

Pharmacy Specialty Overview by Prior Authorization Approval or Denial 2nd Quarter 2024

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	RHEUMATOLOGY	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)	APPROVED	1
3970	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)	DENIED	2
3956	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	ACTHAR GEL	SEIZURE DISORDERS	DENIED	1
3963	RHEUMATOLOGY	ACTHAR GEL	SEIZURE DISORDERS	DENIED	3
3963	INTERNAL MEDICINE	ADALIMUMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	GASTROENTEROLOGY	ADALIMUMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	GASTROENTEROLOGY, PEDIATRIC	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	ALECENSA	ONCOLOGY	APPROVED	1
3970	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	AMJEVITA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	AMJEVITA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ARCALYST	CAPS	DENIED	2
3956	CARDIOLOGY	ARCALYST	CAPS	DENIED	1
3963	NEUROLOGY	AUSTEDO XR	MOVEMENT DISORDERS	DENIED	1
3956	NURSE PRACTITIONER, ADULT HEALTH	AVONEX	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	AVONEX	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	AVONEX PEN	MULTIPLE SCLEROSIS	APPROVED	1
3969	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	4
3951	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	2
3956	MEDICAL ONCOLOGY	BEXAROTENE	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	BEXAROTENE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	BEXAROTENE	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	BRAFTOVI	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	BRAFTOVI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY, PEDIATRIC	CABOMETYX	ONCOLOGY	DENIED	1
3962	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	DENIED	1
3951	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CABOMETYX	ONCOLOGY	DENIED	1
3956	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	DENIED	1
3961	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	CAMZYOS	CARDIAC DISORDERS	APPROVED	1

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3951	INTERNAL MEDICINE	CAPECITABINE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	6
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	4
3951	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3965	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	6
3956	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3963	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE 150MG OR TABS	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE 500MG OR TABS	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	CAPECITABINE 500MG OR TABS	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	CINACALCET	RENAL	DENIED	1
3956	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3961	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3963	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	DENIED	1
3951	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3956	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3970	FAMILY PRACTICE	CINACALCET	RENAL	DENIED	2
3963	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	3
3956	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3967	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3969	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

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3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	6
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3962	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

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3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
3964	ALLERGY & IMMUNOLOGY	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3970	INTERNAL MEDICINE	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	3
3963	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	DEFERASIROX	IRON OVERLOAD	DENIED	1
3965	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3970	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	FAMILY PRACTICE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3956	ADOLESCENT MEDICINE, INTERNAL MEDICINE	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3963	FAMILY PRACTICE	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	3
3951	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	11
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	5
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3

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3965	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3965	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3969	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	10
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3961	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	15
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	12
3968	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3962	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	25
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3969	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3964	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3964	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	25
3969	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3967	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	6
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3961	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	8
3963	INTERNAL MEDICINE, CRITICAL CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	12
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	UROLOGY	ELIGARD 22.5MG	HORMONAL THERAPIES	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3969	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3964	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	DERMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	1
3951	UNSPECIFIED SPECIALTY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	GENERAL SURGERY	ENTECAVIR	HEPATITIS B	APPROVED	1
3951	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	DENIED	1
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3951	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	1
3965	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	1
3963	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3970	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	2
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	2
3956	GYNECOLOGY	EPCLUSA	HEPATITIS C	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	1
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	6
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3956	GENERAL PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	10
3970	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	2
3956	GENERAL PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	5
3970	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	4
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	5
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	1
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	5
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	3
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	18
3951	NURSE PRACTITIONER, GERONTOLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA 400-100MG OR TABS	HEPATITIS C	APPROVED	1
3969	NEUROLOGY, PEDIATRIC	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3956	FAMILY PRACTICE	ERLEADA	ONCOLOGY	APPROVED	1
3970	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 10 MG	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	EVEROLIMUS 10 MG	ONCOLOGY	APPROVED	1
3963	FAMILY PRACTICE	EVEROLIMUS 10 MG	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	EVEROLIMUS 10 MG	ONCOLOGY	APPROVED	1
3956	NEUROLOGY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3951	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3951	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	2
3963	PULMONARY DISEASES	FASENRA	ASTHMA	APPROVED	2
3956	PULMONARY DISEASES	FASENRA	ASTHMA	DENIED	1
3956	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	1
3956	FAMILY PRACTICE	FASENRA	ASTHMA	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	1
3963	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	1
3956	PULMONARY DISEASES	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	2
3963	PULMONARY DISEASES	FASENRA	ASTHMA	DENIED	1
3970	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	1
3956	FAMILY PRACTICE	FASENRA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	3
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3951	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	DENIED	1
3956	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	FORTEO	OSTEOPOROSIS	APPROVED	1
3970	MEDICAL ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	GALAFOLD	LYSOSOMAL STORAGE DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	3
3956	PEDIATRICS	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3964	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	2
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	9
3956	NURSE PRACTITIONER, ACUTE CARE	HARVONI	HEPATITIS C	APPROVED	2
3951	GASTROENTEROLOGY	HARVONI	HEPATITIS C	DENIED	1
3970	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3956	INTERNAL MEDICINE	HARVONI	HEPATITIS C	APPROVED	1
3963	INTERNAL MEDICINE	HARVONI	HEPATITIS C	APPROVED	1
3956	GASTROENTEROLOGY	HARVONI	HEPATITIS C	APPROVED	1
3951	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3962	INTERNAL MEDICINE	HARVONI	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3970	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	HARVONI	HEPATITIS C	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY, PEDIATRIC	HEMLIBRA	HEMOPHILIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY, PEDIATRIC	HEMLIBRA	HEMOPHILIA	DENIED	1
3969	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE THERAPIES	DENIED	1
3963	PEDIATRICS	HIZENTRA	IMMUNE THERAPIES	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA (2 PEN) 40MG/0.4ML SC PNKT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	9
3963	NEPHROLOGY / RENAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NEPHROLOGY / RENAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3970	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3961	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	18
3964	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3965	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	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)	APPROVED	1
3956	FAMILY PRACTICE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	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	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	HUMIRA-CD/UC/HS STARTER 80MG/0.8ML SC PNKT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY, PEDIATRIC	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PSYCHIATRY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	15
3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	HYRIMOZ 40MG/0.4ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HYRIMOZ 40MG/0.8ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ-CROHNS/UC STARTER 80MG/0.8ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IDHIFA	ONCOLOGY	APPROVED	1
3963	PEDIATRICS	ILARIS	CAPS/GOUT	APPROVED	2
3956	INTERNAL MEDICINE	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	DENIED	1
3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	INLYTA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3964	MEDICAL ONCOLOGY	INQOVI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3963	PEDIATRICS	JAVYGTOR	PHENYLKETONURIA (PKU)	APPROVED	1
3970	INTERNAL MEDICINE	KALYDECO	CYSTIC FIBROSIS	APPROVED	1
3956	PEDIATRICS	KALYDECO	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3967	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	3
3967	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3970	NEUROLOGICAL SURGERY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	NEUROLOGY	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	2
3965	NEUROLOGY	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	1
3969	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3961	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	9
3956	MEDICAL ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	2
3961	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	2
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA 100MG/4ML IV SOLN	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	KINERET	AUTO IMMUNE (RA/PSOR/IBD)/CAPS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	KISOALI	ONCOLOGY	APPROVED	2
3951	MEDICAL ONCOLOGY	KISOALI	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	KISOALI	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	KISOALI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KISOALI	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	KISOALI PAK FEMARA	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	KITABIS PAK	CYSTIC FIBROSIS	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY, PEDIATRIC	KOSELUGO	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	2
3961	UNSPECIFIED SPECIALTY	LEUPROLIDE ACETATE KIT	HORMONAL THERAPIES/ CPP	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	2
3969	MEDICAL ONCOLOGY	LUMAKRAS	ONCOLOGY	DENIED	1
3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONAL THERAPIES/ CPP	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT	HORMONAL THERAPIES/ CPP	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	FAMILY PRACTICE	LYNPARZA	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	2
3963	NEUROLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	MEKTOVI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	MEKTOVI	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	2
3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3969	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3965	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	NUBEQA	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	NUBEQA	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3951	OTOLARYNGOLOGY	NUCALA	ASTHMA	DENIED	1
3965	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	APPROVED	1
3963	FAMILY PRACTICE	NUCALA	ASTHMA	APPROVED	1
3951	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	NUCALA	ASTHMA	DENIED	1
3967	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	DENIED	1
3965	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3963	FAMILY PRACTICE	NUCALA	ASTHMA	DENIED	1
3965	OTOLARYNGOLOGY	NUCALA	ASTHMA	DENIED	2
3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	DENIED	1
3970	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	6
3963	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	7
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA 6MG/0.6ML SC SOSY	NEUTROPENIA	APPROVED	1
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3956	INTERNAL MEDICINE	OCTREOTIDE ACETATE	ACROMEGALY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	OCTREOTIDE ACETATE	ACROMEGALY	DENIED	1
3956	UNSPECIFIED SPECIALTY	OCTREOTIDE ACETATE	ACROMEGALY	DENIED	1
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	DENIED	1
3951	SLEEP MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3970	PULMONARY DISEASES	OFEV	PULMONARY DISORDERS	APPROVED	1
3969	NURSE PRACTITIONER, ACUTE CARE	OFEV	PULMONARY DISORDERS	APPROVED	1
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	3
3956	FAMILY PRACTICE	OFEV	PULMONARY DISORDERS	APPROVED	2
3963	SLEEP MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3965	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	DENIED	1
3963	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	3
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	FAMILY PRACTICE	ORGOVYX	ONCOLOGY	APPROVED	1
3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30 MG TABLET	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	7
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	7
3965	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3951	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	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)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	PEDIATRICS	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3951	INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	PROCRIT	ANEMIA	DENIED	1
3956	FAMILY PRACTICE	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	APPROVED	1
3956	INTERNAL MEDICINE	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	APPROVED	1
3951	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3951	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	DENIED	2
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	5
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	3
3963	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	8
3964	PEDIATRICS	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3965	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3964	HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3969	PULMONARY DISEASES	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3967	FAMILY PRACTICE	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	REBIF INJ	MULTIPLE SCLEROSIS	APPROVED	2
3951	UNSPECIFIED SPECIALTY	REMODULIN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	CARDIAC ELECTROPHYSIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	4
3961	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3963	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	28
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	PULMONARY DISEASES	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	3
3963	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	13
3956	CARDIOLOGY, NUCLEAR	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3951	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3951	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3961	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3963	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	14
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3951	CARDIOLOGY, NUCLEAR	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	8
3963	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	15
3963	CARDIOLOGY, NUCLEAR	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3964	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3970	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3969	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3965	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3956	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	9
3963	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	5
3964	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3956	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	7
3956	DIABETES	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	5
3956	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	6
3969	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	7
3951	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	5
3963	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3963	UNSPECIFIED SPECIALTY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3970	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3963	OBSTETRICS & GYNECOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3963	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	24
3964	NURSE PRACTITIONER, GERONTOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3965	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	3
3963	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	9
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	6
3951	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	ADOLESCENT MEDICINE, INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3951	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3956	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	12
3956	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	30
3964	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3961	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3964	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	5
3956	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	13
3970	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3963	NURSE PRACTITIONER, GERONTOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3956	SURGERY, GENERAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	3
3965	CARDIOLOGY, NUCLEAR	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3965	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3963	NURSE PRACTITIONER, ADULT HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3956	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	9
3964	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3951	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	FAMILY PRACTICE	REPATHA 140MG/ML SC SOSY	LIPID DISORDERS - PCSK9I	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	REPATHA SURECLICK 140MG/ML SC SOAJ	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	CARDIOLOGY	REPATHA SURECLICK 140MG/ML SC SOAJ	LIPID DISORDERS - PCSK9I	APPROVED	1
3969	PEDIATRICS	REVATIO 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	8
3965	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	PEDIATRICS	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3961	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3969	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3965	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	4
3970	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3970	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY, PEDIATRIC	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	GASTROENTEROLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3963	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3965	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3951	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3961	GASTROENTEROLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3961	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3970	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3965	DERMATOLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	FAMILY PRACTICE	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3964	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3970	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	GASTROENTEROLOGY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RUXIENCE	AUTO IMMUNE (RA/PSOR/IBD)/ONCOLOGY	APPROVED	2
3970	HEMATOLOGY & ONCOLOGY	RYDAPT	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	RYDAPT	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	SABRIL POWDER	SEIZURE DISORDERS	DENIED	1
3961	UNSPECIFIED SPECIALTY	SAPROPTERIN	PHENYLKETONURIA (PKU)	APPROVED	1
3963	PEDIATRICS	SAPROPTERIN	PHENYLKETONURIA (PKU)	APPROVED	1
3963	RHEUMATOLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	6
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	UROLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3968	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	CARDIOLOGY, INTERVENTIONAL	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UROLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3969	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	11
3970	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	UROLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3970	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3964	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3962	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3969	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	18
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	7
3951	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3951	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3956	SLEEP MEDICINE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3970	FAMILY PRACTICE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3965	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3951	PEDIATRICS	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3969	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3964	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3969	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3963	GERIATRIC PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3965	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3969	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	GERIATRIC PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	9
3963	UNSPECIFIED SPECIALTY	SPRYCEL	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	4
3970	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	GASTROENTEROLOGY	STELARA 90MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	NURSE PRACTITIONER, ACUTE CARE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	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
3961	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY, PEDIATRIC	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3970	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	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)	DENIED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	INTERNAL MEDICINE	STIVARGA	ONCOLOGY	APPROVED	1
3963	CARDIOLOGY	TADALAFIL (PAH) 20MG OR TABS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3964	INTERNAL MEDICINE, CRITICAL CARE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	FAMILY PRACTICE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TAGRISSO	ONCOLOGY	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	26
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3951	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	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)	DENIED	2
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	TASIGNA	ONCOLOGY	APPROVED	1
3963	RHEUMATOLOGY	TAVNEOS	RARE DISORDERS	APPROVED	1
3956	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3951	NURSE PRACTITIONER, ADULT HEALTH	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3965	INTERNAL MEDICINE	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3951	INTERNAL MEDICINE	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3964	ENDOCRINOLOGY, DIABETES & METABOLISM	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	DENIED	1
3963	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	2
3963	UNSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3956	PSYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	2
3956	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3956	PSYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	2
3963	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	DENIED	2
3963	ALLERGY & IMMUNOLOGY	TEZSPIRE	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3963	NEUROLOGY	TIBSOVO	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	DENIED	1
3963	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3956	NURSE PRACTITIONER, ACUTE CARE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3963	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3956	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3956	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3969	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3967	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3961	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	2
3956	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	3
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3961	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	CARDIOLOGY	TYVASO	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	CARDIOLOGY	TYVASO DPI	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	CARDIOLOGY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3961	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3963	MEDICAL ONCOLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	INTERNAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3951	FAMILY PRACTICE	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3961	PULMONARY DISEASES	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	FAMILY PRACTICE	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3956	GENERAL SURGERY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	CARDIOLOGY	VALGANCICLOVIR HCL 450MG OR TABS	INFECTIOUS DISEASE	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VEMLIDY	HEPATITIS B	DENIED	2
3970	GASTROENTEROLOGY	VEMLIDY	HEPATITIS B	DENIED	1
3956	MEDICAL ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	2
3963	UNSPECIFIED SPECIALTY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	3
3956	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3965	NEUROLOGY	VIGABATRIN POWDER	SEIZURE DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	VOSEVI	HEPATITIS C	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VUMERITY	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	VUMERITY	MULTIPLE SCLEROSIS	DENIED	1
3962	NURSE PRACTITIONER, ACUTE CARE	VUMERITY 231MG OR CPDR	MULTIPLE SCLEROSIS	APPROVED	1
3951	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	MEDICAL ONCOLOGY	XELODA	ONCOLOGY	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XEMBIFY	IMMUNE THERAPIES	APPROVED	1
3963	GENERAL SURGERY	XGEVA	ONCOLOGY	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	5
3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	2
3965	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3963	FAMILY PRACTICE	XOLAIR	ASTHMA	APPROVED	2
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	3
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	4
3956	PEDIATRICS	XOLAIR	ASTHMA	DENIED	3
3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	2
3963	ALLERGY	XOLAIR	ASTHMA	APPROVED	2
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	2
3963	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	2
3963	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	3
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	8
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	5
3956	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	2
3961	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3951	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	2
3969	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	1
3969	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3951	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3965	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3970	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3969	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	2
3951	ALLERGY	XOLAIR	ASTHMA	APPROVED	1
3961	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	1
3956	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	2
3956	ALLERGY	XOLAIR	ASTHMA	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR 150MG/ML SC SOSY	ASTHMA	APPROVED	1
3970	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	DENIED	1
3963	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	2
3970	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	DENIED	1
3965	UNSPECIFIED SPECIALTY	XTANDI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	3
3963	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	APPROVED	2
3963	SLEEP MEDICINE	XYWAV	SLEEP DISORDERS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	XYWAV	SLEEP DISORDERS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	ZEJULA	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ZEJULA	ONCOLOGY	APPROVED	1
3956	NEUROLOGY	ZELBORAF	ONCOLOGY	APPROVED	1
3965	NEUROLOGY	ZEPOSIA (ALL STRENGTHS)	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	APPROVED	1
3956	INTERNAL MEDICINE	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	DENIED	1