

Pharmacy Specialty Overview by Prior Authorization Approval or Denial 3rd Quarter 2024

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3961	FAMILY PRACTICE	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	DENIED	1
3956	MEDICAL ONCOLOGY	ABIRATERONE	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PEDIATRICS	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3969	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	4
3951	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3969	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3969	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADBM	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3964	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	DENIED	4
3969	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	ADEMPAS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3965	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	UNSPECIFIED SPECIALTY	AMPYRA	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	ARANESP	ANEMIA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ARANESP	ANEMIA	APPROVED	1
3956	NURSE PRACTITIONER, ADULT HEALTH	AUBAGIO	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	AUSTEDO	MOVEMENT DISORDERS	APPROVED	1
3963	FAMILY PRACTICE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	DENIED	1
3963	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	2
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	NEUROLOGY	BETASERON	MULTIPLE SCLEROSIS	APPROVED	1
3956	MEDICAL ONCOLOGY	BEXAROTENE	ONCOLOGY	APPROVED	1
3964	FAMILY PRACTICE	BIMZELX	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BOSENTAN 125 MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	BOSENTAN 62.5 MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BOSULIF	ONCOLOGY	APPROVED	1
3969	MEDICAL ONCOLOGY	BOSULIF	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BRAFTOVI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	BRAFTOVI	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	2
3956	FAMILY PRACTICE	CABENUVA	HIV	APPROVED	1
3970	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	10
3956	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	CAPECITABINE	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3963	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CAPECITABINE 150MG OR TABS	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CAPECITABINE 500MG OR TABS	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	CAPECITABINE 500MG OR TABS	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	3
3956	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	RENAL	APPROVED	2
3963	INTERNAL MEDICINE	CINACALCET	RENAL	DENIED	2
3956	PEDIATRICS	CINACALCET	RENAL	APPROVED	1
3951	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3963	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3969	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3965	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3951	INTERNAL MEDICINE	CINACALCET	RENAL	DENIED	1
3956	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	RENAL	DENIED	1
3951	FAMILY PRACTICE	CINACALCET	RENAL	APPROVED	1
3956	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3969	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3951	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3965	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	DENIED	1
3964	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	2

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3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3951	NURSE PRACTITIONER, ADULT HEALTH	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	CARDIOLOGY, INTERVENTIONAL	DOFETILIDE	CARDIAC DISORDERS	APPROVED	2
3951	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	5
3963	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	2
3956	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3951	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	2
3956	FAMILY PRACTICE	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3965	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3964	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3962	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	21
3961	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4

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3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3961	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	9
3965	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3962	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3951	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3969	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3962	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	29
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4

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3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	11
3967	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3961	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE, CRITICAL CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	13
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	15
3961	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3967	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	17
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	37
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	13
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	5
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	10
3967	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	21
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3951	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3961	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3969	ALLERGY & IMMUNOLOGY	DUPIXENT 300MG/2ML SC SOPN	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ELIGARD 22.5MG	HORMONAL THERAPIES	APPROVED	1
3965	UNSPECIFIED SPECIALTY	ELIGARD 45MG	HORMONAL THERAPIES	APPROVED	1
3963	UNSPECIFIED SPECIALTY	EMFLAZA	MUSCULAR DYSTROPHY	APPROVED	1
3956	FAMILY PRACTICE	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3964	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	14
3964	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	14
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963	DERMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	HEPATITIS B	APPROVED	2
3956	UNSPECIFIED SPECIALTY	ENTECAVIR	HEPATITIS B	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	ENTECAVIR	HEPATITIS B	APPROVED	2
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	3
3963	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	2
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	1
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	1
3963	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	10
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	4
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	3
3951	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	3
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	9
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	3
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	2
3963	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	3
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	3
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	3
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	18
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	3
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3963	NEUROLOGY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	EPIDIOLEX	SEIZURE DISORDERS	APPROVED	2
3969	NEUROLOGY, PEDIATRIC	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	ERIVEDGE	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	ERLEADA	ONCOLOGY	APPROVED	1
3965	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3964	MEDICAL ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3956	NEUROLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE, CRITICAL CARE	FASENRA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	3
3951	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3970	SLEEP MEDICINE	FASENRA	ASTHMA	DENIED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	2
3956	ALLERGY	FASENRA	ASTHMA	DENIED	1
3956	ALLERGY	FASENRA	POST LIMIT	APPROVED	1
3963	FAMILY PRACTICE	FASENRA	ASTHMA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	3
3970	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	ALLERGY	FASENRA	ASTHMA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	4
3963	ALLERGY & IMMUNOLOGY	FASENRA PEN 30MG/ML INJ	POST LIMIT	APPROVED	1
3965	FAMILY PRACTICE	FORTEO	OSTEOPOROSIS	APPROVED	1
3956	MEDICAL ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED SPECIALTY	FYLNETRA	NEUTROPENIA	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3951	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	FAMILY PRACTICE	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NURSE PRACTITIONER, ADULT HEALTH	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	DENIED	1
3956	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3951	FAMILY PRACTICE	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3962	NURSE PRACTITIONER, ACUTE CARE	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	3
3951	HEMATOLOGY & ONCOLOGY	GLEEVEC	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	HADLIMA	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	2
3956	GENERAL PRACTICE	HARVONI	HEPATITIS C	DENIED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	7
3956	GENERAL PRACTICE	HARVONI	HEPATITIS C	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	GENERAL PRACTICE	HARVONI	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3951	FAMILY PRACTICE	HARVONI	HEPATITIS C	DENIED	2
3970	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	DENIED	1
3951	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	2
3963	NEUROLOGY, PEDIATRIC	HIZENTRA	IMMUNE THERAPIES	APPROVED	1
3963	INTERNAL MEDICINE	HIZENTRA	IMMUNE THERAPIES	DENIED	1
3964	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	6
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3961	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	NEPHROLOGY / RENAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	7
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3965	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	3
3963	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	MATERNAL & FETAL MEDICINE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	MATERNAL & FETAL MEDICINE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	HUMIRA PED. UC STARTER PACK + 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	HYQVIA	IMMUNE THERAPIES	DENIED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	4
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3970	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	6
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	4
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	4
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3965	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3967	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	10
3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	7
3965	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	6
3956	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	3
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ 40MG/0.4ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3951	PEDIATRICS	ILARIS	CAPS/GOUT	APPROVED	1
3963	UNSPECIFIED SPECIALTY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3965	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3970	LEGAL MEDICINE	IMBRUVICA	ONCOLOGY	DENIED	1
3970	LEGAL MEDICINE	IMBRUVICA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	DENIED	1
3961	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	INGREZZA	MOVEMENT DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	INLYTA	ONCOLOGY	APPROVED	1
3951	UNSPECIFIED SPECIALTY	INLYTA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	5
3963	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3963	PEDIATRICS	JAVYGTOR	PHENYLKETONURIA (PKU)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3963	NURSE PRACTITIONER, ADULT HEALTH	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3963	FAMILY PRACTICE	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	1
3963	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	KEYTRUDA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	3
3962	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3965	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	2
3969	UNSPECIFIED SPECIALTY	KISQALI	ONCOLOGY	DENIED	3
3970	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	KISQALI PAK FEMARA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	KITABIS PAK	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	KRAZATI	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3964	MEDICAL ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	LENVIMA	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY, PEDIATRIC	LENVIMA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	LEUPROLIDE ACETATE KIT	HORMONAL THERAPIES	DENIED	1
3963	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75MG	HORMONAL THERAPIES/PPP	APPROVED	1
3963	MEDICAL ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LYNPARZA	ONCOLOGY	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	MEDICAL ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3961	UNSPECIFIED SPECIALTY	LYNPARZA	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS	DENIED	1
3951	FAMILY PRACTICE	MAVYRET	HEPATITIS C	DENIED	1
3956	UNSPECIFIED SPECIALTY	MEKINIST	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	MEKINIST	ONCOLOGY	APPROVED	1
3951	NEUROLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	MEKTOVI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NINLARO	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	3
3951	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3964	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3970	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963	FAMILY PRACTICE	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3965	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	DENIED	1
3963	FAMILY PRACTICE	NUBEQA	ONCOLOGY	APPROVED	1
3965	FAMILY PRACTICE	NUBEQA	ONCOLOGY	APPROVED	1
3965	FAMILY PRACTICE	NUBEQA	ONCOLOGY	DENIED	2
3951	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	DENIED	2
3963	ALLERGY & IMMUNOLOGY	NUCALA	ASTHMA	DENIED	1
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	1
3965	SLEEP MEDICINE	NUCALA	ASTHMA	APPROVED	1
3967	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	NUCALA	ASTHMA	APPROVED	1
3965	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	APPROVED	4
3951	OTOLARYNGOLOGY	NUCALA	ASTHMA	DENIED	1
3963	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3951	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	DENIED	1
3956	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3963	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	9
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	6
3956	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	4
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	5
3951	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3956	MEDICAL ONCOLOGY	OCTREOTIDE ACETATE	ACROMEGALY	DENIED	1
3963	UNSPECIFIED SPECIALTY	OCTREOTIDE ACETATE	ACROMEGALY	APPROVED	1
3956	MEDICAL ONCOLOGY	OCTREOTIDE ACETATE	ACROMEGALY	APPROVED	1
3951	UNSPECIFIED SPECIALTY	ODOMZO	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ODOMZO	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	DENIED	1
3964	FAMILY PRACTICE	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	3
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	2
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE, CRITICAL CARE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	INTERNAL MEDICINE, CRITICAL CARE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3968	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	RHEUMATOLOGY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ORENITRAM	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3965	UNSPECIFIED SPECIALTY	ORGOVY	POST LIMIT	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ORGOVYX	ONCOLOGY	APPROVED	1
3965	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	2
3965	UNSPECIFIED SPECIALTY	ORGOVYX	ONCOLOGY	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ORKAMBI	CYSTIC FIBROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	OTREXUP	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	OTREXUP	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	HEMATOLOGY & ONCOLOGY	PAZOPANIB	ONCOLOGY	DENIED	1
3956	MEDICAL ONCOLOGY	PAZOPANIB	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3956	MEDICAL ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	2
3970	INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	DENIED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	PLEGRIDY	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PLEGRIDY	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	DENIED	1
3963	UNSPECIFIED SPECIALTY	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	PEDIATRICS	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	2
3956	HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	DENIED	2
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	7
3951	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	5
3970	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	2
3963	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1
3951	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	DENIED	2
3961	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	RHEUMATOLOGY	PROLIA	OSTEOPOROSIS	DENIED	1
3964	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3964	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	INTERNAL MEDICINE, CRITICAL CARE	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3963	FAMILY PRACTICE	RASUVO	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	REMICADE 100MG IV SOLR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	ANEMIA	DENIED	1
3963	UNSPECIFIED SPECIALTY	REVLIMID	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3951	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3970	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	13
3951	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	10
3956	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3970	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3969	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3961	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3951	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3962	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3965	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	7
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3970	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3961	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	4
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	10
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	5
3970	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3964	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	4
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3970	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3965	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3965	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3965	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3964	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3961	RHEUMATOLOGY	RUXIENCE	AUTO IMMUNE (RA/PSOR/IBD)/ONCOLOGY	APPROVED	1
3961	UNSPECIFIED SPECIALTY	SAPROPTERIN	PHENYLKETONURIA (PKU)	APPROVED	1
3963	INTERNAL MEDICINE	SIGNIFOR	CUSHING'S SYNDROME	APPROVED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	9
3963	UROLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3970	CARDIOLOGY, INTERVENTIONAL	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	9
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3970	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	5
3963	UNSPECIFIED SPECIALTY	SILDENAFIL SUSPENSION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL SUSPENSION	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3970	GASTROENTEROLOGY	SIMPONI 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	FAMILY PRACTICE	SKYCLARYS	MOVEMENT DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	6
3963	NEPHROLOGY / RENAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	16
3965	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	25
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	19
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3968	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	SKYRIZI 150MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3964	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3951	PEDIATRICS	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3965	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3970	INTERNAL MEDICINE	SOMATULINE DEPOT	ACROMEGALY	DENIED	2
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	SOMAVERT	ACROMEGALY	APPROVED	1
3956	MEDICAL ONCOLOGY	SORAFENIB	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3962	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	GERIATRIC PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3951	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3965	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3962	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3969	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	3
3963	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	DENIED	1
3963	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	2
3970	UNSPECIFIED SPECIALTY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	GASTROENTEROLOGY	STELARA 45MG	POST LIMIT	DENIED	1
3963	GASTROENTEROLOGY	STELARA 45MG VIAL	POST LIMIT	DENIED	1
3963	FAMILY PRACTICE	STELARA IV + STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3962	INTERNAL MEDICINE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3969	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	STIVARGA	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	STIVARGA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	STIVARGA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	SUNITINIB	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TAFINLAR	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TAFINLAR	ONCOLOGY	APPROVED	1
3951	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	20
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963	HEMATOLOGY & ONCOLOGY	TASIGNA	ONCOLOGY	APPROVED	1
3963	PSYCHIATRY	TAVNEOS	RARE DISORDERS	DENIED	1
3963	RHEUMATOLOGY	TAVNEOS	RARE DISORDERS	APPROVED	1
3951	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	2
3956	NURSE PRACTITIONER, ADULT HEALTH	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3963	NURSE PRACTITIONER, ADULT HEALTH	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3964	INTERNAL MEDICINE	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	DENIED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3970	FAMILY PRACTICE	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	1
3956	UNSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	1
3965	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3964	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	APPROVED	1
3965	ALLERGY & IMMUNOLOGY	TEZSPIRE	ASTHMA	DENIED	1
3963	PULMONARY DISEASES	TEZSPIRE	ASTHMA	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3951	ALLERGY	TEZSPIRE	ASTHMA	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	DENIED	1
3963	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	DENIED	2
3963	ALLERGY & IMMUNOLOGY	TEZSPIRE	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	THALOMID	ONCOLOGY	APPROVED	2
3963	INTERNAL MEDICINE	TIBSOVO	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TIBSOVO	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	TOBI	CYSTIC FIBROSIS	APPROVED	1
3956	FAMILY PRACTICE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	DENIED	3
3969	PULMONARY DISEASES	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TOLVAPTAN	CARDIAC DISORDERS	DENIED	1
3961	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3956	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3970	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	NURSE PRACTITIONER, ACUTE CARE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3965	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3968	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3962	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TREMFYA 100MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3969	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3965	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3951	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3951	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	TUKYSA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	TUKYSA	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS	DENIED	2
3956	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS	APPROVED	2
3964	ORTHOPEDIC SURGERY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	2
3956	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	2
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	DENIED	2
3963	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TYSABRI 300MG/15ML IV CONC	AUTO IMMUNE (CD/MS)	APPROVED	1
3963	INTERNAL MEDICINE	TYVASO	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3965	UNSPECIFIED SPECIALTY	TYVASO	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TYVASO DRY POWDER INHALER (DPI)	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	CARDIOLOGY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	CARDIOLOGY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VALCYTE	INFECTIOUS DISEASE	DENIED	1
3956	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	INTERNAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3970	INTERNAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3951	UNSPECIFIED SPECIALTY	VEMLIDY	HEPATITIS B	DENIED	1
3970	GASTROENTEROLOGY	VEMLIDY	HEPATITIS B	APPROVED	1
3951	FAMILY PRACTICE	VEMLIDY	HEPATITIS B	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VEMLIDY	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	VEMLIDY	HEPATITIS B	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	VENCLEXTA	ONCOLOGY	APPROVED	2
3963	MEDICAL ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3956	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	3
3969	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3963	NEUROLOGY	VIGABATRIN POWDER FOR SOLUTION	SEIZURE DISORDERS	APPROVED	1
3963	NEUROLOGY, PEDIATRIC	VIGABATRIN POWDER FOR SOLUTION	SEIZURE DISORDERS	APPROVED	1
3956	NEUROLOGY, PEDIATRIC	VIGADRONE POWDER FOR SOLUTION	SEIZURE DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	VOSEVI	HEPATITIS C	DENIED	1
3951	UNSPECIFIED SPECIALTY	VOSEVI	HEPATITIS C	APPROVED	1
3963	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	DENIED	1
3962	FAMILY PRACTICE	WAKIX	SLEEP DISORDERS	DENIED	1
3956	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	INTERNAL MEDICINE	XELJANZ XR 11MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	XELJANZ XR 22 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	XELODA	ONCOLOGY	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	XGEVA	ONCOLOGY	APPROVED	5
3956	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	3
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	6
3963	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	1
3963	FAMILY PRACTICE	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	3
3956	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	3
3956	ALLERGY	XOLAIR	ASTHMA	DENIED	2
3956	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	2
3956	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	1
3951	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	6
3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	2
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	6
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	3
3964	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	2
3970	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3956	PULMONARY DISEASES	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	1
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3970	ALLERGY & IMMUNOLOGY	XOLAIR 150MG/ML SC SOAJ	ASTHMA	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	DENIED	1
3963	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	DENIED	1
3956	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3956	UROLOGY	XTANDI	ONCOLOGY	DENIED	1
3963	FAMILY PRACTICE	XTANDI	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XTANDI	ONCOLOGY	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	XTANDI 40MG OR TABS	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	SLEEP MEDICINE	XYWAV	SLEEP DISORDERS	DENIED	2
3963	SLEEP MEDICINE	XYWAV	SLEEP DISORDERS	APPROVED	2
3963	INTERNAL MEDICINE	XYWAV	SLEEP DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	ZEJULA	ONCOLOGY	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	ZEJULA	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	DENIED	2