRINOLOGY	OMNIPOD 5 G6 POD (GEN 5) XX MISC	DIABETIC MEDICAL SUPPLIES	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	OMNIPOD 5 G6 POD (GEN 5) XX MISC	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	UNSPECIFIED	OMNIPOD 5 G6 POD (GEN 5) XX MISC	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	FAMILY PRACTICE	OMNIPOD 5 G6 PODS (GEN 5) MISC 5EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	2
3956	INTERNAL MEDICINE	OMNIPOD 5 G6 PODS (GEN 5) MISC 5EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	1
3956	UNSPECIFIED	OMNIPOD 5 G6 PODS (GEN 5) MISC 5EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	2
3951	UNSPECIFIED	OMNIPOD 5 G6 PODS (GEN 5) MISC 5EA X 1 BOX	DIABETIC MEDICAL SUPPLIES	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	DIABETIC MEDICAL SUPPLIES	No Response	1
3951	UNSPECIFIED	OMNIPOD DASH PODS (GEN 4) XX MISC	DIABETIC MEDICAL SUPPLIES	Approved	1
3951	FAMILY PRACTICE	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Approval	1
3956	UNSPECIFIED	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3956	MEDICAL ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3963	MEDICAL ONCOLOGY	ONDANSETRON HCL 4MG OR TABS	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	ONDANSETRON HCL 4MG OR TABS	ANTINAUSEANTS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3956	LEGAL MEDICINE	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	2
3969	HEMATOLOGY & ONCOLOGY	ONDANSETRON HYDROCHLORIDE 8MG TAB	ANTINAUSEANTS	No Response	1
3963	UNSPECIFIED	ONDANSETRON ODT 8MG	ANTINAUSEANTS	Denial	1
3963	DERMATOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	EMERGENCY MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denial	2
3956	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	INTERNAL MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denial	1
3956	INTERNAL MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	2
3956	NEUROLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	2
3963	NURSE PRACTITIONER, PEDIATRICS CRITICAL CARE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denial	1
3956	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	3
3963	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denial	1
3963	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	ANESTHESIOLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	ANESTHESIOLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Approved	1
3956	FAMILY PRACTICE	ONDANSETRON TABLET	ANTINAUSEANTS	No Response	1
3956	FAMILY PRACTICE	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3963	FAMILY PRACTICE	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3963	FAMILY PRACTICE	ONDANSETRON TABLET	ANTINAUSEANTS	Denial	1
3956	NEUROLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON TABLET	ANTINAUSEANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1

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3956	OBSTETRICS & GYNECOLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	PHARMACIST, UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	No Response	1
3956	UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	3
3956	CARDIOLOGY	OPSUMIT	OTHER ANTIHYPERTENSIVES	Approved	1
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3956	INTERNAL MEDICINE	OPSUMIT	OTHER ANTIHYPERTENSIVES	Approved	1
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3963	PULMONARY DISEASES	OPSUMIT	OTHER ANTIHYPERTENSIVES	Approved	1
3963	PULMONARY DISEASES	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3956	UNSPECIFIED	OPSUMIT	OTHER ANTIHYPERTENSIVES	Approved	1
3956	UNSPECIFIED	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	Approved	1
3963	ALLERGY & IMMUNOLOGY	OPZELURA 1.5% CREAM	ALL OTHER DERMATOLOGICALS	Approval	1
3963	CARDIOLOGY	ORENITRAM	VASODILATORS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	ORIAHNN (ELAGOLIX-ESTRADIOL-NORETHINDRONE ACETATE)	HORMONES	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA (ELAGOLIX)	HORMONES/HORMONE MODIFIERS	Approval	1
3951	OBSTETRICS	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	4
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	4
3965	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3963	UNSPECIFIED	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approval	1
3962	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denial	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denial	1
3951	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denial	1
3965	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3962	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3969	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3956	UNSPECIFIED	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3956	UNSPECIFIED	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200 MG TABLET	SYSTEMIC HORMONAL AGENTS	No Response	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	2
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	3
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denial	2
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3962	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3956	FAMILY PRACTICE	OSPHENA (OSPEMIFENE)	ESTROGEN RECEPTOR MODULATOR	Approval	1
3963	OBSTETRICS & GYNECOLOGY	OSPHENA 60 MG	ESTROGEN RECEPTOR MODULATOR	Denied	1
3963	GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGEN RECEPTOR MODULATOR	Approval	1
3956	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGEN RECEPTOR MODULATOR	Approved	5
3963	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGEN RECEPTOR MODULATOR	Approved	2
3956	UNSPECIFIED	OSPHENA 60MG OR TABS	ESTROGEN RECEPTOR MODULATOR	Approval	2
3963	FAMILY PRACTICE	OTEZLA 10 & 20 & 30MG OR TBPK	IMMUNOSUPPRESSIVES/DMARDS	No Response	4
3956	DERMATOLOGY	OTEZLA 30 MG TABLET 60	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3956	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3965	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3965	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3951	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	7
3956	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	RHEUMATOLOGY	OTEZLA 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3965	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1

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3963	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3967	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	OXANDROLONE 2.5MG OR TABS	ANDROGEN	Approved	1
3956	OBSTETRICS & GYNECOLOGY	OXANDROLONE TABLETS	ANDROGEN	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OXISTAT 1% EX LOTN	ANTIFUNGALS	Approved	1
3965	UNSPECIFIED	OXYCODONE 10 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	FAMILY PRACTICE	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE 15MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	OXYCODONE 15MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3963	ORTHOPEDIC SURGERY	OXYCODONE 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE 20 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	OXYCODONE 20 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3962	FAMILY PRACTICE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	No Response	1
3956	ANESTHESIOLOGY	OXYCODONE 5 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	FAMILY PRACTICE	OXYCODONE 5 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	UNSPECIFIED	OXYCODONE 5 MG TABLET (ROXICODONE)	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	OXYCODONE 5MG CAPSULES	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3963	ORTHOPEDIC SURGERY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 10 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	OXYCODONE HCL 10 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 15 MG ORAL TABLET	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PEDIATRICS	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OXYCODONE HCL 5 MG ORAL TABLET	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	GENERAL PRACTICE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	PAIN MEDICINE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3964	EMERGENCY MEDICINE	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	No Response	1
3956	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	SURGERY, HAND	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	4
3963	FAMILY PRACTICE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	ANESTHESIOLOGY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	OXYCONTIN 40MG TABS (OXYCODONE ER)	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OZEMPIC	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/1.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approval	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/1.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	1
3951	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/1.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/1.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approval	3
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	2
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	9
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	No Response	3
3963	CYTOPATHOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	No Response	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	8
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	12
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	3
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	3
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3965	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	3
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3962	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	7
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	2
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	No Response	1
3963	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	2
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3969	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	6
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	7
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	No Response	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	8
3962	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	9
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	4
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	No Response	1
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	18
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	66
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	24
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3962	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	83
3956	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	8
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	7
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	5
3969	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3961	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	35
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	28
3961	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3962	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	9
3951	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	3
3964	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	4
3967	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3951	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3963	NEPHROLOGY / RENAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	3
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	29
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	10
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	10
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	20
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	11
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3961	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3956	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3962	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3962	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	RHEUMATOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	69
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	64
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	14
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	15
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	5
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	22
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	2
3969	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3962	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	3
3969	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3961	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3962	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25&0.5) 2MG/3ML INJ	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) (SEMAGLUTIDE) 4 MG/3ML SUBCUTANEOUS MILLILITER	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) (SEMAGLUTIDE) 4 MG/3ML SUBCUTANEOUS MILLILITER	ANTIDIABETICS	Approved	1
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	18
3956	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	34
3956	EMERGENCY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	EMERGENCY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	FAMILY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	5
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3962	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3961	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	11
3963	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3951	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	12
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, PRIMARY CARE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PEDIATRICS	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	PEDIATRICS	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	34
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	12
3951	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3965	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	13
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3964	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3961	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3956	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	13
3963	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3951	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3964	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approval	6
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	20
3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approval	4
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	No Response	1
3951	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	58
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	4
3963	CYTOPATHOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3962	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	8

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	ALLERGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	CARDIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	24
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	26
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	16
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	13
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	5
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	No Response	2
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3963	GENERAL PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	GENERAL PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	6
3951	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	23
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3951	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	12
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	36
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	11
3967	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	12
3969	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3969	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3964	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3969	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3964	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3964	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	82
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	10
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	15
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	7
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	13
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	10
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	20
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	10
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	33
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	6
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	No Response	4
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	7
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	4
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denial	5
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approval	1
3963	INTERNAL MEDICINE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN INJECTOR	DIABETIC AGENT	Approved	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN INJECTOR	DIABETIC AGENT	No Response	1
3964	FAMILY PRACTICE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC 0.25/0.5 PEN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	OZEMPIC 0.25/0.5 PEN	DIABETIC AGENT	Denial	2
3956	INTERNAL MEDICINE	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 1 MG/DOSE(4 MG/3 ML) PEN INJECTOR	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	OZEMPIC 1MG PEN	DIABETIC AGENT	Denial	1
3956	UNSPECIFIED	OZEMPIC 1MG PEN	DIABETIC AGENT	Denial	1
3951	UNSPECIFIED	OZEMPIC 1MG/DOSE PRE-FILLED PEN SOLUTION FOR INJECTION	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2 MG/3 ML PEN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC 2/1.5ML INJECTION	DIABETIC AGENT	Denial	1
3951	UNSPECIFIED	OZEMPIC 2/1.5ML INJECTION	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 2/1.5ML PEN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/1.5ML	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC 2MG/1.5ML	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC 2MG/1.5ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/1.5ML PRE-FILLED PEN SOLUTION FOR INJECTION	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 2MG/3ML	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML PRE-FILLED PEN SOLUTION FOR INJECTION	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC 4 MG/3 ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC 8MG/3ML	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 8MG/3ML INJ	DIABETIC AGENT	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 8MG/3ML PEN	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	OZEMPIC INJ	DIABETIC AGENT	No Response	1
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	59
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	73

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	30
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	45
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	9
3956	ALLERGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	FAMILY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	FAMILY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	11
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	2
3956	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	38
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	18
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	8
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	7
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	2
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3961	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	6
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3961	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	2
3961	NEUROLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	7
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	19
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	47
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	15
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	8
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	3
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	3
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	4
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	PHYSICIAN, SURGERY, GENERAL	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	PHYSICIAN, SURGERY, GENERAL	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	PSYCHIATRY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	44
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	13
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	No Response	5
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	11
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	65
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	37
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	77
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	9
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	7
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approval	1
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3956	UNSPECIFIED	OZEMPIC INJECTION	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC PEN	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	OZEMPIC PEN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC PEN 2MG/1.5ML	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC PEN 4MG/3ML	ANTIDIABETICS	No Response	1
3963	INTERNAL MEDICINE	PANDEL (BRAND ONLY) (HYDROCORTISONE PRO-BUTATE)	TOPICAL SKIN PRODUCT	Approval	1
3963	UNSPECIFIED	PANTOPRAZOLE TAB 40MG	PROTON PUMP INHIBITOR	Approval	1
3964	FAMILY PRACTICE	PENCICLOVIR	ANTIVIRAL	Approved	1
3964	INTERNAL MEDICINE	PENCICLOVIR 1% EX CREA	ANTIVIRAL	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	PENICILLAMINE TAB 250MG	ANTIBIOTICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	PHENOXYBENZAMINE	ANTIDOTE	Denied	1
3963	ALLERGY & IMMUNOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denial	3
3963	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3964	FAMILY PRACTICE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denial	1
3963	NEPHROLOGY / RENAL MEDICINE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3951	PEDIATRICS	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	3
3962	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	2
3964	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3951	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3969	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	PEDIATRICS	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	7
3951	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3963	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	PEDIATRICS	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denial	1
3963	PEDIATRICS	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	5
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denial	1
3963	INTERNAL MEDICINE	PIQRAY	ANTINEOPLASTICS	Denied	1
3963	HEMATOLOGY	POMALYST	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	POMALYST	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	POMALYST	ANTINEOPLASTICS	Approval	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	POMALYST	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	POSACONAZOLE	ANTIFUNGALS	Denial	1
3963	CLINICAL NURSE SPECIALIST, UNSPECIFIED	POSACONAZOLE 100MG OR TBEC	ANTIFUNGALS	Approved	1
3956	INTERNAL MEDICINE	POSACONAZOLE 100MG OR TBEC	ANTIFUNGALS	Approved	1
3963	NURSE PRACTITIONER, PEDIATRICS CRITICAL CARE	POSACONAZOLE 100MG OR TBEC	ANTIFUNGALS	Approval	1
3956	UNSPECIFIED	POSACONAZOLE 100MG OR TBEC	ANTIFUNGALS	Approved	1
3961	UNSPECIFIED	POSACONAZOLE TABLETS	ANTIFUNGALS	Approval	1
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denial	7
3963	CARDIOLOGY, INTERVENTIONAL	PRALUENT	LIPOTROPICS	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denial	10
3963	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approval	2
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approval	3
3951	CARDIOLOGY, INTERVENTIONAL	PRALUENT	LIPOTROPICS	Denial	1
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approved	6
3964	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	1
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	10
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	No Response	1
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	8
3962	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	1
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denial	1
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	4
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	1
3963	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approved	1
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denial	5
3963	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	2
3963	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denial	2
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	No Response	1
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Approved	1
3951	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	1
3963	HOSPITALIST	PRALUENT	LIPOTROPICS	Approved	1
3956	HOSPITALIST	PRALUENT	LIPOTROPICS	Denied	1
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denial	3
3956	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denial	3
3951	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	2
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	No Response	1
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approved	2
3956	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	4
3965	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	3
3956	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	1
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approval	1
3965	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denial	1
3965	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Denial	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	1
3963	PEDIATRICS	PRALUENT	LIPOTROPICS	Approved	1
3963	PEDIATRICS	PRALUENT	LIPOTROPICS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	PRALUENT	LIPOTROPICS	Approval	1
3965	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	3
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	No Response	2
3964	UNSPECIFIED	PRALUENT	LIPOTROPICS	No Response	1
3951	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	1
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	11
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approval	2
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	4
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	9
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	5
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denial	5
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approval	1
3951	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	13
3951	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	2
3965	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3964	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	1
3963	CARDIOLOGY	PRALUENT 150MG/ML SC SOAJ	LIPOTROPICS	No Response	1
3956	CARDIOLOGY	PRALUENT 150MG/ML SC SOAJ	LIPOTROPICS	No Response	2
3956	FAMILY PRACTICE	PRALUENT 150MG/ML SC SOAJ	LIPOTROPICS	No Response	2
3963	CARDIOLOGY	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	4
3963	INTERNAL MEDICINE	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	1
3956	UNSPECIFIED	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	2
3963	UNSPECIFIED	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	No Response	1
3963	UNSPECIFIED	PRALUENT 75MG/ML SC SOAJ	LIPOTROPICS	Denied	1
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	No Response	3
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	4
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	4
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	7
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	21
3969	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	6
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	3
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	5
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	No Response	2
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3965	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approval	2
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3969	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3969	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3951	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3962	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	EMERGENCY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3956	EMERGENCY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3962	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	9
3965	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3962	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	6
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3969	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3964	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3969	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3962	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	3
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	No Response	1
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3962	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3969	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3961	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3969	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	5
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3965	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3969	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3962	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	2
3956	NURSE PRACTITIONER, COMMUNITY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denial	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3956	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3964	PAIN MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3965	PODIATRIST, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3956	PODIATRIST, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	REGISTERED NURSE, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3963	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	26
3962	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	13
3969	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denial	10
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	12
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denial	3
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approval	3
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	No Response	4
3962	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	No Response	1
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denial	2
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	No Response	1
3969	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3965	NEUROLOGY	PREGABALIN 100 MG CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3965	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3963	INTERNAL MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	MEDICAL ONCOLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NEUROLOGICAL SURGERY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	NEUROLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3965	NEUROLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3951	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	NEUROLOGY	PREGABALIN 150 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	1
3956	PEDIATRICS	PREGABALIN 150 MG CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3956	ANESTHESIOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	ANESTHESIOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3962	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	NEUROLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NEUROLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	NEUROLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PEDIATRICS	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3961	PEDIATRICS	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	PODIATRIST, GENERAL PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	RHEUMATOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	RHEUMATOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 200MG CAP	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	ANESTHESIOLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	PAIN MEDICINE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965	FAMILY PRACTICE	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	RHEUMATOLOGY	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	PREGABALIN 25 MG CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	CHIROPRACTOR, UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3963	ANESTHESIOLOGY	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3956	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	RHEUMATOLOGY	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	EMERGENCY MEDICINE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	FAMILY PRACTICE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 50 MG CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3956	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	6
3956	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3961	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3962	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3963	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	NEUROLOGICAL SURGERY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	NEUROLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ADULT HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	PAIN MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	PAIN MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PODIATRIST, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	RHEUMATOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	RHEUMATOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	RHEUMATOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3956	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	12
3951	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	RHEUMATOLOGY	PREGABALIN 75 MG CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3956	ANESTHESIOLOGY	PREGABALIN 75 MG ORAL CAPSULE	NEUROLOGICAL AGENTS	No Response	1
3956	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	6
3956	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3961	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3961	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3961	INTERNAL MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	MEDICAL ONCOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Denial	1
3963	NEUROLOGICAL SURGERY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3964	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	ORTHOPEDIC SURGERY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	ORTHOPEDIC SURGERY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PEDIATRICS	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PODIATRIST, GENERAL PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3963	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	No Response	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	PREMARIN	ESTROGENS	Denied	1
3963	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	PREMARIN CREAM	ESTROGENS	Denial	1
3963	INTERNAL MEDICINE	PREMARIN TAB 0.3MG	ESTROGENS	Approved	1
3963	FAMILY PRACTICE	PREMARIN TAB 1.25MG	ESTROGENS	Approved	1
3963	UNSPECIFIED	PREVYMIS (LETETMOVIR)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREVYMIS (LETETMOVIR)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREVYMIS 480MG OR TABS	DERMATOLOGICAL AGENTS	Approved	2
3956	FAMILY PRACTICE	PROCRIT 10000UNIT/ML IJ SOLN	HEMATOPOIETIC AGENT	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PROLASTIN-C	RESPIRATORY AGENTS	Approved	1
3963	EMERGENCY MEDICINE	PROLIA	MISCELLANEOUS	Approved	1
3963	EMERGENCY MEDICINE	PROLIA	BONE-MODIFYING AGENT	Approved	1
3951	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Denial	1
3951	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Denial	1
3951	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Approval	1
3951	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approval	1
3956	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Approved	6
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approved	6
3963	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Approved	2
3963	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approved	2
3961	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Denied	1
3961	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Denied	2
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Denied	2
3956	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Denial	2
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Denial	2
3956	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	No Response	1
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	No Response	1
3951	FAMILY PRACTICE	PROLIA	MISCELLANEOUS	Approved	1
3951	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY	PROLIA	MISCELLANEOUS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	INTERNAL MEDICINE	PROLIA	MISCELLANEOUS	Approval	1
3956	INTERNAL MEDICINE	PROLIA	BONE-MODIFYING AGENT	Approval	1
3963	INTERNAL MEDICINE	PROLIA	MISCELLANEOUS	Approved	1
3963	INTERNAL MEDICINE	PROLIA	BONE-MODIFYING AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	MISCELLANEOUS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	MISCELLANEOUS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	MISCELLANEOUS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	MISCELLANEOUS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	BONE-MODIFYING AGENT	Denied	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	MISCELLANEOUS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	ORTHOPEDIC SURGERY	PROLIA	MISCELLANEOUS	Approved	1
3956	ORTHOPEDIC SURGERY	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	PROLIA	MISCELLANEOUS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	UNSPECIFIED	PROLIA	MISCELLANEOUS	Approval	1
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approval	1
3961	UNSPECIFIED	PROLIA	MISCELLANEOUS	Approved	1
3961	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	UNSPECIFIED	PROLIA	MISCELLANEOUS	Denied	2
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Denied	2
3963	UNSPECIFIED	PROLIA	MISCELLANEOUS	Denial	1
3963	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Denial	1
3963	UNSPECIFIED	PROLIA	MISCELLANEOUS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	2
3956	UNSPECIFIED	PROLIA	MISCELLANEOUS	Approved	1
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1
3963	HEMATOLOGY & ONCOLOGY	PROMACTA	HEMOSTATICS	Denied	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	PROMACTA	HEMOSTATICS	No Response	1
3963	UNSPECIFIED	PROMACTA	HEMOSTATICS	Denied	1
3964	UNSPECIFIED	PROMACTA	HEMOSTATICS	Approved	1
3956	UNSPECIFIED	PROMACTA 50MG OR TABS	HEMOSTATICS	No Response	1
3963	HEMATOLOGY & ONCOLOGY	PROMETHAZINE-CODEINE 6.25-10MG/5ML OR SOLN	COUGH SUPPRESSANT	Approval	1
3956	PULMONARY DISEASES	PROMETHAZINE-CODEINE 6.25-10MG/5ML OR SOLN	COUGH SUPPRESSANT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PROTOPIC 0.03% (TACROLIMUS)	ANTIPSORIATIC	Denial	1
3951	UNSPECIFIED	PROTOPIC 0.03% (TACROLIMUS)	ANTIPSORIATIC	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PROTOPIC 0.1 % TOPICAL OINTMENT	ANTIPSORIATIC	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PROTOPIC 0.1 % TOPICAL OINTMENT	ANTIPSORIATIC	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	PROTOPIC 0.1% (TACROLIMUS)	ANTIPSORIATIC	Denied	1
3963	UNSPECIFIED	PROTOPIC 0.1% (TACROLIMUS)	ANTIPSORIATIC	Denial	1
3951	UNSPECIFIED	PROTOPIC 0.1% (TACROLIMUS)	ANTIPSORIATIC	Denied	1
3969	PULMONARY DISEASES	PULMOZYME	MISCELLANEOUS	Approved	1
3969	PULMONARY DISEASES	PULMOZYME	MUCOLYTIC AGENT	Approved	1
3963	DERMATOLOGY	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Approval	1
3964	OBSTETRICS & GYNECOLOGY	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Denied	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Denial	1
3962	UNSPECIFIED	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Approved	1
3963	UNSPECIFIED	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Denied	1
3963	DERMATOLOGY	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	No Response	1
3963	DERMATOLOGY	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3963	FAMILY PRACTICE	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3963	UNSPECIFIED	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3963	UNSPECIFIED	QBREXZA 2.4% PAD	HYPERHIDROSIS	Approval	1
3963	UNSPECIFIED	QELBREE 200MG ER CAPSULE	NOREPINEPHRINE REUPTAKE INHIBITOR	Approved	1
3964	UNSPECIFIED	QELBREE ER 200MG (VILOXAZINE)	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1
3963	FAMILY PRACTICE	QULIPTA	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	QULIPTA 10MG OR TABS	MIGRAINE TREATMENT	Approved	3
3963	UNSPECIFIED	QULIPTA 10MG OR TABS	MIGRAINE TREATMENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approval	2
3963	FAMILY PRACTICE	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approval	1
3963	UNSPECIFIED	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	No Response	1
3963	UNSPECIFIED	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 30MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3951	UNSPECIFIED	QULIPTA 30MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approval	1
3963	INTERNAL MEDICINE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	2
3963	NURSE PRACTITIONER, ACUTE CARE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approval	1
3963	NURSE PRACTITIONER, GERONTOLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3965	OBSTETRICS & GYNECOLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approval	2
3951	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	No Response	2
3963	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	4
3963	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	No Response	1
3963	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approval	4
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3964	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	3
3964	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3969	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3965	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3969	NURSE PRACTITIONER, WOMEN'S HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	PEDIATRICS	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3951	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denial	1
3951	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3969	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denial	1
3965	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3963	FAMILY PRACTICE	QUVIVIQ 25MG TABLET	HYPNOTIC	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	QUVIVIQ 50MG TAB	HYPNOTIC	Denied	1
3963	ALLERGY & IMMUNOLOGY	RAGWITEK 12AMB A 1-U SL SUBL	ALLERGENS	Approved	1
3956	CARDIOLOGY	RANOLAZINE ER	ANTIANGINAL	Denial	1
3963	FAMILY PRACTICE	RANOLAZINE ER	ANTIANGINAL	Denied	1
3963	FAMILY PRACTICE	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER	ANTIANGINAL	No Response	1
3956	INTERNAL MEDICINE	RANOLAZINE ER	ANTIANGINAL	Denial	1
3956	INTERNAL MEDICINE	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER	ANTIANGINAL	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	RANOLAZINE ER	ANTIANGINAL	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RANOLAZINE ER	ANTIANGINAL	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RANOLAZINE ER	ANTIANGINAL	Approval	1
3961	NURSE PRACTITIONER, UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Approved	1
3951	UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Denied	2
3956	INTERNAL MEDICINE	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	1
3956	UNSPECIFIED	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approval	1
3963	CARDIOLOGY, INTERVENTIONAL	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3963	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approval	1
3956	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3961	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	FAMILY PRACTICE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approval	1
3963	FAMILY PRACTICE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	UNSPECIFIED	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approval	2
3956	UNSPECIFIED	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	3
3965	NEUROLOGY	REBIF	MISCELLANEOUS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	NEUROLOGY	REBIF	MULTIPLE SCLEROSIS AGENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	REBIF	MISCELLANEOUS	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	REBIF	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	FAMILY PRACTICE	REGANEX (BECAPLERMIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RELPAK 40MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	OPTOMETRIST, UNSPECIFIED	RESTASIS 0.05% OP EMUL	OPHTHALMIC PREPARATIONS	No Response	1
3963	OPTOMETRIST, UNSPECIFIED	RESTASIS 0.05% OP EMUL	OPHTHALMIC PREPARATIONS	Approved	1
3956	FAMILY PRACTICE	RETACRIT	HEMATOPOIETIC AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	HEMATOPOIETIC AGENT	Denied	2
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	HEMATOPOIETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	RETACRIT	HEMATOPOIETIC AGENT	Approval	1
3963	UNSPECIFIED	RETIN-A 0.025% CREAM	ALL OTHER DERMATOLOGICALS	No Response	1
3963	UNSPECIFIED	RETIN-A 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	RETIN-A MICRO (TRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RETIN-A MICRO PUMP 0.08 % TOPICAL GEL	ALL OTHER DERMATOLOGICALS	Approved	1
3956	HEMATOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	3
3963	HEMATOLOGY	REVLIMID	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	3
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	REVLIMID	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	REVLIMID	ANTINEOPLASTICS	Approved	2
3963	UNSPECIFIED	REVLIMID	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	REVLIMID	ANTINEOPLASTICS	Approved	1
3964	FAMILY PRACTICE	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approval	1
3965	FAMILY PRACTICE	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Denied	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Denial	1
3963	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approved	1
3963	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approval	1
3963	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Denial	1
3965	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approval	2
3964	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approved	1
3962	UNSPECIFIED	REXULTI (BREXPIRAZOLE)	ANTIPSYCHOTIC	Approved	1
3963	UNSPECIFIED	REXULTI 0.25MG OR TABS	ANTIPSYCHOTIC	Approved	1
3963	UNSPECIFIED	REXULTI 0.5MG OR TABS	ANTIPSYCHOTIC	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	REXULTI 0.5MG OR TABS	ANTIPSYCHOTIC	Approval	3
3963	UNSPECIFIED	REXULTI 0.5MG OR TABS	ANTIPSYCHOTIC	Approved	3
3963	UNSPECIFIED	REXULTI 1MG OR TABS	ANTIPSYCHOTIC	Approval	1
3963	UNSPECIFIED	REXULTI 1MG OR TABS	ANTIPSYCHOTIC	Approved	3
3963	UNSPECIFIED	REXULTI 2MG OR TABS	ANTIPSYCHOTIC	Approved	1
3963	NEUROLOGY	REYVOW 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	REYVOW 100MG OR TABS	MIGRAINE TREATMENT	Approval	1
3964	FAMILY PRACTICE	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approval	1
3963	DERMATOLOGY	RHOFADE (OXYMETAZOLINE HCL)	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE (OXYMETAZOLINE HCL)	DERMATOLOGICAL AGENTS	Approval	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE (OXYMETAZOLINE HCL)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3965	FAMILY PRACTICE	RIFAXIMIN 550 MG ORAL TABLET (XIFAXAN)	ANTIBIOTIC	No Response	1
3963	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GASTROENTEROLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	7
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3951	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3961	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3961	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3951	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3961	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	RIVASTIGMINE 9.5 MG/24 HOURMG/OTHER PATCH 24 HOUR	ACETYLCHOLINESTERASE INHIBITOR	No Response	1
3956	FAMILY PRACTICE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGY	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PEDIATRICS	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denial	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY MEDICINE	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denial	1
3951	NEUROLOGY	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denial	1
3951	PULMONARY DISEASES	ROFLUMILAST	PHOSPHODIESTERASE 4 INHIBITOR	Denied	1
3956	PULMONARY DISEASES	ROFLUMILAST 250MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	UNSPECIFIED	ROFLUMILAST 250MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approval	1
3956	UNSPECIFIED	ROFLUMILAST 250MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	UNSPECIFIED	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approval	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3951	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3965	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3964	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denial	2
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denial	3
3969	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	3
3963	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3963	OBSTETRICS & GYNECOLOGY	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denial	1
3965	PEDIATRICS	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3969	PEDIATRICS	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approval	1
3963	PHYSICIAN, SURGERY, GENERAL	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3964	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3962	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approval	1
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	7
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	3
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approval	1
3962	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	2
3962	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Denied	1
3965	UNSPECIFIED	RYBELSUS 3 MG TABLET	ANTIDIABETIC AGENT	No Response	1
3963	UNSPECIFIED	RYBELSUS 3 MG TABLET (SEMAGLUTIDE)	ANTIDIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	3
3951	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	2
3951	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approval	1
3951	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	1
3963	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approved	3
3963	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approval	1
3963	INTERNAL MEDICINE	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approval	1
3963	UNSPECIFIED	RYBELSUS 7MG OR TABS	ANTIDIABETIC AGENT	Approved	4
3963	UNSPECIFIED	RYDAPT	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	RYDAPT	ANTINEOPLASTICS	Denied	1
3956	UNSPECIFIED	SANCUSO (GRANISETRON PATCH)	ANTINAUSEANTS	Denial	1
3965	HEMATOLOGY & ONCOLOGY	SANCUSO (GRANISETRON TRANSDERMAL PATCH)	ANTINAUSEANTS	Denial	1
3956	INTERNAL MEDICINE	SANCUSO 3.1MG/24HR TD PTCH	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	SANCUSO 3.1MG/24HR TD PTCH	ANTINAUSEANTS	Approval	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	SAPROPTERIN	ENZYME COFACTOR	Approved	1
3956	FAMILY PRACTICE	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	1
3956	FAMILY PRACTICE	SAVELLA (MILNACIPRAN)	ANALGESIC	Denial	2
3956	FAMILY PRACTICE	SAVELLA (MILNACIPRAN)	ANALGESIC	Approval	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	1
3961	PEDIATRICS	SAVELLA (MILNACIPRAN)	ANALGESIC	Denial	1
3956	UNSPECIFIED	SAVELLA (MILNACIPRAN)	ANALGESIC	Denial	2
3956	UNSPECIFIED	SAVELLA 100MG OR TABS	ANALGESIC	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	REGISTERED NURSE, UNSPECIFIED	SAVELLA 12.5MG OR TABS	ANALGESIC	Approved	1
3961	FAMILY PRACTICE	SAVELLA 25MG OR TABS	ANALGESIC	Approval	1
3963	UNSPECIFIED	SAVELLA 25MG OR TABS	ANALGESIC	Approved	1
3956	INTERNAL MEDICINE	SAVELLA 50MG OR TABS	ANALGESIC	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SAVELLA 50MG OR TABS	ANALGESIC	No Response	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	SAVELLA 50MG OR TABS	ANALGESIC	Approved	1
3956	FAMILY PRACTICE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR (OZEMPIC)	DIABETIC MEDICAL SUPPLIES	Approval	1
3963	FAMILY PRACTICE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR (OZEMPIC)	DIABETIC MEDICAL SUPPLIES	Approval	1
3963	UNSPECIFIED	SEMAGLUTIDE(0.25 OR 0.5MG/DOS) 2 MG/1.5ML SOLUTION PEN-INJECTOR	DIABETIC MEDICAL SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SERNIVO (BRAND ONLY) (BETAMETHASONE DIPROP) SPRAY	TOPICAL CORTICOSTEROID	Denied	1
3963	UNSPECIFIED	SERNIVO (BRAND ONLY) (BETAMETHASONE DIPROP) SPRAY	TOPICAL CORTICOSTEROID	Approved	1
3963	FAMILY PRACTICE	SILDENAFIL (PULMONARY HYPERTENSION) 20 MG TABLET	VASODILATORS	No Response	1
3963	UNSPECIFIED	SILDENAFIL (PULMONARY HYPERTENSION) 20 MG TABLET	VASODILATORS	No Response	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	2
3951	CARDIOLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3963	EMERGENCY MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	2
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	3
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	5
3962	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	2
3969	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Approval	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	2
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	2
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3961	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	2
3951	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3963	UROLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	2
3963	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	2
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denial	1
3963	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approval	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3963	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	5
3965	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3969	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3951	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SILDENAFIL CITRATE (SILDENAFIL CITRATE (PULMONARY HYPERTENSION)) 20 MG ORAL TABLET	VASODILATORS	No Response	1
3956	INTERNAL MEDICINE	SILDENAFIL CITRATE 20MG OR TABS	VASODILATORS	No Response	1
3963	UNSPECIFIED	SILDENAFIL CITRATE 20MG OR TABS	VASODILATORS	No Response	2
3951	RHEUMATOLOGY	SIMPONI 50MG	ANTIARTHRITICS	Denied	1
3956	RHEUMATOLOGY	SIMPONI 50MG	ANTIARTHRITICS	Approved	1
3956	EMERGENCY MEDICINE	SIMVASTATIN 80MG	HYPERCHOLESTEROLEMIA	Denial	1
3956	FAMILY PRACTICE	SIMVASTATIN 80MG	HYPERCHOLESTEROLEMIA	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SIMVASTATIN 80MG	HYPERCHOLESTEROLEMIA	Denial	1
3956	UNSPECIFIED	SIMVASTATIN 80MG	HYPERCHOLESTEROLEMIA	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SIMVASTATIN 80MG OR TABS	HYPERCHOLESTEROLEMIA	Approved	1
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	4
3965	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	5
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	7
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	2
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3956	EMERGENCY MEDICINE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3961	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3963	FAMILY PRACTICE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	FAMILY PRACTICE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	GASTROENTEROLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	GENERAL PRACTICE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3963	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3963	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	PEDIATRICS	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	5
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	PSYCHIATRY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3951	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3951	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3951	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	6
3951	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	10
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	4
3961	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3965	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	2
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	2
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3964	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	EMERGENCY MEDICINE	SKYRIZI 150MG/ML PEN	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3956	UNSPECIFIED	SKYRIZI 150MG/ML SC SOSY	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	UNSPECIFIED	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3961	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3956	UNSPECIFIED	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	UNSPECIFIED	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	INTERNAL MEDICINE	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3956	INTERNAL MEDICINE	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	UNSPECIFIED	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3951	UNSPECIFIED	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	UNSPECIFIED	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI PEN 150MG/ML SC SOAJ	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI PEN 150MG/ML SC SOAJ	SYSTEMIC ANTIPSORIASIS AGENTS	No Response	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETIC	Denied	2
3956	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approval	2
3963	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approved	1
3956	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approved	2
3963	INTERNAL MEDICINE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approval	1
3956	UNSPECIFIED	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETIC	Approved	1
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	HORMONE/HORMONE MODIFIER	Approval	1
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Approval	1
3956	INTERNAL MEDICINE	SOMATULINE DEPOT	HORMONE/HORMONE MODIFIER	Denied	1
3956	INTERNAL MEDICINE	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Denied	1
3956	UNSPECIFIED	SOMATULINE DEPOT	HORMONE/HORMONE MODIFIER	Approved	1
3956	UNSPECIFIED	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Approved	1
3964	DERMATOLOGY	SOOLANTRA (IVERMECTIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	SOOLANTRA (IVERMECTIN)	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	SOOLANTRA 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	No Response	1
3963	DERMATOLOGY	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	SORAFENIB	ANTINEOPLASTICS	Denied	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	SORAFENIB	ANTINEOPLASTICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SPINOSAD 0.9% EX SUSP	ANTIPARASITIC AGENT	Approved	1
3956	UNSPECIFIED	SPIRIVA HANDHALER 18MCG CAPSULES	RESPIRATORY AGENTS	Denial	1
3956	PULMONARY DISEASES	SPIRIVA RESPIMAT 2.5MCG/ACT IN AERS	RESPIRATORY AGENTS	No Response	1
3956	FAMILY PRACTICE	SPIRIVA RESPIMAT 2.5MCG/ACTUATION INHALATION SOLUTION	RESPIRATORY AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANT	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANT	Denied	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approved	2
3969	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANT	Approved	1
3963	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANT	Approved	2
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Denial	1
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approval	1
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approval	4
3965	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approved	2
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approved	2
3951	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Approval	1
3951	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Denial	1
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Denied	2
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANT	Denied	1
3963	PSYCHIATRY	SPRAVATO (56 MG DOSE) 28MG/DEVICE NA SOPK	ANTIDEPRESSANT	No Response	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	No Response	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	SPRYCEL	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	SPRYCEL	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Denied	1
3956	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	STELARA IV + STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	GASTROENTEROLOGY	STELARA IV + STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	STELARA PLQE	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	STELARA SQ 45 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3965	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	FAMILY PRACTICE	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GASTROENTEROLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969	NURSE PRACTITIONER, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3962	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3965	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3962	NURSE PRACTITIONER, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3961	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	STIVARGA	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	STIVARGA	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	STIVARGA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	STIVARGA	ANTINEOPLASTICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN, ONCOLOGY, MEDICAL	STIVARGA 40MG OR TABS	ANTINEOPLASTICS	No Response	1
3963	INTERNAL MEDICINE	SUCRAID 8500UNIT/ML OR SOLN	METABOLIC ENZYMES	Approval	1
3964	GASTROENTEROLOGY	SUCRAID MULTIPLE-DOSE BOTTLE (SACROSIDASE)	METABOLIC ENZYMES	Approval	1
3963	FAMILY PRACTICE	SUCRALFATE 1GM/10ML SUSPENSION	GASTROINTESTINAL AGENT	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTAN SUCCINATE 25MG OR TABS	NON-NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	SUMATRIPTAN SUCCINATE 50MG TAB	NON-NARCOTIC ANALGESICS	Denied	1
3956	ALLERGY & IMMUNOLOGY	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	3
3963	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denial	1
3956	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	2
3963	PEDIATRICS	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, GERIATRIC MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	2
3956	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denial	2
3951	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	SUMATRIPTAN TABLETS	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTAN-NAPROXEN 85-500MG	NON-NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	SUMATRIPTAN-NAPROXEN 85-500MG	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	SUMATRIPTAN-NAPROXEN SODIUM 85-500MG OR TABS	NON-NARCOTIC ANALGESICS	Approved	1
3963	CLINICAL NURSE SPECIALIST, GERONTOLOGY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3963	FAMILY MEDICINE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3951	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3963	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denial	1
3956	INTERNAL MEDICINE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3956	NEUROLOGY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	NEUROLOGY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PSYCHIATRY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3951	PSYCHIATRY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	PSYCHIATRY	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	2
3962	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3965	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3951	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	1
3963	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approval	3
3963	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3965	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	PSYCHIATRY	SUNOSI 150MG OR TABS	NARCOLEPSY AGENTS	Approved	1
3965	PULMONARY DISEASES	SUNOSI 150MG OR TABS	NARCOLEPSY AGENTS	Approval	1
3956	UNSPECIFIED	SUTENT	ANTINEOPLASTICS	Approved	1
BCBSAR	PEDIATRICS	SYNAGIS	RESPIRATORY AGENT	Denial	1
BCBSAR	PEDIATRICS	SYNAGIS	RESPIRATORY AGENT	Approval	1
3956	FAMILY PRACTICE	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Approved	1
3956	FAMILY PRACTICE	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Approved	1
3956	UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	No Response	1
3956	UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	Denied	1
3963	INTERNAL MEDICINE	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETIC	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETIC	Approval	1
3956	UNSPECIFIED	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETIC	Approved	1
3956	UNSPECIFIED	SYNJARDY 12.5-500MG OR TABS	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY 5 MG-500 MG TABLET (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETIC	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY 5-500MG OR TABS	ANTIDIABETIC	Approval	1
3963	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETIC	Approved	2
3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETIC	Approval	3
3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETIC	Denied	1
3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETIC	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETIC	Approved	2
3956	FAMILY PRACTICE	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETIC	Approval	1
3956	UNSPECIFIED	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETIC	Approved	1
3963	UNSPECIFIED	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETIC	Approved	1
3963	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	Approved	2
3956	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	No Response	1
3956	INTERNAL MEDICINE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3963	UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approval	1
3956	INTERNAL MEDICINE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approved	2
3956	UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETIC	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	SYNJARDY XR 5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3963	FAMILY PRACTICE	SYNJARDY XR 5-1000MG OR TB24	ANTIDIABETIC	Approved	1
3956	UNSPECIFIED	SYNJARDY XR 5-1000MG OR TB24	ANTIDIABETIC	Approval	1
3963	FAMILY PRACTICE	SYNTHROID 100MCG TABLET	THYROID PRODUCT	Approval	1
3963	FAMILY PRACTICE	SYNTHROID 75MCG TABLETS	THYROID PRODUCT	Approval	1
3951	DERMATOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PEDIATRICS	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	ALLERGY & IMMUNOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3964	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3965	INTERNAL MEDICINE	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	INTERNAL MEDICINE	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3962	PEDIATRICS	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3951	PEDIATRICS	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3963	PEDIATRICS	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3962	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	10
3956	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3951	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3951	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3956	PEDIATRICS	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PEDIATRICS	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	No Response	1
3963	UROLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	10
3956	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	4
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	No Response	1
3969	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	FAMILY PRACTICE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approval	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	3
3962	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TADALAFIL 2.5 MG TABLET	VASODILATORS	No Response	1
3961	UNSPECIFIED	TADALAFIL 2.5 MG TABLET	VASODILATORS	No Response	1
3963	FAMILY PRACTICE	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3963	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3963	FAMILY PRACTICE	TADALAFIL 2.5MG OR TABS	VASODILATORS	Approved	1
3956	UNSPECIFIED	TADALAFIL 2.5MG OR TABS	VASODILATORS	Denial	1
3956	UNSPECIFIED	TADALAFIL 2.5MG OR TABS	VASODILATORS	Approved	1
3956	CARDIOLOGY	TADALAFIL 20MG	VASODILATORS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	CARDIOLOGY	TADALAFIL 20MG	VASODILATORS	Approved	2
3963	FAMILY PRACTICE	TADALAFIL 20MG	VASODILATORS	Denial	1
3963	FAMILY PRACTICE	TADALAFIL 20MG	VASODILATORS	Denied	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	VASODILATORS	Approval	1
3964	PULMONARY DISEASES	TADALAFIL 20MG	VASODILATORS	Approved	1
3956	UNSPECIFIED	TADALAFIL 20MG	VASODILATORS	Approval	1
3963	UNSPECIFIED	TADALAFIL 20MG	VASODILATORS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5 MG ORAL TABLET	VASODILATORS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TADALAFIL 5 MG ORAL TABLET	VASODILATORS	No Response	1
3956	UNSPECIFIED	TADALAFIL 5 MG TABLET	VASODILATORS	No Response	2
3956	UNSPECIFIED	TADALAFIL 5 MG TABLET (CIALIS)	VASODILATORS	Approval	1
3963	ALLERGY	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	9
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denial	2
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approval	2
3963	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	4
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	2
3963	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	2
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denial	1
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Approval	1
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	1
3961	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Approved	1
3961	NURSE PRACTITIONER, ADULT HEALTH	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Denied	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	OPHTHALMOLOGY	TADALAFIL 5MG	VASODILATORS	Denial	1
3956	OPHTHALMOLOGY	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denial	1
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approval	1
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	2
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approval	3
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denial	1
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denial	1
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	1
3961	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	3
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denial	2
3963	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approval	1
3961	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approval	1
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approval	1
3951	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approved	1
3961	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	CHIROPRACTOR, UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	No Response	1
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	4
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approval	2
3961	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Approval	1
3956	PEDIATRICS	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3956	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	2
3963	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approval	2
3956	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	3
3956	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approval	2
3963	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approval	2
3956	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	TAFINLAR	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	TAFINLAR	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	TAFINLAR	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	TAFINLAR	ANTINEOPLASTICS	Approved	1
3965	HEMATOLOGY & ONCOLOGY	TAGRISSE	ANTINEOPLASTICS	Approved	1
3965	HEMATOLOGY & ONCOLOGY	TAGRISSE	ANTINEOPLASTICS	Denied	1
3963	MEDICAL ONCOLOGY	TAGRISSE	ANTINEOPLASTICS	Approved	1
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3963	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	2
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	3
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	1
3963	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	EMERGENCY MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3963	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3963	FAMILY PRACTICE	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	2
3963	FAMILY PRACTICE	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	1
3961	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	1
3956	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Denial	1
3963	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	14
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	4
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3963	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	1
3963	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	4
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	2
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3963	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denial	1
3961	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	1
3961	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	2
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	10
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	No Response	3
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	4
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	3
3963	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approval	1
3956	DERMATOLOGY	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	EMERGENCY MEDICINE	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3961	INTERNAL MEDICINE	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	RHEUMATOLOGY	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	RHEUMATOLOGY	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	TALTZ 80MG/ML CF AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ 80MG/ML CF PFS 1ML	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	INTERNAL MEDICINE	TALTZ 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	RHEUMATOLOGY	TAVNEOS	COMPLEMENT INHIBITOR	Denial	1
3963	RHEUMATOLOGY	TAVNEOS	COMPLEMENT INHIBITOR	Approved	1
3963	RHEUMATOLOGY	TAVNEOS	COMPLEMENT INHIBITOR	Denied	1
3963	RHEUMATOLOGY	TAVNEOS 10MG OR CAPS	COMPLEMENT INHIBITOR	No Response	1
3963	DERMATOLOGY	TAZAROTENE (TAZORAC) 0.1 % CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TAZORAC CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TEMAZEPAM	SEDATIVE NON-BARBITURATE	Approval	1
3963	HEMATOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	4
3963	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3965	INTERNAL MEDICINE	TESTOPEL (TESTOSTERONE IMPLANT PELLETT)	ANDROGENS	No Response	1
3964	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	2
3951	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approval	1
3963	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approval	1
3956	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE 12.5 MG/ACT(1%) TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Denied	1
3963	EMERGENCY MEDICINE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approval	1
3965	FAMILY MEDICINE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Denial	1
3963	FAMILY PRACTICE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3951	INTERNAL MEDICINE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3965	INTERNAL MEDICINE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Denied	1
3963	OCCUPATIONAL THERAPIST, UNSPECIFIED	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approval	1
3951	UROLOGY	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	2
3956	FAMILY PRACTICE	TESTOSTERONE 25 MG/2.5GM(1%) TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 40.5 MG/2.5GM(1.62%) TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	TESTOSTERONE 50 MG/5GM(1%) TD GEL	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	TESTOSTERONE 50 MG/5GM(1%) TD GEL	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 100 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	No Response	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	No Response	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 100 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	4
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	2
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	3
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approval	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approval	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	No Response	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	2
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	2
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	Approval	2
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR MILLILITER	ANDROGENS	No Response	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	2
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3961	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	5
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL (DEPO-TESTOSTERONE)	ANDROGENS	No Response	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL (DEPO-TESTOSTERONE)	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL [DEPO-TESTOSTERONE]	ANDROGENS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	GYNECOLOGY	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR SOLUTION (DEPO-TESTOSTERONE)	ANDROGENS	Approval	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR SOLUTION (DEPO-TESTOSTERONE)	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/MLMG/ML OIL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200 MG/MLMG/ML OIL	ANDROGENS	No Response	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/MLMG/ML OIL	ANDROGENS	No Response	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	10
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	15
3963	CHIROPRACTOR, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3956	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3951	FAMILY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	7
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	9
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	3
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	32
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3961	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3963	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	2
3956	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	2
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	5
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	2
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3961	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	2
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3956	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	6
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	5
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	3
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3961	REGISTERED NURSE, EMERGENCY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	1
3951	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	5
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	21
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	10
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denial	5
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	6
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	5
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approval	5
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IJ SOLN	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	24
3956	CHIROPRACTOR, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denial	1
3956	CHIROPRACTOR, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	9
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denial	2
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	15
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	10
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	4
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3951	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3956	GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	6
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	8
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	6
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	3
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3951	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denial	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	4
3951	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3962	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3961	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	2
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	12
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	5
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	22
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	8
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	2
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	2
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	4
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	No Response	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3969	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	12
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	32
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	5
3965	CLINICAL NURSE SPECIALIST, GERONTOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	4
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	5
3969	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	4
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	5
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3965	GENERAL PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	8
3951	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	3
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3964	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	16
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	3
3964	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	5
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3964	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3969	PEDIATRICS	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	4
3963	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3963	PHYSICIAN, GERIATRIC MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3965	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	2
3969	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3965	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	15
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	29
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	2
3969	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	2
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	3
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	4
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	2
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denial	1
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approval	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3962	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE ENANTHATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	No Response	1
3956	FAMILY PRACTICE	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Denied	1
3956	INTERNAL MEDICINE	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Denied	2
3963	INTERNAL MEDICINE	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TESTOSTERONE ENANTHATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	FAMILY PRACTICE	TESTOSTERONE ENANTHATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE ENANTHATE 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	TESTOSTERONE ENANTHATE IM INJECTION	ANDROGENS	Approval	1
3956	FAMILY PRACTICE	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denial	1
3963	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3963	FAMILY MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	3
3965	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approval	1
3951	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3965	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denial	2
3969	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approval	1
3962	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	3
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denial	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denial	1
3965	UROLOGY	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3965	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3965	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL SOLUTION	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL SOLUTION	ANDROGENS	Denied	1
3956	GENERAL PRACTICE	TETRABENAZINE	MISCELLANEOUS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	GENERAL PRACTICE	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approved	1
3956	NEUROLOGY	TETRABENAZINE	MISCELLANEOUS	Approval	1
3956	NEUROLOGY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approval	1
3956	NEUROLOGY	TETRABENAZINE	MISCELLANEOUS	Approved	1
3956	NEUROLOGY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approved	1
3951	UNSPECIFIED	TETRABENAZINE	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approval	1
3951	UNSPECIFIED	TETRABENAZINE	MISCELLANEOUS	Denial	1
3951	UNSPECIFIED	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Denial	1
3956	UNSPECIFIED	TETRACYCLINE 250MG CAPSULE	ANTIBIOTICS	Approved	1
3965	HEMATOLOGY	THALOMID	OTHER ANTIBIOTICS	Approved	1
3965	HEMATOLOGY	THALOMID	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	THALOMID	OTHER ANTIBIOTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	THALOMID	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	THALOMID	OTHER ANTIBIOTICS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	THALOMID	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	TIBSOVO	ANTINEOPLASTICS	Approved	1
3956	CARDIOLOGY	TIKOSYN	OTHER CARDIOVASCULAR PREPS	No Response	1
3956	CARDIOLOGY	TIKOSYN	ANTIARRHYTHMIC AGENT	No Response	1
3956	UNSPECIFIED	TIKOSYN	OTHER CARDIOVASCULAR PREPS	No Response	1
3956	UNSPECIFIED	TIKOSYN	ANTIARRHYTHMIC AGENT	No Response	1
3967	PULMONARY DISEASES	TOBI PODHALER	STREPTOMYCINS	Denial	1
3951	PULMONARY DISEASES	TOBRAMYCIN INHALATION SOLUTION	RESPIRATORY AGENTS	Approval	1
3963	OPTOMETRIST, UNSPECIFIED	TOBREX 0.3% OP OINTMENT	ANTIBIOTICS, OPHTHALMIC	Denied	1
3965	UNSPECIFIED	TOLVAPTAN	VASOPRESSIN ANTAGONIST	Denial	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TOPICORT 0.05% EX OINT	TOPICAL SKIN PRODUCT	Approved	1
3964	UNSPECIFIED	TRAMADOL (R) ER 100MG BIPHASIC TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	TRAMADOL (U) ER 200MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRAMADOL (U) ER 300MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	TRAMADOL (ULTRAM) 50 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	TRAMADOL 200 MG TABLET EXTENDED RELEASE 24 HR	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	FAMILY PRACTICE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	FAMILY PRACTICE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	3
3965	FAMILY PRACTICE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	UNSPECIFIED	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	UNSPECIFIED	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	No Response	1
3963	ANESTHESIOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	4
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denial	1
3956	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3963	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3964	NEUROLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3964	PSYCHIATRY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3962	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	No Response	1
3962	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	No Response	2
3963	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denial	2
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3964	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approval	1
3962	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3962	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3964	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3963	INTERNAL MEDICINE	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3963	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3951	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET (ULTRAM)	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	22
3963	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	20
3956	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3951	CHIROPRACTOR, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	EMERGENCY MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3951	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	5
3964	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	10
3963	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3951	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	GENERAL PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3961	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	NEUROLOGICAL SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3965	NEUROLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	9
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3956	ORTHOPEDIC SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	6
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	REGISTERED NURSE, EMERGENCY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3961	REGISTERED NURSE, EMERGENCY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	REGISTERED NURSE, EMERGENCY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	9
3956	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	21
3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	5
3965	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	TRAMADOL HCL ER (TRAMADOL HCL) 200 MG ORAL TABLET	NARCOTIC ANALGESICS	No Response	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL HCL ER 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	TRAMADOL HCL ER 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL ER 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL HYDROCHLORIDE 50MG TABLET	NARCOTIC ANALGESICS	No Response	1
3956	FAMILY PRACTICE	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN 375-325 TAB	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	TRAMADOL:ACETAMINOPHEN 375-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	TRAMADOL:APAP 375-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL:APAP 375-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL:APAP 375-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	TRAZODONE HCL 50MG OR TABS	ANTIDEPRESSANT	No Response	1
3963	ALLERGY & IMMUNOLOGY	TRELEGY ELLIPTA	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	TRELEGY ELLIPTA	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3963	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3963	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	8
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3965	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3951	FAMILY PRACTICE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	FAMILY PRACTICE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	REGISTERED NURSE, GENERAL PRACTICE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3951	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	5
3951	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3962	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	No Response	2
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3965	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	TREMFYA 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3963	UNSPECIFIED	TREMFYA 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	UNSPECIFIED	TRESIBA FLEXTOUCH 100UNIT/ML PEN	INSULIN, LONG ACTING	Approved	1
3963	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denial	1
3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3951	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3963	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3962	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3962	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approval	1
3965	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3965	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3969	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3962	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3964	FAMILY PRACTICE	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3964	FAMILY PRACTICE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3962	INTERNAL MEDICINE	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3962	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	INTERNAL MEDICINE	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3965	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3969	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3964	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approval	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denial	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3962	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	2
3962	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denial	3
3963	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denial	3
3951	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	1
3951	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	7
3963	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	7
3965	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3965	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3965	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3965	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Approval	1
3969	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denial	1
3951	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denial	1
3964	UNSPECIFIED	TRETINOIN	ALL OTHER DERMATOLOGICALS	Denied	2
3964	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRETINOIN 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN 0.01% EX GEL	DERMATOLOGICAL AGENTS	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	2
3961	DERMATOLOGY	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	6
3963	UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3961	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3951	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3961	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	EMERGENCY MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	No Response	1
3956	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	No Response	1
3956	FAMILY PRACTICE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	OBSTETRICS & GYNECOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	7
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	6
3956	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3961	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	TRETINOIN 0.025% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.05 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3951	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	FAMILY PRACTICE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	No Response	1
3963	INTERNAL MEDICINE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3956	PSYCHIATRY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	7
3956	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3963	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3951	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.1 % EXTERNAL GRAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.1% CREAM	DERMATOLOGICAL AGENTS	Approval	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3961	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	6
3956	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3951	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	FAMILY PRACTICE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	FAMILY PRACTICE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	4
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3951	PLASTIC SURGERY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3963	PLASTIC SURGERY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	1
3951	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3961	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denial	2
3963	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	4
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	FAMILY PRACTICE	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denial	1
3956	INTERNAL MEDICINE	TRETINOIN GEL 0.05%	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	No Response	1
3956	UNSPECIFIED	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	Denial	1
3963	FAMILY PRACTICE	TRETINOIN MICROSPHERE 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN MICROSPHERE 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN MICROSPHERE PUMP 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3962	NEUROLOGY	TREXIL (APAP-CAFFEINE-DIHYDROCODEINE)	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	2
3963	INTERNAL MEDICINE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3964	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	4
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRIAMCINOLONE ACETONIDE 0.1% EX OINT	DERMATOLOGICAL AGENTS	No Response	1
3969	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3967	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approval	1
3956	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approval	1
3963	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approval	2
3962	UNSPECIFIED	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3961	UNSPECIFIED	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3956	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3965	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	2
3964	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3956	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3964	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3962	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denied	1
3956	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3964	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3951	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denied	1
3956	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denied	1
3956	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3963	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denial	1
3962	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3969	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3961	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denied	1
3956	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3965	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3964	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	2
3964	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3965	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approval	1
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	2
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Denied	2
3969	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANT	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	9
3964	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	No Response	1
3964	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	1
3951	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	1
3956	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	1
3963	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	2
3951	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	2
3963	NURSE PRACTITIONER, PEDIATRIC CARE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	1
3963	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	1
3956	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	1
3963	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	3
3963	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	2
3965	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	2
3956	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approval	2
3956	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANT	Approved	3
3956	NURSE PRACTITIONER, PSYCHIATRIC	TRINTELLIX 20 MG ORAL TABLET	ANTIDEPRESSANT	Approval	1
3956	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	2
3962	INTERNAL MEDICINE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approval	1
3956	PEDIATRICS	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approval	1
3963	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3951	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANT	Approval	1
3964	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	FAMILY MEDICINE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3956	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3956	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	2
3951	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approval	2
3963	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3964	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANT	Approved	1
3963	INTERNAL MEDICINE	TRINTELLIX TABLET	ANTIDEPRESSANT	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	9
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	6
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	13
3965	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3951	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	1
3965	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	1
3956	GENERAL PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3969	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	5
3969	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	1
3964	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NEUROLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	NURSE PRACTITIONER, ADULT HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	3
3961	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	OBSTETRICS & GYNECOLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PSYCHIATRY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	No Response	1
3963	REGISTERED NURSE, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	4
3964	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	7
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	6
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	7

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	2
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denial	1
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3964	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ADULT HEALTH	TRULICITY (DULAGLUTIDE) 0.75 MG/0.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE) 1.5 MG/0.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	1
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE) 4.5 MG/0.5ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 0.75 MG/0.5 ML PEN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	No Response	1
3963	FAMILY PRACTICE	TRULICITY 0.75/0.5 INJ	DIABETIC AGENT	No Response	1
3956	UNSPECIFIED	TRULICITY 0.75/0.5 PEN	DIABETIC AGENT	No Response	1
3963	EMERGENCY MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	6
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	9
3951	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	3
3956	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	11
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	4
3951	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	4
3963	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3965	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	13
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	4
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	4
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	4
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	No Response	1
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denial	1
3951	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	13
3963	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5
3963	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3956	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3956	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	No Response	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	No Response	1
3963	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5
3956	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	No Response	1
3963	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	8
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SOLUTION FOR INJECTION	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	8
3963	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3963	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3965	FAMILY PRACTICE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3964	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	6
3963	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	TRULICITY PEN	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	TRULICITY PEN	DIABETIC MEDICAL SUPPLIES	Approval	1
3963	DERMATOLOGY	TWYNEO 0.1-3% EX CREA	TOPICAL SKIN PRODUCT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TYLENOL/COD 300-30 MG (APAP-CODEINE)	OPIOID ANALGESIC	Approved	1
3956	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS AGENTS	Approval	1
3963	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TYMLOS	OSTEOPOROSIS AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approval	1
3961	ORTHOPEDIC SURGERY	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	3
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Denied	1
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	No Response	1
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approval	1
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Denied	2
3956	FAMILY PRACTICE	UBRELVY	MIGRAINE AGENT	Denied	1
3956	INTERNAL MEDICINE	UBRELVY (UBROGEPANT) 100 MG ORAL TABLET	MIGRAINE AGENT	No Response	1
3956	NEUROLOGY	UBRELVY (UBROGEPANT) 100 MG ORAL TABLET	MIGRAINE AGENT	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	UBRELVY 100 MG TABLET	MIGRAINE AGENT	Approval	1
3963	NEUROLOGY	UBRELVY 100 MG TABLET	MIGRAINE AGENT	Approval	1
3961	UNSPECIFIED	UBRELVY 100MG	MIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	3
3951	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	5
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3963	EMERGENCY MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	EMERGENCY MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	ALLERGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	8
3951	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	2
3963	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	3
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	2
3965	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3956	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	3
3956	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3963	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	2
3951	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3951	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3963	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3964	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3965	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3956	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	3
3956	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	5
3963	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	4
3963	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	4
3951	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	5
3951	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3956	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3956	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3965	OBSTETRICS & GYNECOLOGY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3963	PEDIATRICS	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3951	PEDIATRICS	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3961	PODIATRIST, GENERAL PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3965	SPORTS MEDICINE, FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	16
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	16
3951	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	3
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	11
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	1
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	7
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	No Response	3
3951	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	4
3964	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approval	1
3961	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE AGENT	Denied	1
3956	FAMILY PRACTICE	UBRELVY 100MG TAB	MIGRAINE AGENT	Approved	1
3956	NEUROLOGY	UBRELVY 100MG TAB	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG TAB	MIGRAINE AGENT	Denied	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLET	MIGRAINE AGENT	Approved	1
3956	NEUROLOGY	UBRELVY 100MG TABLET	MIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE AGENT	No Response	1
3956	UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS	MIGRAINE AGENT	Denied	1
3963	PEDIATRICS	UBRELVY 100MG TABLETS	MIGRAINE AGENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	4
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	3
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	2
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	10
3964	EMERGENCY MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3969	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3962	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	9
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	2
3962	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	2
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	1
3963	HEMATOLOGY & ONCOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3965	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3956	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	2
3964	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3965	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3951	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	2
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	3
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	2
3962	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3964	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3962	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3969	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3965	NURSE PRACTITIONER, PRIMARY CARE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	7
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	3
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	2
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	12
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	14
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	16
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	3
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	7
3951	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	7
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	3
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3951	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3964	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	EMERGENCY MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	2
3956	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	No Response	2
3963	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	2
3951	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	2
3956	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3963	INTERNAL MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	5
3951	INTERNAL MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NEUROLOGY	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3956	NEUROLOGY	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE AGENT	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	2
3963	OBSTETRICS & GYNECOLOGY	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3963	PEDIATRICS	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	2
3956	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approval	1
3956	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	No Response	1
3956	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3963	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3951	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 50MG TAB	MIGRAINE AGENT	Denied	1
3963	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3964	ALLERGY	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	3
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	3
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	4
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	1
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	2
3965	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	2
3967	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3951	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3963	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3951	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3964	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	NEUROLOGY	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	No Response	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3963	PEDIATRICS	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3965	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Approved	1
3956	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3964	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3951	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denial	1
3951	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE AGENT	Denied	1
3956	UNSPECIFIED	UBRELVY TABS 100MG 10EA X 1 BOX	MIGRAINE AGENT	No Response	1
3956	UNSPECIFIED	UPADACITINIB ER 45 MG TABLET,EXTENDED RELEASE 24 HR	ANTIRHEUMATIC	No Response	1
3956	CARDIOLOGY	UPTRAVI	OTHER ANTIHYPERTENSIVES	Approved	1
3956	CARDIOLOGY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	UPTRAVI	OTHER ANTIHYPERTENSIVES	Approval	1
3963	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	Approval	1
3951	PULMONARY DISEASES	UPTRAVI	OTHER ANTIHYPERTENSIVES	Approval	1
3951	PULMONARY DISEASES	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	Approval	1
3956	GASTROENTEROLOGY	VALGANCICLOVIR	ANTIVIRALS	Denied	1
3956	INTERNAL MEDICINE	VALGANCICLOVIR	ANTIVIRALS	Approved	3
3956	INTERNAL MEDICINE	VALGANCICLOVIR	ANTIVIRALS	Approval	1
3956	PULMONARY DISEASES	VALGANCICLOVIR	ANTIVIRALS	Approval	1
3956	UNSPECIFIED	VALGANCICLOVIR	ANTIVIRALS	Approved	1
3956	UNSPECIFIED	VALGANCICLOVIR	ANTIVIRALS	No Response	1
3963	INTERNAL MEDICINE	VELPHORO 500MG CHW	HYPERPHOSPHATEMIA	Approved	1
3951	NEPHROLOGY / RENAL MEDICINE	VELPHORO 500MG OR CHEW	HYPERPHOSPHATEMIA	Approval	1
3963	UNSPECIFIED	VEMLIDY	ANTIVIRALS	Approval	1
3956	FAMILY PRACTICE	VEMLIDY 25MG OR TABS	ANTIVIRALS	No Response	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	No Response	1
3961	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3965	UNSPECIFIED	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	VENCLEXTA STARTING PACK 10 & 50 & 100MG OR TBPK	ANTINEOPLASTICS	Approved	1
3951	FAMILY PRACTICE	VERQUVO (VERICIGUAT)	HEART FAILURE	Approval	1
3963	UNSPECIFIED	VERQUVO (VERICIGUAT)	HEART FAILURE	Approval	1
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	VERZENIO	ANTINEOPLASTICS	Approval	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	VERZENIO	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	VERZENIO	ANTINEOPLASTICS	Approval	1
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	8
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	9
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	2
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	3
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	No Response	1
3962	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	SURGERY, VASCULAR	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	3
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	6
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	6
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	6
3964	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	2
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	No Response	1
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	1
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	1
3965	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denial	1
3965	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE) 18 MG/3ML SUBCUTANE- OUS MILLILITER	DIABETIC AGENT	No Response	1
3951	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	4
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	7
3956	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	No Response	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3964	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	6
3963	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3963	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	8
3951	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3962	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	3
3951	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NEUROLOGY, PEDIATRIC	VIGABATRIN POWDER	ANTICONVULSANTS	Approved	1
3963	UNSPECIFIED	VIGABATRIN POWDER	ANTICONVULSANTS	Approved	1
3962	UNSPECIFIED	VIGABATRIN POWDER	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	VIOKACE (PANCRELIPASE)	ENZYME	No Response	1
3956	FAMILY PRACTICE	VIOKACE 20880-78300UNIT OR TABS	ENZYME	Approval	1
3951	UNSPECIFIED	VITAMIN D (ERGOCALCIFEROL) 1.25 MG(50000 UT) OR CAPS	VITAMIN D	Approved	1
3963	INTERNAL MEDICINE	VORICONAZOLE	ANTIFUNGALS	Denial	1
3956	INFECTIOUS DISEASES	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	2
3956	MEDICAL ONCOLOGY	VOTRIENT	ANTINEOPLASTICS	Approved	1
3956	MEDICAL ONCOLOGY	VOTRIENT	ANTINEOPLASTICS	Denied	1
3965	UNSPECIFIED	VOTRIENT	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	VRAYLAR (CARIPRAZINE HCL) 1.5 MG ORAL CAP-SULE	ATARACTICS-TRANQUILIZERS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	4
3956	FAMILY PRACTICE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	2
3956	FAMILY PRACTICE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	3
3963	FAMILY PRACTICE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	1
3963	FAMILY PRACTICE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	No Response	1
3951	INTERNAL MEDICINE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	1
3956	NURSE PRACTITIONER, PRIMARY CARE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	1
3956	NURSE PRACTITIONER, PRIMARY CARE	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	No Response	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	1
3956	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	7
3956	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	3
3951	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	1
3962	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	1
3969	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approval	1
3962	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	1
3963	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	2
3963	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	2
3956	UNSPECIFIED	VRAYLAR (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Approved	3
3956	CHIROPRACTOR, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	No Response	1
3956	CHIROPRACTOR, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	4
3963	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	5
3951	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3963	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	No Response	1
3956	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	4
3956	FAMILY PRACTICE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	INTERNAL MEDICINE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3963	INTERNAL MEDICINE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, ADULT HEALTH	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3964	NURSE PRACTITIONER, PSYCHIATRIC	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	PSYCHIATRY	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3956	PSYCHIATRY	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	PSYCHOLOGIST, SCHOOL	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3961	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3961	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	9
3963	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	4
3962	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	17
3951	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	3
3951	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3956	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	6
3956	UNSPECIFIED	VRAYLAR 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	No Response	1
3963	FAMILY PRACTICE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	3
3956	FAMILY PRACTICE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3963	FAMILY PRACTICE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3961	FAMILY PRACTICE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3963	INTERNAL MEDICINE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3963	INTERNAL MEDICINE	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	PEDIATRICS	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3963	PSYCHIATRY	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	PSYCHIATRY	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3956	UNSPECIFIED	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	3
3956	UNSPECIFIED	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	6
3963	UNSPECIFIED	VRAYLAR 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	2
3951	INTERNAL MEDICINE	VRAYLAR 4.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	No Response	1
3951	INTERNAL MEDICINE	VRAYLAR 4.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VRAYLAR 4.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3956	FAMILY PRACTICE	VRAYLAR 6MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approved	1
3956	PSYCHIATRY	VRAYLAR 6MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VRAYLAR THERAPY PACK (CARIPRAZINE)	ATARACTICS-TRANQUILIZERS	Denied	1
3963	UNSPECIFIED	VTAMA 1% CREAM	TOPICAL SKIN PRODUCT	Denial	1
3963	UNSPECIFIED	VTAMA 1% EX CREA	TOPICAL SKIN PRODUCT	No Response	1
3962	UNSPECIFIED	VUMERITY	MULTIPLE SCLEROSIS	Approved	1
3963	UNSPECIFIED	VUMERITY	MULTIPLE SCLEROSIS	Approval	1
3963	FAMILY PRACTICE	VYVANSE	AMPHETAMINE PREPARATIONS	Denial	1
3963	FAMILY PRACTICE	VYVANSE	CNS STIMULANTS	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	VYVANSE	AMPHETAMINE PREPARATIONS	Denied	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	VYVANSE	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 20MG CAPSULE	AMPHETAMINE PREPARATIONS	Denied	1
3963	UNSPECIFIED	VYVANSE 20MG CAPSULE	AMPHETAMINE PREPARATIONS	Denied	1
3963	PEDIATRICS	VYVANSE 30MG CAPSULE	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	VYVANSE 40MG CAPSULE	CNS STIMULANTS	Denied	1
3963	PEDIATRICS	VYVANSE 40MG CAPSULE	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	VYVANSE 50MG OR CAPS	AMPHETAMINE PREPARATIONS	No Response	1
3956	UNSPECIFIED	VYVANSE 50MG OR CAPS	AMPHETAMINE PREPARATIONS	No Response	1
3963	FAMILY PRACTICE	VYVANSE 60MG CAPSULES	AMPHETAMINE PREPARATIONS	Denied	1
3956	PSYCHIATRY	VYVANSE 70MG OR CAPS	AMPHETAMINE PREPARATIONS	No Response	1
3963	UNSPECIFIED	VYVANSE CAPSULE	AMPHETAMINE PREPARATIONS	Denial	1
3969	OPTOMETRIST, UNSPECIFIED	VYZULTA (LATANOPROSTENE)	ANTIGLAUCOMA	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	VYZULTA (LATANOPROSTENE)	ANTIGLAUCOMA	Approved	1
3964	UNSPECIFIED	VYZULTA (LATANOPROSTENE)	ANTIGLAUCOMA	Approved	1
3963	UNSPECIFIED	VYZULTA (LATANOPROSTENE)	ANTIGLAUCOMA	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	VYZULTA 0.024% DROPS	ANTIGLAUCOMA	No Response	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	OPHTHALMOLOGY	VYZULTA 0.024% OP SOLN	ANTIGLAUCOMA	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	VYZULTA 0.024% OP SOLN	ANTIGLAUCOMA	Approval	1
3964	FAMILY PRACTICE	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approval	2
3956	FAMILY PRACTICE	WEGOVY 0.25MG INJ	ANTIOBESITY	Approved	1
3963	UNSPECIFIED	WINLEVI 1% CREAM	ALL OTHER DERMATOLOGICALS	Denied	1
3956	GASTROENTEROLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	INTERNAL MEDICINE	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	No Response	1
3956	INTERNAL MEDICINE	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	NEUROLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	RHEUMATOLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	PEDIATRICS	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	XELODA	ANTINEOPLASTICS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	XGEVA	OSTEOPOROSIS AGENTS	Approved	2
3963	PHYSICIAN, SURGERY, GENERAL	XGEVA	OSTEOPOROSIS AGENTS	Approved	1
3963	ALLERGY & IMMUNOLOGY	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3951	OTOLARYNGOLOGY	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3963	OTOLARYNGOLOGY	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Denial	1
3963	ALLERGY & IMMUNOLOGY	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approved	1
3963	OTOLARYNGOLOGY	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approved	1
3963	OTOLARYNGOLOGY	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3963	UNSPECIFIED	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	No Response	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 200MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	1
3956	UNSPECIFIED	XIFAXAN 200MG TABLET (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	CLINICAL NURSE SPECIALIST, ADULT HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3965	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	1
3963	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	1
3963	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approval	1
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3961	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	1
3956	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3956	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	2
3964	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	2
3964	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approval	1
3963	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	2
3956	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	2
3956	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3964	PEDIATRICS	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	6
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	No Response	1
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approval	1
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	No Response	1
3951	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approval	1
3967	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3961	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	7
3951	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	7
3951	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	4
3963	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	4
3951	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	HOSPITALIST	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3963	NURSE PRACTITIONER, ACUTE CARE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3964	PEDIATRICS	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	9
3963	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	9
3951	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	11
3951	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approval	4
3964	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	XIIDRA 5% OP SOLN	OPHTHALMIC PRODUCT	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	XIIDRA OPHTHALMIC SOLUTION (LIFITEGRAST)	OPHTHALMIC PRODUCT	Approved	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approval	4
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approval	4
3961	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approved	1
3961	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approved	11
3956	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	11
3963	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Denied	2
3963	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approved	10
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	10
3963	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	No Response	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	No Response	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Denial	2
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Denial	2
3969	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approved	1
3969	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3969	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Denied	1
3969	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Denied	1
3956	ALLERGY	XOLAIR	MISCELLANEOUS	Approved	1
3956	ALLERGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	DERMATOLOGY	XOLAIR	MISCELLANEOUS	Denied	1
3963	DERMATOLOGY	XOLAIR	RESPIRATORY AGENTS	Denied	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	MISCELLANEOUS	Approved	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	DERMATOLOGY	XOLAIR	MISCELLANEOUS	Approved	1
3963	DERMATOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	FAMILY PRACTICE	XOLAIR	MISCELLANEOUS	Approved	1
3963	FAMILY PRACTICE	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	INTERNAL MEDICINE	XOLAIR	MISCELLANEOUS	Denied	1
3956	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	MISCELLANEOUS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	MISCELLANEOUS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	RESPIRATORY AGENTS	Denied	1
3963	PEDIATRICS	XOLAIR	MISCELLANEOUS	Approved	1
3963	PEDIATRICS	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	No Response	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	MISCELLANEOUS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	1
3951	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	MISCELLANEOUS	Approved	1
3951	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	MISCELLANEOUS	Approved	3
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	RESPIRATORY AGENTS	Approved	3
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	MISCELLANEOUS	Denied	3
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	RESPIRATORY AGENTS	Denied	3
3963	PULMONARY DISEASES	XOLAIR	MISCELLANEOUS	Approved	1
3963	PULMONARY DISEASES	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approval	2
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approval	2
3963	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Denial	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denial	1
3963	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approval	2
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approval	2
3956	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approved	2
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	2
3963	UNSPECIFIED	XOLAIR	MISCELLANEOUS	No Response	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	No Response	1
3969	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approved	1
3969	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Approved	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Denied	1
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	XOLAIR	MISCELLANEOUS	Denied	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR 150 MG/ML SUBCUTANEOUS SYRINGE	RESPIRATORY AGENTS	No Response	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR 150MG/ML SC SOSY	RESPIRATORY AGENTS	No Response	1
3963	EMERGENCY MEDICINE	XTAMPZA ER 18MG OR C12A	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	XTAMPZA ER 9MG CAP (OXYCODONE ER)	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	XTAMPZA ER 9MG OR C12A	NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	XTANDI	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	XTANDI	ANTINEOPLASTICS	Approved	2
3956	INTERNAL MEDICINE	XTANDI	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	XTANDI	ANTINEOPLASTICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XTANDI	ANTINEOPLASTICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	XTANDI	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	XTANDI	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	No Response	1
3956	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Denial	1
3956	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Approval	1
3965	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XULTOPHY 100-3.6UNIT-MG/ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XULTOPHY 100-3.6UNIT-MG/ML SC SOPN	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	XULTOPHY 100-3.6UNIT-MG/ML SC SOPN	DIABETIC AGENT	Approval	1
3965	INTERNAL MEDICINE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Approval	1
3965	INTERNAL MEDICINE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Denied	2
3969	UROLOGY	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Approved	1
3963	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Denial	2
3963	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDOGRENS	Denied	1
3951	FAMILY PRACTICE	XYOSTED 100MG/0.5ML SC SOAJ	ANDOGRENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED 50MG/0.5ML SC SOAJ	ANDOGRENS	Approval	1
3963	FAMILY PRACTICE	XYOSTED 50MG/0.5ML SC SOAJ	ANDOGRENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYOSTED 50MG/0.5ML SC SOAJ	ANDOGRENS	Approval	1
3963	FAMILY PRACTICE	XYOSTED 75MG/0.5ML SC SOAJ	ANDOGRENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYOSTED 75MG/0.5ML SC SOAJ	ANDOGRENS	Approved	2
3963	UNSPECIFIED	XYOSTED 75MG/0.5ML SC SOAJ	ANDOGRENS	Approval	1
3965	NEUROLOGY	XYREM	SEDATIVE NON-BARBITURATE	Approved	1
3965	NEUROLOGY	XYREM	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3965	NEUROLOGY	XYREM	CNS DEPRESSANT	Approved	1
3963	NEUROLOGY	XYREM	SEDATIVE NON-BARBITURATE	Approval	1
3963	NEUROLOGY	XYREM	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approval	1
3963	NEUROLOGY	XYREM	CNS DEPRESSANT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYREM	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYREM	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYREM	CNS DEPRESSANT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYWAV	CNS DEPRESSANT	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CNS DEPRESSANT	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CNS DEPRESSANT	Approval	1
3969	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CNS DEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYWAV	CNS DEPRESSANT	Approved	1
3963	UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Denied	1
3963	UNSPECIFIED	XYWAV	CNS DEPRESSANT	Denied	1
3963	UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Denial	1
3963	UNSPECIFIED	XYWAV	CNS DEPRESSANT	Denial	1
3965	UNSPECIFIED	XYWAV	CENTRAL NERVOUS SYSTEM DEPRESSANT	Approval	1
3965	UNSPECIFIED	XYWAV	CNS DEPRESSANT	Approval	1
3956	INTERNAL MEDICINE	ZEJULA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	ZEJULA	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	ZEJULA	ANTINEOPLASTICS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	ZELBORAF	ANTINEOPLASTICS	Approval	1
3961	HEMATOLOGY & ONCOLOGY	ZELBORAF	ANTINEOPLASTICS	Approved	1
3967	NEUROLOGY	ZEMBRACE SYMTOUCH (SUMATRIPTAN)	ANTIMIGRAINE	Approval	1
3965	UNSPECIFIED	ZEMBRACE SYMTOUCH (SUMATRIPTAN)	ANTIMIGRAINE	Approval	1
3962	DERMATOLOGY	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denial	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3967	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3962	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3951	DERMATOLOGY	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 10000-32000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3961	NURSE PRACTITIONER, PEDIATRIC CARE	ZENPEP 10000-32000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENPEP 10000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	ZENPEP 20000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	ZENPEP 20000UNIT	GASTROINTESTINAL AGENTS	Approval	1
3961	GASTROENTEROLOGY	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3951	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	GASTROENTEROLOGY	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3956	PHYSICIAN, SURGERY, GENERAL	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Denial	1
3956	GASTROENTEROLOGY	ZENPEP 4000UNIT CAPSULE	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	ZENPEP 5000-24000UNIT OR CPEP	GASTROINTESTINAL AGENTS	No Response	1
3956	EMERGENCY MEDICINE	ZENZEDI 30MG OR TABS	GASTROINTESTINAL AGENTS	Approval	1
3965	NEUROLOGY	ZEPOSIA	MULTIPLE SCLEROSIS AGENT	Approval	1
3963	UNSPECIFIED	ZEPOSIA	MULTIPLE SCLEROSIS AGENT	Approval	1
3956	GASTROENTEROLOGY	ZEPOSIA 0.92MG OR CAPS	MULTIPLE SCLEROSIS AGENT	No Response	1
3963	UNSPECIFIED	ZEPOSIA 0.92MG OR CAPS	MULTIPLE SCLEROSIS AGENT	No Response	1
3963	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approval	3
3956	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approved	3
3963	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Denial	1
3951	INTERNAL MEDICINE	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	UNSPECIFIED	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	UNSPECIFIED	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS AGENTS	Approved	1
3956	UNSPECIFIED	ZOLMITRIPTAN 2.5MG OR TBDP	MIGRAINE AGENT	Approved	1
3965	UNSPECIFIED	ZOLMITRIPTAN NASAL SPRAY	MIGRAINE AGENT	Approved	1
3963	FAMILY PRACTICE	ZOLPIDEM TARTRATE 10MG OR TABS	HYPNOTIC	Approved	1
3963	DERMATOLOGY	ZORYVE CREAM	TOPICAL SKIN PRODUCT	Denied	1
3963	UNSPECIFIED	ZTLIDO 1.8% EX PTCH	TOPICAL SKIN PRODUCT	No Response	1