

Physician Specialty Overview by Prior Authorization Approval or Denial 3rd Quarter 2021

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3964	UNSPECIFIED	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3963	UNSPECIFIED	Aklief	ALL OTHER DERMATOLOGICALS	Approval	1
3956	UNSPECIFIED	Arcalyst	INTERLEUKIN-1 INHIBITOR	Denial	2
3956	UNSPECIFIED	cloBAZam 20MG OR TABS	ANTICONVULSANTS	Approval	1
3963	UNSPECIFIED	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	3
3964	UNSPECIFIED	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3956	UNSPECIFIED	Fluocinolone 0.01% Scalp Oil	CORTICOSTEROID	Approval	1
3951	UNSPECIFIED	Iclusig	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Iclusig 15MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	Rocklatan (netarsudil-latanoprost)	Antiglaucoma	Approval	1
3963	UNSPECIFIED	Rybelsus (semaglutide)	Diabetic Agent	Denial	1
3963	UNSPECIFIED	sapropterin	ENZYME COFACTOR	Approval	1
3963	UNSPECIFIED	treprostinil	VASODILATORS	Denial	1
3951	UNSPECIFIED	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3963	UNSPECIFIED	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3962	UNSPECIFIED	Ziextenzo	HEMATOPOIETIC AGENT	Approval	1
3962	UNSPECIFIED	Ziextenzo	HEMATOPOIETIC AGENT	Denial	1
3951	ALLERGY & IMMUNOLOGY	Xhance (fluticasone nasal spray)	NASAL CORTICOSTEROID	Denial	1
3962	ALLERGY & IMMUNOLOGY	Xhance (fluticasone nasal spray)	NASAL CORTICOSTEROID	Approval	1
3963	ALLERGY & IMMUNOLOGY	Xhance (fluticasone nasal spray)	NASAL CORTICOSTEROID	Approval	1
3963	ALLERGY & IMMUNOLOGY	Xhance (fluticasone nasal spray)	NASAL CORTICOSTEROID	Denial	2
3963	ALLERGY & IMMUNOLOGY	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3962	CARDIOLOGY, PEDIATRIC	bosentan 62.5 mg	VASODILATORS	Approval	1
3963	DERMATOLOGY	Accutane 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3961	DERMATOLOGY	Accutane 30MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3956	DERMATOLOGY	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3961	DERMATOLOGY	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3963	DERMATOLOGY	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	DERMATOLOGY	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	2
3963	DERMATOLOGY	Derma-Smoothe F/S (Brand Only) (fluocinolone)	CORTICOSTEROID	Approval	1
3963	FAMILY PRACTICE	Butorphanol Nasal Spray	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Butorphanol Nasal Spray	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	3
3962	FAMILY PRACTICE	Dilaudid 8mg Tablets (hydromorphone)	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Reyvow 50MG OR TABS	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	Xultophy (insulin degludec-liraglutide)	Diabetic Agent	Approval	1
3956	FAMILY PRACTICE	Xultophy 100-3.6UNIT-MG/ML SC SOPN	Diabetic Agent	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Iclusig	ANTINEOPLASTICS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	lapatinib	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Tukysa	ANTINEOPLASTICS	Approval	1
3962	INTERNAL MEDICINE	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	INTERNAL MEDICINE	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	INTERNAL MEDICINE	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Denial	1
3963	INTERNAL MEDICINE	Iclusig	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	erlotinib	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	Udenyca	HEMATOPOIETIC AGENT	Denial	1
3963	NEUROLOGY	Bafiertam	MULTIPLE SCLEROSIS	Denial	1
3951	NEUROLOGY	Dextroamphetamine Sulfate 5MG OR TABS	AMPHETAMINE PREPARATIONS	Approval	1
3951	NEUROLOGY	Reyvow 100MG OR TABS	ANTIMIGRAINE	Approval	1
3962	NEUROLOGY	Reyvow 100MG OR TABS	ANTIMIGRAINE	Approval	1
3964	NEUROLOGY	Reyvow 100MG OR TABS	ANTIMIGRAINE	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Altreno 0.05% EX LOTN	ALL OTHER DERMATOLOGICALS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ziextenzo	HEMATOPOIETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Oxandrolone Tablets	ANDROGENS	Denial	1
3963	OPHTHALMOLOGY	BromSite 0.075% OP SOLN	OPHTHALMIC ANTI-INFLAMMATORY	Denial	1
3964	OTOLARYNGOLOGY	Xhance (fluticasone nasal spray)	NASAL CORTICOSTEROID	Approval	1
3951	OTOLARYNGOLOGY	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3963	OTOLARYNGOLOGY	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1
3964	OTOLARYNGOLOGY	Xhance 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PEDIATRICS	Auvi-Q 0.1mg Auto-Injector	Alpha/Beta Adrenergic Agonist	Approval	1
3951	PEDIATRICS	Xultophy 100-3.6UNIT-MG/ML SC SOPN	Diabetic Agent	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Accutane 30MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	accutane 40 mg capsule	ALL OTHER DERMATOLOGICALS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Accutane 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Reyvow 100MG OR TABS	ANTIMIGRAINE	Approval	2
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	sapropterin	ENZYME COFACTOR	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Sernivo (Brand Only) (betamethasone diprop) Spray	CORTICOSTEROID	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Sernivo (Brand Only) (betamethasone diprop) Spray	CORTICOSTEROID	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SEYSARA TAB 60MG	ANTIBIOTICS	Approval	1
3963	RHEUMATOLOGY	Derma-Smoothe/FS Scalp 0.01% EX OIL	CORTICOSTEROID	Approval	1
3964	UROLOGY	Clotrimazole-Betamethasone 1-0.05% EX CREA	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Adapalene	ALL OTHER DERMATOLOGICALS	Approval	1
3951	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	2
3951	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3956	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	3
3956	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	5
3963	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	3
3963	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3965	UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3951	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	2
3956	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	15
3956	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Denial	3
3961	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	2
3961	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Denial	1
3963	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	1
3964	UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	1
3951	UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Approval	1
3951	UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Denial	4
3967	UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Approval	1
3963	DERMATOLOGY	Acitretin	ALL OTHER DERMATOLOGICALS	Approval	1
3964	DERMATOLOGY	Acitretin 10MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approval	1
3951	DERMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	2
3951	DERMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3956	DERMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3963	DERMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	3
3956	DERMATOLOGY	Doxepin HCl 5% EX CREA	ALL OTHER DERMATOLOGICALS	Approval	1
3963	DERMATOLOGY	Epiduo Forte 0.3-2.5% EX GEL	ALL OTHER DERMATOLOGICALS	Denial	2
3951	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Approval	2
3956	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Approval	9
3956	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Denial	1
3961	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Approval	1
3961	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Denial	1
3963	DERMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Approval	1
3951	DERMATOLOGY	Tretinoin	ALL OTHER DERMATOLOGICALS	Approval	1
3951	DERMATOLOGY	Tretinoin	ALL OTHER DERMATOLOGICALS	Denial	1
3964	DERMATOLOGY	Tretinoin	ALL OTHER DERMATOLOGICALS	Denial	1
3956	FAMILY PRACTICE	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3956	FAMILY PRACTICE	Taltz	ALL OTHER DERMATOLOGICALS	Approval	1
3964	FAMILY PRACTICE	Tretinoin	ALL OTHER DERMATOLOGICALS	Approval	1
3956	GENERAL PRACTICE	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3956	INTERNAL MEDICINE	Taltz	ALL OTHER DERMATOLOGICALS	Approval	2
3956	INTERNAL MEDICINE	Taltz	ALL OTHER DERMATOLOGICALS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Aczone 7.5% EX GEL	ALL OTHER DERMATOLOGICALS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Epiduo Forte	ALL OTHER DERMATOLOGICALS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Taltz	ALL OTHER DERMATOLOGICALS	Approval	4
3956	NURSE PRACTITIONER, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3956	PEDIATRICS	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	4
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Approval	11

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Taltz	ALL OTHER DERMATOLOGICALS	Denial	7
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Denial	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Denial	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin	ALL OTHER DERMATOLOGICALS	Approval	2
3956	PSYCHIATRY	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3961	RHEUMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	1
3961	RHEUMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	1
3963	RHEUMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Approval	3
3963	RHEUMATOLOGY	Cosentyx	ALL OTHER DERMATOLOGICALS	Denial	6
3956	RHEUMATOLOGY	Taltz	ALL OTHER DERMATOLOGICALS	Denial	2
3956	UNSPECIFIED	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3963	UNSPECIFIED	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	2
3963	UNSPECIFIED	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Denial	1
3951	ALLERGY & IMMUNOLOGY	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3961	ALLERGY & IMMUNOLOGY	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3963	ALLERGY & IMMUNOLOGY	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	2
3956	ALLERGY & IMMUNOLOGY	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Denial	1
3951	FAMILY PRACTICE	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3956	FAMILY PRACTICE	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3956	FAMILY PRACTICE	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Approval	1
3956	FAMILY PRACTICE	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Denial	2
3963	INTERNAL MEDICINE	Epinephrine 0.15mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3956	INTERNAL MEDICINE	Epinephrine 0.15mg Injection (1:2000)	Alpha/Beta Adrenergic Agonist	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Approval	1
3961	NURSE PRACTITIONER, UNSPECIFIED	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Approval	1
3961	PEDIATRICS	Epinephrine 0.3mg Injection (1:1000)	Alpha/Beta Adrenergic Agonist	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EPINEPHrine 0.3MG/0.3ML IJ SOAJ	Alpha/Beta Adrenergic Agonist	Denial	1
3963	UNSPECIFIED	Vyvanse 20 mg	AMPHETAMINE PREPARATIONS	Denial	1
3963	UNSPECIFIED	Vyvanse 70mg Caps (lisdexamfetamine)	AMPHETAMINE PREPARATIONS	Denial	1
3963	FAMILY PRACTICE	Adderall XR	AMPHETAMINE PREPARATIONS	Denial	1
3963	FAMILY PRACTICE	Vyvanse	AMPHETAMINE PREPARATIONS	Denial	1
3951	PSYCHIATRY	Vyvanse 40mg	AMPHETAMINE PREPARATIONS	Denial	1
3951	PSYCHIATRY	VYVANSE 40MG CAP	AMPHETAMINE PREPARATIONS	Denial	1
3951	UNSPECIFIED	Savella (milnacipran)	Analgesic	Approval	1
3956	FAMILY PRACTICE	Savella 100MG OR TABS	Analgesic	Approval	1

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3956	FAMILY PRACTICE	Savella 12.5MG OR TABS	Analgesic	Approval	1
3951	NEUROLOGY	Savella 12.5MG OR TABS	Analgesic	Approval	1
3951	NEUROLOGY	Savella 12.5MG OR TABS	Analgesic	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Savella Titration Pack 12.5 & 25 & 50MG OR MISC	Analgesic	Approval	1
3956	RHEUMATOLOGY	Savella 50 mg tablet	Analgesic	Approval	1
3951	UNSPECIFIED	Xyosted (testosterone enanthate)	ANDROGENS	Approval	1
3963	UNSPECIFIED	Xyosted 100MG/0.5ML SC SOAJ	ANDROGENS	Approval	2
3964	UNSPECIFIED	Xyosted 75MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3951	ALLERGY	Xyosted 75MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Xyosted 100MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3964	FAMILY PRACTICE	Xyosted 100MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Xyosted 75MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Xyosted 75MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Xyosted 100MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	UROLOGY	Xyosted 100MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3963	UROLOGY	Xyosted 75MG/0.5ML SC SOAJ	ANDROGENS	Approval	1
3965	UNSPECIFIED	Androderm 4MG/24HR TD PT24	ANDROGENS	Approval	1
3951	UNSPECIFIED	Testosterone 1.62% TD GEL	ANDROGENS	Denial	1
3951	UNSPECIFIED	Testosterone 10 MG/ACT(2%) TD GEL	ANDROGENS	Denial	1
3963	UNSPECIFIED	Testosterone 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Approval	1
3963	UNSPECIFIED	Testosterone 30MG/ACT TD SOLN	ANDROGENS	Approval	1
3963	UNSPECIFIED	Testosterone 40.5 MG/2.5GM(1.62%) TD GEL	ANDROGENS	Approval	1
3951	UNSPECIFIED	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	1
3956	UNSPECIFIED	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Denial	1
3961	UNSPECIFIED	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Denial	1
3963	UNSPECIFIED	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	1
3963	UNSPECIFIED	Testosterone Cypionate 200 MG/ML Intramuscular Milliliter	ANDROGENS	Approval	1
3956	UNSPECIFIED	testosterone cypionate 200 mg/mL intramuscular oil	ANDROGENS	Approval	1
3951	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3956	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	4
3956	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	6
3961	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	2
3963	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3963	UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	1
3951	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	6
3951	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	18
3956	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	3
3961	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	4
3961	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	2
3962	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	22
3963	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	2
3964	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3965	UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Approval	2
3951	UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Denial	2
3963	UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Approval	10
3963	UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Denial	3
3964	UNSPECIFIED	Testosterone Enanthate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	UNSPECIFIED	Testosterone Gel 1% (25mg)	ANDROGENS	Denial	1
3963	UNSPECIFIED	Testosterone Transdermal Gel	ANDROGENS	Denial	3
3964	UNSPECIFIED	Testosterone Transdermal Gel	ANDROGENS	Denial	1
3951	ALLERGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	CHIROPRACTOR, UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	2
3964	EMERGENCY MEDICINE	Depo-Testosterone 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	EMERGENCY MEDICINE	Testosterone 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Approval	1
3956	EMERGENCY MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	EMERGENCY MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3964	EMERGENCY MEDICINE	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3961	ENDOCRINOLOGY, DIABETES & METABOLISM	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	FAMILY PRACTICE	TESTOST CYP 200MG/ML INJ	ANDROGENS	Approval	1
3951	FAMILY PRACTICE	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1
3964	FAMILY PRACTICE	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 10 MG/ACT(2%) TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 10 MG/ACT(2%) TD GEL	ANDROGENS	Denial	1
3964	FAMILY PRACTICE	Testosterone 10 MG/ACT(2%) TD GEL	ANDROGENS	Approval	1
3951	FAMILY PRACTICE	Testosterone 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approval	1
3964	FAMILY PRACTICE	Testosterone 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	Testosterone 30MG/ACT TD SOLN	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 30MG/ACT TD SOLN	ANDROGENS	Approval	2
3951	FAMILY PRACTICE	Testosterone 50 MG/5GM(1%) TD GEL	ANDROGENS	Approval	2
3962	FAMILY PRACTICE	Testosterone 50 MG/5GM(1%) TD GEL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone 50 MG/5GM(1%) TD GEL	ANDROGENS	Approval	1
3956	FAMILY PRACTICE	Testosterone Cypionate 100 MG/ML Intramuscular Milliliter	ANDROGENS	Approval	1
3961	FAMILY PRACTICE	Testosterone Cypionate 100mg/mL	ANDROGENS	Denial	1
3956	FAMILY PRACTICE	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	2
3963	FAMILY PRACTICE	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	2
3963	FAMILY PRACTICE	Testosterone Cypionate 200 MG/ML Intramuscular Milliliter	ANDROGENS	Denial	1
3951	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	2
3956	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	7
3956	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	4
3961	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	2
3963	FAMILY PRACTICE	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	2
3951	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	9
3951	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	2
3956	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	26
3956	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	12
3961	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3961	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	2
3962	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3962	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3963	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	40
3963	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	4
3964	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	7
3965	FAMILY PRACTICE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3951	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Approval	3
3951	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Denial	2
3963	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Approval	7
3963	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Denial	6
3964	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Approval	2
3964	FAMILY PRACTICE	Testosterone Cypionate IM Injection	ANDROGENS	Denial	5
3956	FAMILY PRACTICE	Testosterone Enanthate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone Enanthate 200MG/ML IM SOLN	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	Testosterone Gel 10mg/Act	ANDROGENS	Approval	1
3956	FAMILY PRACTICE	Testosterone Gel 10mg/Act	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone Gel 10mg/Act	ANDROGENS	Approval	2
3951	FAMILY PRACTICE	Testosterone Transdermal Gel	ANDROGENS	Denial	1
3963	FAMILY PRACTICE	Testosterone Transdermal Gel	ANDROGENS	Approval	1
3963	FAMILY PRACTICE	Testosterone Transdermal Gel	ANDROGENS	Denial	1
3964	FAMILY PRACTICE	Testosterone Transdermal Gel	ANDROGENS	Approval	2
3963	GENERAL PRACTICE	Androderm 2MG/24HR TD PT24	ANDROGENS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	1
3951	INTERNAL MEDICINE	Testosterone 25 MG/2.5GM(1%) TD GEL	ANDROGENS	Approval	1
3956	INTERNAL MEDICINE	Testosterone Cypionate 100mg/mL	ANDROGENS	Denial	1
3956	INTERNAL MEDICINE	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	2
3963	INTERNAL MEDICINE	Testosterone Cypionate 100MG/ML IM SOLN	ANDROGENS	Approval	1
3951	INTERNAL MEDICINE	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	1
3956	INTERNAL MEDICINE	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3956	INTERNAL MEDICINE	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	2
3951	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3951	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3956	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3961	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	5
3964	INTERNAL MEDICINE	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	INTERNAL MEDICINE	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 100mg/mL	ANDROGENS	Denial	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200 MG/ML Intramuscular Milliliter	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	10
3956	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	7
3964	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3967	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Approval	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3963	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Approval	3
3964	NURSE PRACTITIONER, UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3964	NURSE PRACTITIONER, WOMEN'S HEALTH	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3964	NURSE PRACTITIONER, WOMEN'S HEALTH	Testosterone Cypionate IM Injection	ANDROGENS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 100mg/mL	ANDROGENS	Denial	1
3963	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 100mg/mL	ANDROGENS	Denial	1
3951	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3963	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3964	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3963	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3964	OBSTETRICS & GYNECOLOGY	Testosterone Cypionate IM Injection	ANDROGENS	Denial	4
3951	PEDIATRICS	Testosterone 30MG/ACT TD SOLN	ANDROGENS	Approval	1
3956	PEDIATRICS	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	2
3951	PEDIATRICS	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Testosterone Transdermal Gel	ANDROGENS	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Testosterone 1.62% TD GEL	ANDROGENS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	PHYSICIAN, ENDOCRINOLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Testosterone Gel 10mg/Act	ANDROGENS	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Testosterone Transdermal Gel	ANDROGENS	Approval	1
3961	PSYCHIATRY	Testosterone Cypionate 200mg/mL	ANDROGENS	Denial	1
3963	PSYCHIATRY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Denial	1
3963	UROLOGY	Testosterone 30MG/ACT TD SOLN	ANDROGENS	Approval	1
3963	UROLOGY	Testosterone 50 MG/5GM(1%) TD GEL	ANDROGENS	Approval	1
3951	UROLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3956	UROLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	3
3962	UROLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	1
3963	UROLOGY	Testosterone Cypionate 200MG/ML IM SOLN	ANDROGENS	Approval	2
3963	UROLOGY	Testosterone Cypionate IM Injection	ANDROGENS	Denial	1
3956	UNSPECIFIED	Lidocaine-Prilocaine 2.5-2.5% Cream	ANESTHETIC LOCAL TOPICAL	Denial	1
3963	ANESTHESIOLOGY	lidoderm 5% adhesive patch,medicated	ANESTHETIC LOCAL TOPICAL	Approval	1
3963	UNSPECIFIED	Edarbi (azilsartan)	Angiotensin Receptor Blocker	Approval	1
3956	FAMILY PRACTICE	Edarbi 40MG OR TABS	Angiotensin Receptor Blocker	Approval	2
3963	FAMILY PRACTICE	Edarbi 80MG OR TABS	Angiotensin Receptor Blocker	Approval	1
3956	INTERNAL MEDICINE	Edarbi (azilsartan)	Angiotensin Receptor Blocker	Denial	1
3956	UNSPECIFIED	Ranolazine ER	Antianginal	Approval	4
3963	UNSPECIFIED	Ranolazine ER 1000MG OR TB12	Antianginal	Approval	1
3956	UNSPECIFIED	Ranolazine ER 500MG OR TB12	Antianginal	Approval	2
3956	CARDIOLOGY	Ranolazine ER	Antianginal	Approval	1
3956	CARDIOLOGY	Ranolazine ER	Antianginal	Denial	1
3963	CARDIOLOGY	Ranolazine ER	Antianginal	Approval	1
3956	CARDIOLOGY	Ranolazine ER 1000MG OR TB12	Antianginal	Approval	2
3956	CARDIOLOGY	Ranolazine ER 500MG OR TB12	Antianginal	Approval	2
3956	CARDIOLOGY, INTERVENTIONAL	Ranolazine ER	Antianginal	Denial	1
3963	CARDIOLOGY, INTERVENTIONAL	Ranolazine ER	Antianginal	Denial	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Ranolazine ER 1000MG OR TB12	Antianginal	Approval	1
3956	INTERNAL MEDICINE	Ranolazine ER	Antianginal	Approval	1
3963	INTERNAL MEDICINE	Ranolazine ER	Antianginal	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Ranolazine ER	Antianginal	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Ranolazine ER 1000MG OR TB12	Antianginal	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Ranolazine ER 500MG OR TB12	Antianginal	Approval	3
3963	OPHTHALMOLOGY	Ranolazine ER 500MG OR TB12	Antianginal	Approval	1
3956	PEDIATRICS	Ranolazine ER 500MG OR TB12	Antianginal	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Ranolazine ER 500MG OR TB12	Antianginal	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Humira	ANTIARTHRITICS	Approval	1
3963	UNSPECIFIED	Humira	ANTIARTHRITICS	Approval	1
3963	UNSPECIFIED	Rasuvo	ANTIARTHRITICS	Denial	1
3964	UNSPECIFIED	Rasuvo	ANTIARTHRITICS	Approval	1
3964	UNSPECIFIED	Rasuvo	ANTIARTHRITICS	Denial	1
3963	UNSPECIFIED	Simponi	ANTIARTHRITICS	Denial	1
3956	DERMATOLOGY	Humira	ANTIARTHRITICS	Approval	2
3963	DERMATOLOGY	Humira	ANTIARTHRITICS	Denial	1
3963	DERMATOLOGY	Rasuvo	ANTIARTHRITICS	Denial	1
3956	EMERGENCY MEDICINE	Humira	ANTIARTHRITICS	Approval	1
3956	EMERGENCY MEDICINE	Humira	ANTIARTHRITICS	Denial	1
3963	FAMILY PRACTICE	Humira	ANTIARTHRITICS	Denial	1
3951	FAMILY PRACTICE	voltaren arthritis pain 1% gel	ANTIARTHRITICS	Approval	1
3956	GASTROENTEROLOGY	Humira	ANTIARTHRITICS	Approval	2
3956	GASTROENTEROLOGY	Simponi 100mg	ANTIARTHRITICS	Approval	1
3963	GENERAL PRACTICE	Humira	ANTIARTHRITICS	Denial	1
3956	INTERNAL MEDICINE	Humira	ANTIARTHRITICS	Denial	1
3956	INTERNAL MEDICINE	Simponi 50mg	ANTIARTHRITICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Humira	ANTIARTHRITICS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Otezla	ANTIARTHRITICS	Approval	1
3963	PEDIATRICS	Humira	ANTIARTHRITICS	Denial	1
3963	PSYCHIATRY	Humira	ANTIARTHRITICS	Denial	1
3963	RHEUMATOLOGY	Humira	ANTIARTHRITICS	Denial	1
3963	RHEUMATOLOGY	Otrexup	ANTIARTHRITICS	Denial	2
3965	RHEUMATOLOGY	Otrexup	ANTIARTHRITICS	Denial	1
3956	RHEUMATOLOGY	Simponi 50mg	ANTIARTHRITICS	Approval	1
3956	RHEUMATOLOGY	Simponi 50mg	ANTIARTHRITICS	Denial	1
3963	UNSPECIFIED	Toviaz 4MG ORTB24	Anticholenergic	Approval	1
3963	FAMILY PRACTICE	Toviaz (fesoterodine)	Anticholenergic	Denial	1
3963	INTERNAL MEDICINE	Toviaz (fesoterodine)	Anticholenergic	Denial	1
3963	UNSPECIFIED	Eliquis 5MG OR TABS	ANTICOAGULANTS	Denial	1
3956	UNSPECIFIED	Aptiom 400MG OR TABS	ANTICONVULSANTS	Approval	1
3956	UNSPECIFIED	Briviact 100MG OR TABS	ANTICONVULSANTS	Approval	1
3951	UNSPECIFIED	Epidiolex	ANTICONVULSANTS	Approval	1
3963	UNSPECIFIED	Epidiolex	ANTICONVULSANTS	Denial	1
3951	UNSPECIFIED	Gralise 600MG OR TABS	ANTICONVULSANTS	Approval	1
3963	UNSPECIFIED	Lyrica (Pregabalin) 200 MG Oral Capsule	ANTICONVULSANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	UNSPECIFIED	lyrica 100 mg capsule	ANTICONVULSANTS	Approval	1
3951	UNSPECIFIED	Lyrica 25MG OR CAPS	ANTICONVULSANTS	Approval	1
3951	UNSPECIFIED	Lyrica 75MG OR CAPS	ANTICONVULSANTS	Approval	1
3963	UNSPECIFIED	Lyrica 75MG OR CAPS	ANTICONVULSANTS	Approval	1
3951	UNSPECIFIED	vigabatrin powder	ANTICONVULSANTS	Denial	1
3951	INTERNAL MEDICINE	Acthar Gel	ANTICONVULSANTS	Denial	1
3951	INTERNAL MEDICINE	Lyrica 100MG OR CAPS	ANTICONVULSANTS	Approval	1
3951	INTERNAL MEDICINE	Lyrica 150MG OR CAPS	ANTICONVULSANTS	Approval	1
3956	NEUROLOGY	Aptiom 800MG OR TABS	ANTICONVULSANTS	Approval	2
3956	NEUROLOGY	Briviact (brivaracetam)	ANTICONVULSANTS	Approval	1
3967	NEUROLOGY	Lyrica (pregabalin)	ANTICONVULSANTS	Approval	1
3963	NEUROLOGY	lyrica 100 mg capsule	ANTICONVULSANTS	Approval	1
3951	NEUROLOGY, PEDIATRIC	Epidiolex	ANTICONVULSANTS	Denial	1
3963	NEUROLOGY, PEDIATRIC	Epidiolex	ANTICONVULSANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Lyrica 100MG OR CAPS	ANTICONVULSANTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Aptiom 800MG OR TABS	ANTICONVULSANTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Briviact 100MG OR TABS	ANTICONVULSANTS	Approval	1
3963	UNSPECIFIED	Trintellix (vortioxetine)	Antidepressant	Approval	4
3965	UNSPECIFIED	Trintellix (vortioxetine)	Antidepressant	Approval	1
3951	UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3962	UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	2
3963	UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	7
3956	UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	3
3962	UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3964	UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3967	UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3951	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3951	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Denial	1
3956	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	3
3963	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	2
3964	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3965	FAMILY PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3951	FAMILY PRACTICE	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3956	FAMILY PRACTICE	Trintellix 10MG OR TABS	Antidepressant	Approval	5
3962	FAMILY PRACTICE	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3963	FAMILY PRACTICE	Trintellix 10MG OR TABS	Antidepressant	Approval	3
3964	FAMILY PRACTICE	Trintellix 10MG OR TABS	Antidepressant	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3961	FAMILY PRACTICE	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3963	FAMILY PRACTICE	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3964	FAMILY PRACTICE	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3951	FAMILY PRACTICE	Trintellix 5MG OR TABS	Antidepressant	Approval	1
3963	FAMILY PRACTICE	Trintellix 5MG OR TABS	Antidepressant	Approval	2
3963	GENERAL PRACTICE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3963	INTERNAL MEDICINE	Trintellix (Vortioxetine HBr) 10 MG Oral Tablet	Antidepressant	Approval	1
3956	INTERNAL MEDICINE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3961	INTERNAL MEDICINE	Trintellix (vortioxetine)	Antidepressant	Denial	1
3963	INTERNAL MEDICINE	Trintellix (vortioxetine)	Antidepressant	Denial	1
3964	INTERNAL MEDICINE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3967	INTERNAL MEDICINE	Trintellix (vortioxetine)	Antidepressant	Approval	1
3956	INTERNAL MEDICINE	Trintellix 10MG OR TABS	Antidepressant	Approval	2
3963	INTERNAL MEDICINE	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3951	INTERNAL MEDICINE	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3956	INTERNAL MEDICINE	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3963	INTERNAL MEDICINE	Trintellix 5MG OR TABS	Antidepressant	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix (vortioxetine)	Antidepressant	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix (vortioxetine)	Antidepressant	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix (vortioxetine)	Antidepressant	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	trintellix 10 mg tablet	Antidepressant	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	trintellix 10 mg tablet	Antidepressant	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix 10MG OR TABS	Antidepressant	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Trintellix 5MG OR TABS	Antidepressant	Approval	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix (vortioxetine)	Antidepressant	Approval	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix (vortioxetine)	Antidepressant	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix (vortioxetine)	Antidepressant	Approval	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix 10MG OR TABS	Antidepressant	Approval	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3963	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3964	NURSE PRACTITIONER, PSYCHIATRIC	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	2
3963	OPHTHALMOLOGY	Trintellix 10MG OR TABS	Antidepressant	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Trintellix (vortioxetine)	Antidepressant	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Trintellix (vortioxetine)	Antidepressant	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3951	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Approval	5
3951	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Denial	1
3956	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Approval	1
3956	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Denial	1
3963	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Approval	1
3964	PSYCHIATRY	Trintellix (vortioxetine)	Antidepressant	Approval	1
3951	PSYCHIATRY	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3956	PSYCHIATRY	Trintellix 10MG OR TABS	Antidepressant	Approval	3
3963	PSYCHIATRY	Trintellix 10MG OR TABS	Antidepressant	Approval	3
3964	PSYCHIATRY	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3951	PSYCHIATRY	Trintellix 20MG OR TABS	Antidepressant	Approval	1
3956	PSYCHIATRY	Trintellix 20MG OR TABS	Antidepressant	Denial	1
3961	PSYCHIATRY	Trintellix 20MG OR TABS	Antidepressant	Approval	2
3963	PSYCHIATRY	Trintellix 20MG OR TABS	Antidepressant	Approval	3
3964	PSYCHIATRY	Trintellix 20MG OR TABS	Antidepressant	Approval	3
3963	RADIATION ONCOLOGY	Trintellix (vortioxetine)	Antidepressant	Approval	1
3964	REGISTERED NURSE, UNSPECIFIED	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3965	SLEEP MEDICINE	Trintellix 10MG OR TABS	Antidepressant	Approval	1
3956	UNSPECIFIED	Soliqua (insulin glargine-lixisenatide)	Antidiabetic	Approval	1
3956	UNSPECIFIED	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	3
3961	UNSPECIFIED	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	1
3956	UNSPECIFIED	Synjardy 12.5-500MG OR TABS	Antidiabetic	Approval	1
3951	UNSPECIFIED	Synjardy 5-1000MG OR TABS	Antidiabetic	Approval	1
3956	UNSPECIFIED	Synjardy XR (empagliflozin-metformin SR)	Antidiabetic	Approval	1
3956	UNSPECIFIED	Synjardy XR 12.5-1000MG OR TB24	Antidiabetic	Approval	2
3956	UNSPECIFIED	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Approval	1
3956	UNSPECIFIED	Xigduo XR 10-1000MG OR TB24	Antidiabetic	Approval	1
3956	UNSPECIFIED	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	1
3956	EMERGENCY MEDICINE	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Denial	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Denial	1
3951	FAMILY MEDICINE	Synjardy 12.5-1000MG OR TABS	Antidiabetic	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	Soliqua (insulin glargine-lixisenatide)	Antidiabetic	Approval	2
3951	FAMILY PRACTICE	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	1
3956	FAMILY PRACTICE	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	1
3956	FAMILY PRACTICE	Synjardy (empagliflozin-metformin)	Antidiabetic	Approval	2
3956	FAMILY PRACTICE	Synjardy 12.5-1000MG OR TABS	Antidiabetic	Approval	2
3956	FAMILY PRACTICE	Synjardy 5-1000MG OR TABS	Antidiabetic	Approval	1
3956	FAMILY PRACTICE	Synjardy XR (empagliflozin-metformin SR)	Antidiabetic	Approval	1
3963	FAMILY PRACTICE	Synjardy XR 12.5-1000MG OR TB24	Antidiabetic	Approval	1
3956	FAMILY PRACTICE	Synjardy XR 25-1000MG OR TB24	Antidiabetic	Approval	1
3951	FAMILY PRACTICE	Xigduo XR 10-1000MG OR TB24	Antidiabetic	Approval	1
3956	FAMILY PRACTICE	Xigduo XR 10-1000MG OR TB24	Antidiabetic	Approval	1
3951	FAMILY PRACTICE	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	2
3956	FAMILY PRACTICE	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	3
3963	FAMILY PRACTICE	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	3
3956	INTERNAL MEDICINE	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	3
3956	INTERNAL MEDICINE	Synjardy 12.5-1000MG OR TABS	Antidiabetic	Approval	2
3963	INTERNAL MEDICINE	Synjardy 12.5-1000MG OR TABS	Antidiabetic	Approval	1
3956	INTERNAL MEDICINE	Synjardy XR (empagliflozin-metformin SR)	Antidiabetic	Approval	1
3956	INTERNAL MEDICINE	Synjardy XR 12.5-1000MG OR TB24	Antidiabetic	Approval	1
3956	INTERNAL MEDICINE	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Denial	1
3961	INTERNAL MEDICINE	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Denial	1
3963	INTERNAL MEDICINE	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Approval	1
3956	INTERNAL MEDICINE	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	1
3963	INTERNAL MEDICINE	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Xigduo XR 10-1000MG OR TB24	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Xigduo XR 10-1000MG OR TB24	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Soliqua 100-33UNT-MCG/ML SC SOPN	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Synjardy (empagliflozin-metformin)	Antidiabetic	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Synjardy 5-1000MG OR TABS	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Synjardy XR (empagliflozin-metformin SR)	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Xigduo XR 5-1000MG OR TB24	Antidiabetic	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Synjardy XR (empagliflozin-metformin SR)	Antidiabetic	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Synjardy XR 25-1000MG OR TB24	Antidiabetic	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Xigduo XR (dapagliflozin-metformin)	Antidiabetic	Approval	1
3956	UNSPECIFIED	Janumet (sitagliptin-metformin)	ANTIDIABETICS	Denial	2
3951	UNSPECIFIED	Janumet 50-1000MG OR TABS	ANTIDIABETICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Janumet 50-1000MG OR TABS	ANTIDIABETICS	Approval	2
3951	UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3956	UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	10
3963	UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3951	UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3956	UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	7
3956	UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Denial	1
3961	UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	EMERGENCY MEDICINE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	FAMILY PRACTICE	Janumet 50-1000MG OR TABS	ANTIDIABETICS	Approval	2
3956	FAMILY PRACTICE	Janumet XR (sitagliptin-metformin ER)	ANTIDIABETICS	Approval	1
3956	FAMILY PRACTICE	Janumet XR 100-1000MG OR TB24	ANTIDIABETICS	Approval	2
3961	FAMILY PRACTICE	Janumet XR 100-1000MG OR TB24	ANTIDIABETICS	Approval	1
3963	FAMILY PRACTICE	Janumet XR 50 mg-1,000 mg tablet,extended release (SITagliptin-metformin)	ANTIDIABETICS	Approval	1
3956	FAMILY PRACTICE	Janumet XR 50-1000MG OR TB24	ANTIDIABETICS	Approval	3
3951	FAMILY PRACTICE	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3956	FAMILY PRACTICE	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	5
3961	FAMILY PRACTICE	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	FAMILY PRACTICE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	8
3963	FAMILY PRACTICE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	GENERAL PRACTICE	Janumet (sitagliptin-metformin)	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	Janumet (sitagliptin-metformin)	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	Janumet 50-1000MG OR TABS	ANTIDIABETICS	Approval	2
3956	INTERNAL MEDICINE	Janumet XR 50-1000MG OR TB24	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3951	INTERNAL MEDICINE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	INTERNAL MEDICINE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3963	INTERNAL MEDICINE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3951	NURSE PRACTITIONER, ACUTE CARE	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Janumet (sitagliptin-metformin)	ANTIDIABETICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Janumet (sitagliptin-metformin)	ANTIDIABETICS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Janumet 50-500MG OR TABS	ANTIDIABETICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Janumet 50-500MG OR TABS	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Janumet XR (sitagliptin-metformin ER)	ANTIDIABETICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	Janumet XR 100-1000MG OR TB24	ANTIDIABETICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3961	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Denial	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	3
3963	NURSE PRACTITIONER, UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Janumet 50-1000MG OR TABS	ANTIDIABETICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Janumet XR 100-1000MG OR TB24	ANTIDIABETICS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approval	2
3956	PHYSICIAN, ENDOCRINOLOGY	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3961	PHYSICIAN, ENDOCRINOLOGY	Victoza 18MG/3ML SC SOPN	ANTIDIABETICS	Approval	1
3951	UNSPECIFIED	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3963	UNSPECIFIED	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3963	UNSPECIFIED	Ciclopirox 1% EX SHAM	ANTIFUNGALS	Approval	1
3951	UNSPECIFIED	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Denial	1
3965	UNSPECIFIED	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Exelderm 1% EX CREA	ANTIFUNGALS	Approval	1
3951	UNSPECIFIED	Itraconazole Capsules	ANTIFUNGALS	Denial	1
3956	UNSPECIFIED	Itraconazole Capsules	ANTIFUNGALS	Denial	1
3963	UNSPECIFIED	Itraconazole Capsules	ANTIFUNGALS	Approval	1
3951	UNSPECIFIED	Jublia (efinaconazole)	ANTIFUNGALS	Denial	1
3956	UNSPECIFIED	Jublia (efinaconazole)	ANTIFUNGALS	Denial	1
3951	UNSPECIFIED	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Luzu 1% EX CREA	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Voriconazole	ANTIFUNGALS	Approval	1
3963	UNSPECIFIED	Voriconazole 200MG OR TABS	ANTIFUNGALS	Approval	1
3951	DERMATOLOGY	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Approval	1
3963	DERMATOLOGY	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	1
3961	DERMATOLOGY	Jublia (efinaconazole)	ANTIFUNGALS	Denial	1
3956	DERMATOLOGY	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	DERMATOLOGY	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1
3963	DERMATOLOGY	Naftin 2% EX GEL	ANTIFUNGALS	Approval	1
3951	DERMATOLOGY	oxiconazole 1 % topical cream	ANTIFUNGALS	Approval	1
3956	FAMILY MEDICINE	Itraconazole Capsules	ANTIFUNGALS	Approval	1
3951	FAMILY PRACTICE	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	2
3964	FAMILY PRACTICE	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Approval	1
3965	FAMILY PRACTICE	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3951	FAMILY PRACTICE	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Approval	3
3951	FAMILY PRACTICE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	2
3956	FAMILY PRACTICE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	1
3961	FAMILY PRACTICE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	1
3963	FAMILY PRACTICE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	4
3963	FAMILY PRACTICE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Denial	1
3951	FAMILY PRACTICE	Itraconazole Capsules	ANTIFUNGALS	Denial	2
3956	FAMILY PRACTICE	Itraconazole Capsules	ANTIFUNGALS	Denial	2
3963	FAMILY PRACTICE	Jublia (efinaconazole)	ANTIFUNGALS	Denial	1
3956	GENERAL PRACTICE	Itraconazole 100 MG Oral Capsule	ANTIFUNGALS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Posaconazole 100MG ORTBEC	ANTIFUNGALS	Approval	1
3956	INFECTIOUS DISEASES	Voriconazole 200MG OR TABS	ANTIFUNGALS	Approval	1
3956	INFECTIOUS DISEASES	Voriconazole 200mg Tab	ANTIFUNGALS	Approval	1
3956	INFECTIOUS DISEASES	Voriconazole 200mg Tab	ANTIFUNGALS	Denial	1
3963	INTERNAL MEDICINE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	2
3956	INTERNAL MEDICINE	Itraconazole Capsules	ANTIFUNGALS	Denial	1
3963	INTERNAL MEDICINE	Itraconazole Capsules	ANTIFUNGALS	Approval	1
3951	INTERNAL MEDICINE	Posaconazole 100MG ORTBEC	ANTIFUNGALS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Voriconazole	ANTIFUNGALS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Voriconazole	ANTIFUNGALS	Denial	1
3962	NURSE PRACTITIONER, UNSPECIFIED	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Denial	1
3963	PEDIATRICS	Oxiconazole Cream (generic only)	ANTIFUNGALS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Ciclopirox 1% EX SHAM	ANTIFUNGALS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Exelderm 1% EX SOLN	ANTIFUNGALS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Jublia	ANTIFUNGALS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Jublia (efinaconazole)	ANTIFUNGALS	Denial	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Jublia 10% EX SOLN	ANTIFUNGALS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Luzu 1 % topical cream	ANTIFUNGALS	Approval	1
3951	PHYSICIAN, GERIATRIC MEDICINE	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Approval	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Ciclopirox 8% EX SOLN	ANTIFUNGALS	Approval	2
3963	PODIATRIST, UNSPECIFIED	Ciclopirox (topical solution 8%)	ANTIFUNGALS	Denial	1
3956	PODIATRIST, UNSPECIFIED	Itraconazole 100MG OR CAPS	ANTIFUNGALS	Approval	1
3956	PODIATRIST, UNSPECIFIED	Itraconazole Capsules	ANTIFUNGALS	Denial	1
3963	PULMONARY DISEASES	Itraconazole Capsules	ANTIFUNGALS	Approval	1
3961	UNSPECIFIED	Lumigan (bimatoprost)	Antiglaucoma	Denial	1
3956	OPHTHALMOLOGY	Lumigan 0.01% OP SOLN	Antiglaucoma	Approval	1
3951	OPTOMETRIST, UNSPECIFIED	Lumigan 0.01% OP SOLN	Antiglaucoma	Approval	1
3956	OPTOMETRIST, UNSPECIFIED	Lumigan 0.01% OP SOLN	Antiglaucoma	Approval	1
3963	OPTOMETRIST, UNSPECIFIED	Lumigan 0.01% OP SOLN	Antiglaucoma	Approval	1
3964	OPTOMETRIST, UNSPECIFIED	Lumigan 0.01% OP SOLN	Antiglaucoma	Approval	1
3961	UNSPECIFIED	Febuxostat 40MG OR TABS	Antigout	Approval	1
3951	UNSPECIFIED	Febuxostat 80MG OR TABS	Antigout	Approval	1
3963	FAMILY PRACTICE	Febuxostat	Antigout	Approval	1
3963	FAMILY PRACTICE	Febuxostat	Antigout	Denial	1
3951	FAMILY PRACTICE	Febuxostat 40MG OR TABS	Antigout	Approval	1
3956	FAMILY PRACTICE	Febuxostat 40MG OR TABS	Antigout	Approval	1
3963	FAMILY PRACTICE	Febuxostat 40MG OR TABS	Antigout	Approval	1
3956	FAMILY PRACTICE	Febuxostat 80MG OR TABS	Antigout	Approval	1
3961	INTERNAL MEDICINE	Febuxostat	Antigout	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Febuxostat 80MG OR TABS	Antigout	Approval	1
3956	RHEUMATOLOGY	Febuxostat	Antigout	Approval	1
3956	UNSPECIFIED	Difucid 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3964	UNSPECIFIED	Doxycycline 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3951	UNSPECIFIED	Doxycycline Hyclate 100 MG Oral Tablet	ANTI-INFECTIVES	Approval	1
3963	UNSPECIFIED	Doxycycline Hyclate 100MG OR TBEC	ANTI-INFECTIVES	Approval	1
3963	UNSPECIFIED	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	UNSPECIFIED	Oracea 40MG OR CPDR	ANTI-INFECTIVES	Approval	2
3951	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3951	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	1
3956	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3956	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3963	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	5
3964	UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3951	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3956	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	11
3956	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Denial	1
3961	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Denial	2
3965	UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	3
3963	DERMATOLOGY	Doxycycline 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3963	DERMATOLOGY	Oracea 40 mg capsule,immediate - delay release	ANTI-INFECTIVES	Approval	1
3951	DERMATOLOGY	Oracea 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3964	EMERGENCY MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	FAMILY PRACTICE	Difucid 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	FAMILY PRACTICE	Difucid 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	FAMILY PRACTICE	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	FAMILY PRACTICE	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3962	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3964	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3967	FAMILY PRACTICE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	GASTROENTEROLOGY	Difucid 200MG OR TABS	ANTI-INFECTIVES	Approval	1
3956	GASTROENTEROLOGY	Xifaxan 200mg Tablet (rifaximin)	ANTI-INFECTIVES	Denial	1
3951	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3951	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	1
3956	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3956	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	2
3963	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	4
3964	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3964	GASTROENTEROLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	1
3951	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	5
3951	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Denial	1
3956	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	18
3961	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	8
3964	GASTROENTEROLOGY	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3951	HEMATOLOGY & ONCOLOGY	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	INTERNAL MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3956	INTERNAL MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	4
3961	INTERNAL MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3962	INTERNAL MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	INTERNAL MEDICINE	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	3
3956	NURSE PRACTITIONER, ADULT HEALTH	Xifaxan 200mg Tablet (rifaximin)	ANTI-INFECTIVES	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Denial	1
3963	NURSE PRACTITIONER, ADULT HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Difacid 200MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Oracea 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Denial	1
3956	NURSE PRACTITIONER, GERONTOLOGY	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	2
3961	NURSE PRACTITIONER, UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	2
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3951	OBSTETRICS & GYNECOLOGY	Doxycycline Hyclate 100MG OR TBEC	ANTI-INFECTIVES	Approval	1
3951	ORTHOPEDIC SURGERY	Doxycycline Hyclate 100MG OR TBEC	ANTI-INFECTIVES	Approval	1
3956	PEDIATRICS	Difacid (fidaxomicin)	ANTI-INFECTIVES	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Doxycycline 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Oracea 40MG OR CPDR	ANTI-INFECTIVES	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Xifaxan 550mg (rifaximin)	ANTI-INFECTIVES	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Xifaxan 550MG OR TABS	ANTI-INFECTIVES	Approval	1
3951	PODIATRIST, UNSPECIFIED	Linezolid 600MG OR TABS	ANTI-INFECTIVES	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PULMONARY DISEASES	Cayston 75MG IN SOLR	ANTI-INFECTIVES	Approval	1
3963	PULMONOLOGY, PEDIATRIC	Cayston 75MG IN SOLR	ANTI-INFECTIVES	Approval	1
3963	UROLOGY	linezolid 600 mg tablet (ZYVOX)	ANTI-INFECTIVES	Approval	1
3951	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	3
3951	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	1
3963	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	7
3963	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	2
3964	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	3
3965	UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	2
3951	UNSPECIFIED	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	2
3963	UNSPECIFIED	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	5
3963	UNSPECIFIED	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	5
3964	UNSPECIFIED	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3963	UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	2
3963	UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	1
3964	UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3964	UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	1
3964	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3964	EMERGENCY MEDICINE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3951	EMERGENCY MEDICINE	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3956	FAMILY PRACTICE	Naratriptan HCl 1MG OR TABS	ANTIMIGRAINE	Approval	1
3951	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	3
3951	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	1
3962	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	4
3963	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	2
3964	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3964	FAMILY PRACTICE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	1
3951	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	2
3962	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3963	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	4
3963	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	4
3964	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3967	FAMILY PRACTICE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3951	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	3
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Zembrace SymTouch 3MG/0.5ML SC SOAJ	Antimigraine	Approval	1
3951	INTERNAL MEDICINE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	2
3963	INTERNAL MEDICINE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3967	INTERNAL MEDICINE	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3964	INTERNAL MEDICINE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3967	INTERNAL MEDICINE	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	2
3951	NEUROLOGY	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	4
3963	NEUROLOGY	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	5
3964	NEUROLOGY	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3967	NEUROLOGY	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	NEUROLOGY	nurtec odt 75 mg tablet,disintegrating	ANTIMIGRAINE	Approval	1
3951	NEUROLOGY	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3963	NEUROLOGY	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3963	NEUROLOGY	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	2
3964	NEUROLOGY	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3963	NEUROLOGY	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	3
3964	NEUROLOGY	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3965	NEUROLOGY	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3967	NEUROLOGY	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	1
3951	NURSE PRACTITIONER, ADULT HEALTH	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	2
3951	NURSE PRACTITIONER, UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC TBDP 75MG 8EA x 1 BOX	ANTIMIGRAINE	Denial	1
3963	OBSTETRICS & GYNECOLOGY	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3964	PHYSICIAN, SURGERY, GENERAL	Nurtec 75MG OR TBDP	ANTIMIGRAINE	Approval	1
3964	PHYSICIAN, SURGERY, GENERAL	Nurtec ODT 75mg (rimegepant)	ANTIMIGRAINE	Denial	1
3956	UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	8
3962	UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	6
3963	UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Denial	1
3962	UNSPECIFIED	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Denial	1
3964	UNSPECIFIED	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Denial	1
3956	UNSPECIFIED	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	UNSPECIFIED	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Denial	1
3963	UNSPECIFIED	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3964	UNSPECIFIED	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	UNSPECIFIED	Aimovig Inj 70mg/mL (erenumab-aooe)	Antimigraine agent	Approval	2
3963	UNSPECIFIED	Ajovy 225mg/1.5mL Auto-Inj (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3951	UNSPECIFIED	Ajovy 225mg/1.5mL Pref Syr Inj (fremanezumab-vfrm)	Antimigraine agent	Denial	1
3956	UNSPECIFIED	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Denial	1
3963	UNSPECIFIED	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3965	UNSPECIFIED	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3965	UNSPECIFIED	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	1
3956	UNSPECIFIED	Ajovy Inj 225mg/1.5mL Pen (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3963	UNSPECIFIED	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	2
3963	UNSPECIFIED	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3964	UNSPECIFIED	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3956	UNSPECIFIED	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	2
3956	UNSPECIFIED	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3964	UNSPECIFIED	Emgality 120mg/mL Pref Syr Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	4
3956	UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	7
3963	UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	5
3964	UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	2
3965	UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3951	UNSPECIFIED	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	2
3956	UNSPECIFIED	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3964	UNSPECIFIED	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3956	ANESTHESIOLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3964	ANESTHESIOLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3965	ANESTHESIOLOGY	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3956	FAMILY MEDICINE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3956	FAMILY PRACTICE	Aimovig (Erenumab-aooe) 140 MG/ML Subcutaneous Each	Antimigraine agent	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	Aimovig 140mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3951	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Denial	1
3956	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	3
3962	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	3
3964	FAMILY PRACTICE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Denial	1
3963	FAMILY PRACTICE	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Denial	1
3956	FAMILY PRACTICE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	4
3962	FAMILY PRACTICE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	7
3956	FAMILY PRACTICE	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3961	FAMILY PRACTICE	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3956	FAMILY PRACTICE	Aimovig Inj 70mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Ajovy 225mg/1.5mL Auto-Inj (fremanezumab-vfrm)	Antimigraine agent	Denial	1
3963	FAMILY PRACTICE	Ajovy 225mg/1.5mL Pref Syr Inj (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	2
3951	FAMILY PRACTICE	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Denial	1
3964	FAMILY PRACTICE	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	2
3961	FAMILY PRACTICE	Ajovy Inj 225mg/1.5mL (fremanezumab-vfrm)	Antimigraine agent	Denial	1
3963	FAMILY PRACTICE	AJOVY SYRINGE 225 MG/1.5 SYRINGE	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Emgality (300 MG Dose) 100MG/ML SC SOSY	Antimigraine agent	Approval	2
3956	FAMILY PRACTICE	Emgality (300 MG Dose) 100MG/ML SC SOSY	Antimigraine agent	Denial	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML INJ	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	FAMILY PRACTICE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	5
3956	FAMILY PRACTICE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3961	FAMILY PRACTICE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	FAMILY PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	3
3956	FAMILY PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	7
3963	FAMILY PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	7
3963	FAMILY PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Denial	1
3964	FAMILY PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3956	FAMILY PRACTICE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Denial	1
3962	FAMILY PRACTICE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3963	FAMILY PRACTICE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	3
3956	GENERAL PRACTICE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	GENERAL PRACTICE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	INTERNAL MEDICINE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3963	INTERNAL MEDICINE	Ajovy 225mg/1.5ml Injection	Antimigraine agent	Denial	1
3956	INTERNAL MEDICINE	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3963	INTERNAL MEDICINE	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3961	INTERNAL MEDICINE	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	INTERNAL MEDICINE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Denial	1
3956	INTERNAL MEDICINE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	INTERNAL MEDICINE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	INTERNAL MEDICINE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	3
3963	INTERNAL MEDICINE	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3956	INTERNAL MEDICINE	Emgality Inj 100mg/mL PFS (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3965	NEUROLOGY	AIMOVIG 140MG/ML INJ	Antimigraine agent	Approval	1
3951	NEUROLOGY	Aimovig 140mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3963	NEUROLOGY	Aimovig 140mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	2
3964	NEUROLOGY	Aimovig 140mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3951	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3956	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	3
3961	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3961	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Denial	1
3963	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	10
3963	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Denial	1
3964	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3967	NEUROLOGY	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3951	NEUROLOGY	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3951	NEUROLOGY	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Denial	1
3951	NEUROLOGY	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Denial	1
3956	NEUROLOGY	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	4
3961	NEUROLOGY	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	NEUROLOGY	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	3
3963	NEUROLOGY	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Denial	1
3951	NEUROLOGY	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NEUROLOGY	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3961	NEUROLOGY	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	2
3956	NEUROLOGY	Aimovig Inj 70mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3963	NEUROLOGY	Ajovy 225mg/1.5mL Auto-Inj (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3962	NEUROLOGY	Ajovy 225mg/1.5mL Pref Syr Inj (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3951	NEUROLOGY	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	2
3963	NEUROLOGY	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3964	NEUROLOGY	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3956	NEUROLOGY	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	1
3961	NEUROLOGY	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	1
3956	NEUROLOGY	Ajovy Inj 225mg/1.5mL (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3956	NEUROLOGY	Ajovy Inj 225mg/1.5mL Pen (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3951	NEUROLOGY	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3964	NEUROLOGY	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	NEUROLOGY	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3961	NEUROLOGY	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	NEUROLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	4
3956	NEUROLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	6
3961	NEUROLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	NEUROLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	6
3965	NEUROLOGY	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NEUROLOGY	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	2
3961	NEUROLOGY	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Aimovig Inj 70mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Emgality (Galcanezumab-gnlm) 120 MG/ML Subcutaneous Pre-filled Pen Syringe	Antimigraine agent	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	7
3951	NURSE PRACTITIONER, PRIMARY CARE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, PRIMARY CARE	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3951	NURSE PRACTITIONER, PRIMARY CARE	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	3
3956	NURSE PRACTITIONER, UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	3
3956	NURSE PRACTITIONER, UNSPECIFIED	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Ajovy 225mg/1.5mL Auto-Inj (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	PEDIATRICS	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	PEDIATRICS	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	PEDIATRICS	Aimovig 70mg/mL Auto-Inj (erenumab-aooe)	Antimigraine agent	Approval	1
3956	PEDIATRICS	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	PEDIATRICS	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	PEDIATRICS	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	2
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Aimovig 140MG/ML SC SOAJ	Antimigraine agent	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Aimovig 70MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Aimovig Inj 140mg/mL (erenumab-aooe)	Antimigraine agent	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Ajovy Inj 225mg/1.5mL (fremanezumab-vfrm)	Antimigraine agent	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120mg/mL Pen Auto-Inj (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120MG/ML SC SOAJ	Antimigraine agent	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Emgality 120MG/ML SC SOSY	Antimigraine agent	Approval	2
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	Ajovy 225MG/1.5ML SC SOAJ	Antimigraine agent	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Ajovy 225MG/1.5ML SC SOSY	Antimigraine agent	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	AJOVY SYRINGE 225 MG/1.5 SYRINGE	Antimigraine agent	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PLASTIC SURGERY	aimovig autoinjector 70 mg/mLmg/ml auto-injector	Antimigraine agent	Denial	1
3956	PSYCHIATRY	Emgality 120mg/mL PF Pen (galcanezumab-gnlm)	Antimigraine agent	Approval	1
3963	UNSPECIFIED	Dronabinol	ANTINAUSEANTS	Denial	5
3951	UNSPECIFIED	Dronabinol 2.5MG OR CAPS	ANTINAUSEANTS	Approval	1
3963	UNSPECIFIED	GRANISETRON	ANTINAUSEANTS	Approval	1
3956	UNSPECIFIED	Ondansetron 4MG OR TBDP	ANTINAUSEANTS	Denial	2
3963	UNSPECIFIED	Ondansetron 4MG OR TBDP	ANTINAUSEANTS	Approval	1
3956	UNSPECIFIED	Ondansetron 8MG OR TBDP	ANTINAUSEANTS	Approval	2
3963	UNSPECIFIED	Ondansetron 8MG OR TBDP	ANTINAUSEANTS	Denial	1
3961	UNSPECIFIED	Ondansetron HCl 8MG OR TABS	ANTINAUSEANTS	Approval	1
3963	UNSPECIFIED	Ondansetron HCl 8MG OR TABS	ANTINAUSEANTS	Approval	1
3963	UNSPECIFIED	ONDANSETRON HYDROCHLORIDE T	ANTINAUSEANTS	Approval	1
3956	UNSPECIFIED	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	2
3951	UNSPECIFIED	Ondansetron Tablet	ANTINAUSEANTS	Approval	1
3963	UNSPECIFIED	Ondansetron Tablet	ANTINAUSEANTS	Denial	1
3963	EMERGENCY MEDICINE	Dronabinol	ANTINAUSEANTS	Denial	1
3963	FAMILY PRACTICE	Dronabinol	ANTINAUSEANTS	Denial	1
3956	FAMILY PRACTICE	Ondansetron HCl 4MG OR TABS	ANTINAUSEANTS	Denial	1
3956	FAMILY PRACTICE	Ondansetron HCl 8MG OR TABS	ANTINAUSEANTS	Denial	2
3956	FAMILY PRACTICE	Ondansetron ODT Tablet	ANTINAUSEANTS	Approval	1
3956	FAMILY PRACTICE	Ondansetron Tablet	ANTINAUSEANTS	Denial	2
3963	FAMILY PRACTICE	Ondansetron Tablet	ANTINAUSEANTS	Denial	1
3956	GASTROENTEROLOGY	Ondansetron 4MG OR TBDP	ANTINAUSEANTS	Denial	1
3963	GASTROENTEROLOGY	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	1
3956	GASTROENTEROLOGY	Ondansetron Tablet	ANTINAUSEANTS	Denial	1
3965	GASTROENTEROLOGY	Sancuso (granisetron transdermal system)	ANTINAUSEANTS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	Ondansetron HCl 8MG OR TABS	ANTINAUSEANTS	Approval	1
3963	INTERNAL MEDICINE	Dronabinol 10MG OR CAPS	ANTINAUSEANTS	Denial	1
3956	INTERNAL MEDICINE	Sancuso (granisetron patch)	ANTINAUSEANTS	Approval	1
3956	MEDICAL ONCOLOGY	Ondansetron HCl 8MG OR TABS	ANTINAUSEANTS	Approval	1
3956	NEUROLOGY	Ondansetron Tablet	ANTINAUSEANTS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Ondansetron 8MG OR TBDP	ANTINAUSEANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ondansetron HCl 4MG OR TABS	ANTINAUSEANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ondansetron Tablet	ANTINAUSEANTS	Denial	2
3956	OBSTETRICS & GYNECOLOGY	Ondansetron ODT Tablet	ANTINAUSEANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	OBSTETRICS & GYNECOLOGY	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	1
3956	ONCOLOGY, GYNECOLOGIC	Ondansetron Tablet	ANTINAUSEANTS	Approval	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	Ondansetron 8mg ODT	ANTINAUSEANTS	Denial	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON HYDROCHLORIDE 8MG TAB	ANTINAUSEANTS	Denial	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	Ondansetron Tablet	ANTINAUSEANTS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	Ondansetron Tablet	ANTINAUSEANTS	Approval	2
3951	PHYSICIAN, SURGERY, GENERAL	Ondansetron ODT Tablet	ANTINAUSEANTS	Denial	1
3965	UNSPECIFIED	abiraterone 250 mg	ANTINEOPLASTICS	Approval	1
3965	UNSPECIFIED	Abiraterone Acetate 250MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Afinitor 10 mg	ANTINEOPLASTICS	Denial	1
3965	UNSPECIFIED	Afinitor 10 mg	ANTINEOPLASTICS	Approval	1
3964	UNSPECIFIED	Alecensa	ANTINEOPLASTICS	Approval	1
3951	UNSPECIFIED	Bosulif	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	capecitabine	ANTINEOPLASTICS	Approval	2
3965	UNSPECIFIED	capecitabine	ANTINEOPLASTICS	Approval	1
3951	UNSPECIFIED	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3964	UNSPECIFIED	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	lbrance	ANTINEOPLASTICS	Approval	1
3964	UNSPECIFIED	lbrance	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	imatinib mesylate	ANTINEOPLASTICS	Approval	2
3956	UNSPECIFIED	Imatinib Mesylate 400MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Imbruvica	ANTINEOPLASTICS	Approval	1
3965	UNSPECIFIED	Imbruvica	ANTINEOPLASTICS	Approval	1
3964	UNSPECIFIED	Inlyta	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Jakafi	ANTINEOPLASTICS	Approval	2
3951	UNSPECIFIED	Lynparza	ANTINEOPLASTICS	Denial	1
3963	UNSPECIFIED	Lynparza	ANTINEOPLASTICS	Approval	1
3962	UNSPECIFIED	Revlimid 10MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Sprycel	ANTINEOPLASTICS	Denial	1
3963	UNSPECIFIED	Sprycel	ANTINEOPLASTICS	Approval	1
3963	UNSPECIFIED	Sprycel	ANTINEOPLASTICS	Denial	1
3951	UNSPECIFIED	Stivarga 40MG OR TABS	ANTINEOPLASTICS	Approval	1
3951	UNSPECIFIED	Sutent	ANTINEOPLASTICS	Denial	1
3951	UNSPECIFIED	temozolomide	ANTINEOPLASTICS	Approval	4
3956	UNSPECIFIED	temozolomide	ANTINEOPLASTICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	Valchlor 0.016% EX GEL	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Venclexta	ANTINEOPLASTICS	Denial	1
3951	UNSPECIFIED	Verzenio	ANTINEOPLASTICS	Approval	1
3956	UNSPECIFIED	Xtandi 40MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	DERMATOLOGY	Erivedge 150MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	DERMATOLOGY	Intron A	ANTINEOPLASTICS	Approval	1
3963	DERMATOLOGY	Intron A	ANTINEOPLASTICS	Approval	1
3956	FAMILY PRACTICE	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	capecitabine	ANTINEOPLASTICS	Approval	1
3961	HEMATOLOGY	capecitabine	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	Ibrance	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY	Ibrance	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY	Jakafi	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	Mekinist	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	Revlimid	ANTINEOPLASTICS	Approval	1
3964	HEMATOLOGY	Revlimid 10MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	Sprycel	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY	Tafinlar	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY	Verzenio	ANTINEOPLASTICS	Approval	1
3961	HEMATOLOGY & ONCOLOGY	abiraterone 250 mg	ANTINEOPLASTICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	abiraterone 250 mg	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	abiraterone 500 mg	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Cabometyx	ANTINEOPLASTICS	Approval	2
3964	HEMATOLOGY & ONCOLOGY	Cabometyx	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Calquence	ANTINEOPLASTICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	3
3956	HEMATOLOGY & ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	5
3961	HEMATOLOGY & ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	5
3964	HEMATOLOGY & ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	2
3963	HEMATOLOGY & ONCOLOGY	Capecitabine 150MG OR TABS	ANTINEOPLASTICS	Approval	1
3962	HEMATOLOGY & ONCOLOGY	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Gleevec	ANTINEOPLASTICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	Ibrance	ANTINEOPLASTICS	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	HEMATOLOGY & ONCOLOGY	lbrance	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	lbrance	ANTINEOPLASTICS	Approval	3
3963	HEMATOLOGY & ONCOLOGY	lbrance	ANTINEOPLASTICS	Denial	2
3956	HEMATOLOGY & ONCOLOGY	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	imatinib mesylate	ANTINEOPLASTICS	Denial	1
3951	HEMATOLOGY & ONCOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	2
3956	HEMATOLOGY & ONCOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	3
3961	HEMATOLOGY & ONCOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	5
3964	HEMATOLOGY & ONCOLOGY	Imbruvica	ANTINEOPLASTICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Imbruvica 280MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Imbruvica 420MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Inlyta	ANTINEOPLASTICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	Inlyta 5MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Inlyta 5MG OR TABS	ANTINEOPLASTICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	Inlyta 5MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Jakafi	ANTINEOPLASTICS	Approval	2
3961	HEMATOLOGY & ONCOLOGY	Jakafi	ANTINEOPLASTICS	Approval	2
3963	HEMATOLOGY & ONCOLOGY	Jakafi	ANTINEOPLASTICS	Approval	1
3965	HEMATOLOGY & ONCOLOGY	Jakafi 25MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Jakafi 5MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Kisqali	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Kisqali	ANTINEOPLASTICS	Denial	1
3951	HEMATOLOGY & ONCOLOGY	Lenvima	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Lynparza	ANTINEOPLASTICS	Denial	1
3951	HEMATOLOGY & ONCOLOGY	Pomalyst	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Pomalyst	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Pomalyst	ANTINEOPLASTICS	Approval	2
3951	HEMATOLOGY & ONCOLOGY	Revlimid	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Revlimid	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Revlimid 10MG OR CAPS	ANTINEOPLASTICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Revlimid 15MG OR CAPS	ANTINEOPLASTICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Sprycel	ANTINEOPLASTICS	Approval	2
3956	HEMATOLOGY & ONCOLOGY	Sprycel	ANTINEOPLASTICS	Approval	1
3961	HEMATOLOGY & ONCOLOGY	Sprycel	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Sprycel	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Stivarga	ANTINEOPLASTICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	Tagrisso	ANTINEOPLASTICS	Approval	2
3964	HEMATOLOGY & ONCOLOGY	Tagrisso	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	temozolomide	ANTINEOPLASTICS	Approval	2
3956	HEMATOLOGY & ONCOLOGY	temozolomide	ANTINEOPLASTICS	Denial	1
3963	HEMATOLOGY & ONCOLOGY	temozolomide	ANTINEOPLASTICS	Approval	3
3951	HEMATOLOGY & ONCOLOGY	Thalomid 100MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Thalomid 100MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Thalomid 200MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Venclexta	ANTINEOPLASTICS	Approval	2
3961	HEMATOLOGY & ONCOLOGY	Venclexta	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Venclexta	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY	Xtandi 40MG OR CAPS	ANTINEOPLASTICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	Xtandi 40MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	Nexavar	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Afinitor 10 mg	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Cabometyx	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Cabometyx	ANTINEOPLASTICS	Denial	1
3963	INTERNAL MEDICINE	Calquence 100MG OR CAPS	ANTINEOPLASTICS	Approval	1
3951	INTERNAL MEDICINE	capecitabine	ANTINEOPLASTICS	Approval	2
3956	INTERNAL MEDICINE	capecitabine	ANTINEOPLASTICS	Approval	2
3963	INTERNAL MEDICINE	capecitabine	ANTINEOPLASTICS	Approval	2
3963	INTERNAL MEDICINE	Capecitabine 500MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	imatinib mesylate	ANTINEOPLASTICS	Denial	1
3964	INTERNAL MEDICINE	imatinib mesylate	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Imbruvica	ANTINEOPLASTICS	Approval	1
3956	INTERNAL MEDICINE	Jakafi	ANTINEOPLASTICS	Approval	1
3956	INTERNAL MEDICINE	Sprycel	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Sprycel	ANTINEOPLASTICS	Approval	1
3956	INTERNAL MEDICINE	temozolomide	ANTINEOPLASTICS	Approval	2
3951	INTERNAL MEDICINE	Venclexta	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Venclexta	ANTINEOPLASTICS	Approval	1
3963	INTERNAL MEDICINE	Venclexta 100MG OR TABS	ANTINEOPLASTICS	Denial	1
3951	INTERNAL MEDICINE	Verzenio	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	Afinitor 10MG OR TABS	ANTINEOPLASTICS	Approval	1
3963	MEDICAL ONCOLOGY	Braftovi	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	Braftovi 75MG OR CAPS	ANTINEOPLASTICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	MEDICAL ONCOLOGY	capecitabine	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	Inlyta	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	Lynparza	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	Mektovi	ANTINEOPLASTICS	Approval	1
3963	MEDICAL ONCOLOGY	Mektovi	ANTINEOPLASTICS	Approval	1
3963	MEDICAL ONCOLOGY	Mektovi	ANTINEOPLASTICS	Denial	1
3951	MEDICAL ONCOLOGY	Tagrisso	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	Temozolomide 100MG OR CAPS	ANTINEOPLASTICS	Approval	1
3951	MEDICAL ONCOLOGY	Verzenio	ANTINEOPLASTICS	Approval	1
3956	MEDICAL ONCOLOGY	Zejula	ANTINEOPLASTICS	Denial	1
3956	NEUROLOGY	temozolomide	ANTINEOPLASTICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Eligard 75mg	ANTINEOPLASTICS	Denial	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	Afinitor 10MG OR TABS	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	capecitabine	ANTINEOPLASTICS	Approval	2
3963	PHYSICIAN, ONCOLOGY, MEDICAL	capecitabine	ANTINEOPLASTICS	Denial	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	Capecitabine 150MG OR TABS	ANTINEOPLASTICS	Approval	1
3964	PHYSICIAN, ONCOLOGY, MEDICAL	Ibrance	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	Jakafi	ANTINEOPLASTICS	Approval	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	Kisqali	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	Kisqali	ANTINEOPLASTICS	Approval	1
3961	PHYSICIAN, ONCOLOGY, MEDICAL	Kisqali	ANTINEOPLASTICS	Approval	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	Lenvima (12 MG Daily Dose) 3 x 4MG OR CPPK	ANTINEOPLASTICS	Approval	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	Xtandi 40MG OR CAPS	ANTINEOPLASTICS	Approval	1
3956	UROLOGY	Xtandi 40MG OR CAPS	ANTINEOPLASTICS	Approval	1
3951	UNSPECIFIED	Ivermectin 1% EX CREA	ANTIPARASITIC	Approval	2
3963	UNSPECIFIED	Ivermectin 1% EX CREA	ANTIPARASITIC	Approval	1
3963	UNSPECIFIED	Ivermectin Cream	ANTIPARASITIC	Denial	1
3956	DERMATOLOGY	Ivermectin 0.5% EX LOTN	ANTIPARASITIC	Denial	1
3963	DERMATOLOGY	Ivermectin 1% EX CREA	ANTIPARASITIC	Approval	3
3951	DERMATOLOGY	Ivermectin Cream	ANTIPARASITIC	Approval	1
3963	DERMATOLOGY	Ivermectin Cream	ANTIPARASITIC	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Ivermectin Cream	ANTIPARASITIC	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Ivermectin 1% EX CREA	ANTIPARASITIC	Approval	1
3951	UNSPECIFIED	Protopic 0.1% topical ointment	Antipsoriatic	Approval	1
3967	UNSPECIFIED	Protopic 0.1% (tacrolimus)	Antipsoriatic	Approval	1
3963	UNSPECIFIED	Protopic 0.1% EX OINT	Antipsoriatic	Approval	1
3951	DERMATOLOGY	Protopic 0.1% topical ointment	Antipsoriatic	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Protopic 0.1% (tacrolimus)	Antipsoriatic	Denial	1
3956	UNSPECIFIED	Rexulti (brexpiprazole)	Antipsychotic	Approval	2
3956	UNSPECIFIED	Rexulti 0.5MG OR TABS	Antipsychotic	Approval	3
3956	UNSPECIFIED	rexulti 1 mg tablet	Antipsychotic	Approval	1
3956	UNSPECIFIED	Rexulti 1MG OR TABS	Antipsychotic	Approval	3
3963	UNSPECIFIED	Rexulti 1MG OR TABS	Antipsychotic	Approval	3
3951	UNSPECIFIED	Rexulti 2MG OR TABS	Antipsychotic	Approval	2
3956	UNSPECIFIED	Rexulti 2MG OR TABS	Antipsychotic	Approval	2
3963	UNSPECIFIED	Rexulti 2MG OR TABS	Antipsychotic	Approval	1
3956	FAMILY PRACTICE	Rexulti (brexpiprazole)	Antipsychotic	Approval	2
3956	FAMILY PRACTICE	Rexulti (brexpiprazole)	Antipsychotic	Denial	2
3951	FAMILY PRACTICE	Rexulti 1MG OR TABS	Antipsychotic	Approval	1
3956	FAMILY PRACTICE	Rexulti 1MG OR TABS	Antipsychotic	Approval	3
3963	FAMILY PRACTICE	Rexulti 1MG OR TABS	Antipsychotic	Approval	2
3961	FAMILY PRACTICE	Rexulti 3MG OR TABS	Antipsychotic	Approval	1
3963	INTERNAL MEDICINE	Rexulti (brexpiprazole)	Antipsychotic	Approval	1
3956	NEUROLOGY	Rexulti 0.25MG OR TABS	Antipsychotic	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Rexulti 0.5MG OR TABS	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Rexulti 1MG OR TABS	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Rexulti 2MG OR TABS	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Rexulti (brexpiprazole)	Antipsychotic	Approval	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Rexulti (brexpiprazole)	Antipsychotic	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Rexulti 0.5MG OR TABS	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Rexulti 1MG OR TABS	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Rexulti 2MG OR TABS	Antipsychotic	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Rexulti (brexpiprazole)	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Rexulti (brexpiprazole)	Antipsychotic	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Rexulti 0.5MG OR TABS	Antipsychotic	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Rexulti (brexpiprazole)	Antipsychotic	Approval	1
3951	PSYCHIATRY	Rexulti (brexpiprazole)	Antipsychotic	Denial	1
3956	PSYCHIATRY	Rexulti (brexpiprazole)	Antipsychotic	Approval	3
3963	PSYCHIATRY	Rexulti (brexpiprazole)	Antipsychotic	Approval	2
3951	PSYCHIATRY	Rexulti 0.5MG OR TABS	Antipsychotic	Denial	1
3956	PSYCHIATRY	Rexulti 0.5MG OR TABS	Antipsychotic	Approval	2
3963	PSYCHIATRY	Rexulti 0.5MG OR TABS	Antipsychotic	Denial	1
3951	PSYCHIATRY	Rexulti 1MG OR TABS	Antipsychotic	Approval	2
3956	PSYCHIATRY	Rexulti 1MG OR TABS	Antipsychotic	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PSYCHIATRY	Rexulti 1MG OR TABS	Antipsychotic	Approval	1
3964	PSYCHIATRY	Rexulti 1MG OR TABS	Antipsychotic	Approval	1
3951	PSYCHIATRY	Rexulti 2MG OR TABS	Antipsychotic	Approval	1
3956	PSYCHIATRY	Rexulti 2MG OR TABS	Antipsychotic	Approval	1
3963	PSYCHIATRY	Rexulti 2MG OR TABS	Antipsychotic	Approval	2
3956	PSYCHIATRY	Rexulti 3MG OR TABS	Antipsychotic	Approval	1
3951	UNSPECIFIED	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3956	UNSPECIFIED	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	4
3963	UNSPECIFIED	Latuda (lurasidone)	ANTIPSYCHOTICS	Denial	1
3951	UNSPECIFIED	latuda 20 mg tablet	ANTIPSYCHOTICS	Approval	1
3951	UNSPECIFIED	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	2
3951	UNSPECIFIED	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Denial	1
3956	UNSPECIFIED	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	6
3963	UNSPECIFIED	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	UNSPECIFIED	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	2
3956	UNSPECIFIED	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	6
3951	UNSPECIFIED	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	UNSPECIFIED	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	2
3963	UNSPECIFIED	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	UNSPECIFIED	Latuda 80MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	FAMILY PRACTICE	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3956	FAMILY PRACTICE	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	3
3956	FAMILY PRACTICE	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3963	FAMILY PRACTICE	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	GENERAL PRACTICE	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	GENERAL PRACTICE	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Latuda (lurasidone)	ANTIPSYCHOTICS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	3
3956	NURSE PRACTITIONER, PSYCHIATRIC	Latuda 80MG OR TABS	ANTIPSYCHOTICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, UNSPECIFIED	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	PSYCHIATRY	Latuda (lurasidone)	ANTIPSYCHOTICS	Denial	1
3956	PSYCHIATRY	Latuda (lurasidone)	ANTIPSYCHOTICS	Denial	1
3963	PSYCHIATRY	Latuda (lurasidone)	ANTIPSYCHOTICS	Approval	1
3951	PSYCHIATRY	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	2
3956	PSYCHIATRY	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	2
3963	PSYCHIATRY	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	2
3956	PSYCHIATRY	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3963	PSYCHIATRY	Latuda 60MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	PSYCHIATRY	Latuda 80MG OR TABS	ANTIPSYCHOTICS	Approval	3
3963	PSYCHIATRY	Latuda 80MG OR TABS	ANTIPSYCHOTICS	Approval	1
3951	PSYCHIATRY, CHILD & ADOLESCENT	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	Latuda 40MG OR TABS	ANTIPSYCHOTICS	Approval	1
3956	PSYCHOLOGIST, SCHOOL	Latuda 20MG OR TABS	ANTIPSYCHOTICS	Approval	1
3963	UNSPECIFIED	Acyclovir 5% cream	ANTIVIRALS	Denial	1
3963	UNSPECIFIED	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3964	UNSPECIFIED	Acyclovir 5% EX OINT	ANTIVIRALS	Denial	1
3963	UNSPECIFIED	Acyclovir Oint	ANTIVIRALS	Denial	2
3963	UNSPECIFIED	Denavir (penciclovir)	ANTIVIRALS	Approval	1
3963	UNSPECIFIED	Denavir (penciclovir)	ANTIVIRALS	Denial	1
3956	UNSPECIFIED	valganciclovir	ANTIVIRALS	Approval	2
3956	UNSPECIFIED	valGANciclovir HCl 450MG OR TABS	ANTIVIRALS	Approval	1
3951	FAMILY PRACTICE	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3963	FAMILY PRACTICE	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	2
3963	FAMILY PRACTICE	Acyclovir 5% EX OINT	ANTIVIRALS	Denial	1
3964	FAMILY PRACTICE	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3964	FAMILY PRACTICE	Acyclovir Oint	ANTIVIRALS	Denial	1
3963	FAMILY PRACTICE	Acyclovir Ointment	ANTIVIRALS	Denial	3
3951	INTERNAL MEDICINE	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3963	INTERNAL MEDICINE	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3951	INTERNAL MEDICINE	Acyclovir Oint	ANTIVIRALS	Denial	1
3963	INTERNAL MEDICINE	Acyclovir Ointment	ANTIVIRALS	Denial	1
3951	INTERNAL MEDICINE	valganciclovir	ANTIVIRALS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	valganciclovir	ANTIVIRALS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Acyclovir Oint	ANTIVIRALS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Acyclovir Ointment	ANTIVIRALS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Acyclovir Ointment	ANTIVIRALS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Vemlidy	Antivirals	Approval	2
3962	OBSTETRICS & GYNECOLOGY	Acyclovir 5% EX OINT	ANTIVIRALS	Approval	1
3963	PEDIATRICS	Acyclovir Ointment	ANTIVIRALS	Denial	1
3964	PEDIATRICS	Denavir (penciclovir)	ANTIVIRALS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VEREGEN OIN 15%	ANTIVIRALS	Denial	1
3951	FAMILY PRACTICE	Albuterol HFA	Asthma	Approval	1
3956	FAMILY PRACTICE	Albuterol Sulfate HFA 108 (90 Base)MCG/ACT IN AERS	Asthma	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Albuterol HFA	Asthma	Approval	1
3963	UNSPECIFIED	Vraylar	ATARACTICS-TRANQUILIZERS	Denial	1
3963	UNSPECIFIED	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Approval	1
3963	UNSPECIFIED	Vraylar 1.5 & 3MG OR CPPK	ATARACTICS-TRANQUILIZERS	Approval	1
3963	UNSPECIFIED	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3964	UNSPECIFIED	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3964	UNSPECIFIED	Vraylar 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3967	UNSPECIFIED	Vraylar 6MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3967	FAMILY MEDICINE	Vraylar 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	FAMILY PRACTICE	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Approval	1
3963	FAMILY PRACTICE	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Denial	2
3963	FAMILY PRACTICE	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	3
3965	FAMILY PRACTICE	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	FAMILY PRACTICE	Vraylar 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3963	INTERNAL MEDICINE	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Denial	1
3964	LICENSED PRACTICAL NURSE, UNSPECIFIED	Vraylar 4.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar (Cariprazine HCl) 1.5 MG Oral Capsule	ATARACTICS-TRANQUILIZERS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar 1.5MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Vraylar 3MG OR CAPS	ATARACTICS-TRANQUILIZERS	Approval	1
3951	PSYCHIATRY	Vraylar (cariprazine)	ATARACTICS-TRANQUILIZERS	Approval	1
3963	GASTROENTEROLOGY	Ocaliva	BILE THERAPY	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ocaliva	BILE THERAPY	Denial	1
3964	UNSPECIFIED	HyQvia	BIOLOGICALS	Approval	1
3951	ALLERGY & IMMUNOLOGY	Hizentra	BIOLOGICALS	Approval	1
3963	ALLERGY & IMMUNOLOGY	Hizentra	BIOLOGICALS	Denial	2
3956	ALLERGY & IMMUNOLOGY	HyQvia	BIOLOGICALS	Approval	1
3963	ALLERGY & IMMUNOLOGY	HyQvia	BIOLOGICALS	Approval	1
3963	PEDIATRICS	Hizentra	BIOLOGICALS	Approval	1
3963	PEDIATRICS	Hizentra	BIOLOGICALS	Denial	1
3963	FAMILY PRACTICE	Spiriva 1.25mcg	BRONCHIAL DILATORS	Approval	1
3956	UNSPECIFIED	Multaq (dronedarone)	CARDIOVASCULAR AGENTS	Approval	3
3956	CARDIOLOGY	Dofetilide 125MCG OR CAPS	CARDIOVASCULAR AGENTS	Approval	1
3956	CARDIOLOGY	Multaq (dronedarone)	CARDIOVASCULAR AGENTS	Approval	1
3961	CARDIOLOGY	Multaq (dronedarone)	CARDIOVASCULAR AGENTS	Approval	1
3951	CARDIOLOGY	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	1
3956	CARDIOLOGY	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	6
3961	CARDIOLOGY	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	2
3963	CARDIOLOGY	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	1
3956	FAMILY PRACTICE	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	1
3963	INTERNAL MEDICINE	Multaq (dronedarone)	CARDIOVASCULAR AGENTS	Approval	1
3963	INTERNAL MEDICINE	Multaq (dronedarone)	CARDIOVASCULAR AGENTS	Denial	1
3956	INTERNAL MEDICINE	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dofetilide 500MCG OR CAPS	CARDIOVASCULAR AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Multaq 400MG OR TABS	CARDIOVASCULAR AGENTS	Approval	2
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	Dofetilide 500MCG OR CAPS	CARDIOVASCULAR AGENTS	Approval	1
3956	GENERAL PRACTICE	Nuedexta 20-10MG OR CAPS	CNS AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Nuedexta (dextromethorphan quinidine)	CNS AGENT	Approval	1
3963	UNSPECIFIED	Amphetamine-Dextroamphet ER 25MG OR CP24	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	Amphetamine-Dextroamphet ER 30MG OR CP24	CNS STIMULANTS	Denial	1
3963	UNSPECIFIED	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Approval	2
3951	UNSPECIFIED	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	2
3956	UNSPECIFIED	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	2
3956	UNSPECIFIED	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	1
3965	UNSPECIFIED	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3951	UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Denial	1
3956	UNSPECIFIED	Armodafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	Armodafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3961	UNSPECIFIED	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3964	UNSPECIFIED	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3965	UNSPECIFIED	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	Modafinil 100mg	CNS STIMULANTS	Denial	1
3964	UNSPECIFIED	Modafinil 100mg	CNS STIMULANTS	Approval	1
3956	UNSPECIFIED	Modafinil 100MG OR TABS	CNS STIMULANTS	Denial	1
3963	UNSPECIFIED	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	2
3956	UNSPECIFIED	Modafinil 200mg	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	Modafinil 200mg	CNS STIMULANTS	Approval	3
3963	UNSPECIFIED	Modafinil 200mg	CNS STIMULANTS	Denial	3
3965	UNSPECIFIED	Modafinil 200mg	CNS STIMULANTS	Approval	1
3951	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3956	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	6
3956	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Denial	1
3962	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	4
3965	UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	CHIROPRACTOR, UNSPECIFIED	Modafinil 200mg	CNS STIMULANTS	Denial	1
3956	CHIROPRACTOR, UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Denial	1
3956	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3963	CLINICAL NURSE SPECIALIST, GERONTOLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	EMERGENCY MEDICINE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	1
3965	EMERGENCY MEDICINE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	EMERGENCY MEDICINE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3963	EMERGENCY MEDICINE	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Adderall 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Adderall 30MG OR TABS	CNS STIMULANTS	Approval	3
3951	FAMILY PRACTICE	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	3
3956	FAMILY PRACTICE	Amphetamine-Dextroamphet ER 25MG OR CP24	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphet ER 30MG OR CP24	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 15mg Ext-Rel mixture	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 15mg Tab	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg	CNS STIMULANTS	Denial	1
3964	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg	CNS STIMULANTS	Approval	2
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Approval	4
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3961	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3964	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	4
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Denial	1
3961	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 25mg ER	CNS STIMULANTS	Approval	2
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	2
3964	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	5
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	3
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	7
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Denial	1
3962	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	10
3964	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	2
3951	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	4
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	28
3956	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	4
3961	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3965	FAMILY PRACTICE	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Armodafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Armodafinil 250MG OR TABS	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Dexmethylphenidate 10mg Tablets	CNS STIMULANTS	Approval	1
3951	FAMILY PRACTICE	Modafinil 100mg	CNS STIMULANTS	Approval	1
3956	FAMILY PRACTICE	Modafinil 100mg	CNS STIMULANTS	Denial	1
3963	FAMILY PRACTICE	Modafinil 100mg	CNS STIMULANTS	Denial	3
3956	FAMILY PRACTICE	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Modafinil 100MG OR TABS	CNS STIMULANTS	Denial	1
3964	FAMILY PRACTICE	Modafinil 100MG OR TABS	CNS STIMULANTS	Denial	1
3951	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Denial	1
3956	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Denial	3
3961	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Approval	2
3963	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Denial	2
3964	FAMILY PRACTICE	Modafinil 200mg	CNS STIMULANTS	Denial	1
3951	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3956	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	4
3956	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Denial	2
3961	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3964	FAMILY PRACTICE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3962	GENERAL PRACTICE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3956	GENERAL PRACTICE	Modafinil 200mg	CNS STIMULANTS	Approval	1
3956	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Approval	1
3951	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3963	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3964	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3956	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3963	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	2
3956	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	5
3956	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	1
3963	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3964	INTERNAL MEDICINE	Amphetamine-Dextroamphetamine 5mg Tablets	CNS STIMULANTS	Denial	1
3956	INTERNAL MEDICINE	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3961	INTERNAL MEDICINE	Modafinil 200mg	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	INTERNAL MEDICINE	Modafinil 200mg	CNS STIMULANTS	Denial	1
3964	INTERNAL MEDICINE	Modafinil 200mg	CNS STIMULANTS	Denial	1
3951	INTERNAL MEDICINE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	INTERNAL MEDICINE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	4
3964	INTERNAL MEDICINE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3956	NEUROLOGY	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Denial	1
3963	NEUROLOGY	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	Methylphenidate HCl 20MG OR TABS	CNS STIMULANTS	Denial	1
3956	NEUROLOGY	Modafinil 100MG OR TABS	CNS STIMULANTS	Denial	1
3961	NEUROLOGY	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	Modafinil 200mg	CNS STIMULANTS	Approval	1
3967	NEUROLOGY	Modafinil 200mg	CNS STIMULANTS	Approval	1
3956	NEUROLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	NEUROLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3961	NURSE PRACTITIONER, ACUTE CARE	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3961	NURSE PRACTITIONER, ACUTE CARE	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Armodafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Armodafinil 50MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 100mg	CNS STIMULANTS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	modafinil 200 mg tablet (PROVIGIL)	CNS STIMULANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 200mg	CNS STIMULANTS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	2
3963	NURSE PRACTITIONER, PSYCHIATRIC	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Denial	1
3967	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Modafinil 100MG OR TABS	CNS STIMULANTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Modafinil 200MG OR TABS	CNS STIMULANTS	Denial	1
3964	OBSTETRICS & GYNECOLOGY	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3961	OBSTETRICS & GYNECOLOGY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3963	OPHTHALMOLOGY	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	OTOLARYNGOLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3951	PEDIATRICS	Amphetamine-Dextroamphet ER 25MG OR CP24	CNS STIMULANTS	Approval	1
3963	PEDIATRICS	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	PEDIATRICS	Amphetamine-Dextroamphetamine 25mg ER	CNS STIMULANTS	Approval	1
3964	PEDIATRICS	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	2
3956	PEDIATRICS	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3956	PEDIATRICS	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	1
3951	PEDIATRICS	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3956	PEDIATRICS	Armodafinil 150MG OR TABS	CNS STIMULANTS	Denial	1
3963	PEDIATRICS	Dexmethylphenidate 10mg Tab	CNS STIMULANTS	Approval	1
3951	PEDIATRICS	Dexmethylphenidate 10mg Tablets	CNS STIMULANTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Armodafinil 250MG OR TABS	CNS STIMULANTS	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	1
3964	PHYSICIAN, SURGERY, GENERAL	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Amphetamine-Dextroamphet ER 15MG OR CP24	CNS STIMULANTS	Approval	1
3951	PSYCHIATRY	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	3
3961	PSYCHIATRY	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3963	PSYCHIATRY	Amphetamine-Dextroamphet ER 20MG OR CP24	CNS STIMULANTS	Approval	1
3951	PSYCHIATRY	Amphetamine-Dextroamphetamine 20mg	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Approval	3
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 20mg ER	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 20mg Tab	CNS STIMULANTS	Approval	6
3951	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Denial	1
3963	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	2
3964	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	3
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Approval	3
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg ER	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	10
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Denial	1
3951	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	10
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	1
3963	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3963	PSYCHIATRY	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Amphetamine-Dextroamphetamine 5MG OR TABS	CNS STIMULANTS	Approval	1
3951	PSYCHIATRY	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3964	PSYCHIATRY	Amphetamine-Dextroamphetamine ER 20mg	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	3
3951	PSYCHIATRY	Modafinil 100mg	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Modafinil 100mg	CNS STIMULANTS	Denial	1
3956	PSYCHIATRY	Modafinil 200mg	CNS STIMULANTS	Denial	2
3963	PSYCHIATRY	Modafinil 200mg	CNS STIMULANTS	Denial	2
3956	PSYCHIATRY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY	Modafinil 200MG OR TABS	CNS STIMULANTS	Denial	1
3965	PSYCHIATRY, CHILD & ADOLESCENT	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Approval	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3964	PSYCHIATRY, CHILD & ADOLESCENT	Amphetamine-Dextroamphetamine 30MG OR TABS	CNS STIMULANTS	Approval	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1
3963	PSYCHOLOGIST, SCHOOL	Amphetamine-Dextroamphetamine 20MG OR TABS	CNS STIMULANTS	Approval	1
3965	PULMONARY DISEASES	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3956	PULMONARY DISEASES	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3961	PULMONARY DISEASES	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3963	PULMONARY DISEASES	Armodafinil 250MG OR TABS	CNS STIMULANTS	Approval	1
3962	PULMONARY DISEASES	Modafinil 200mg	CNS STIMULANTS	Approval	1
3963	PULMONARY DISEASES	Modafinil 200mg	CNS STIMULANTS	Approval	1
3951	PULMONARY DISEASES	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3963	PULMONARY DISEASES	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	3
3964	REGISTERED NURSE, UNSPECIFIED	Amphetamine-Dextroamphetamine 30mg	CNS STIMULANTS	Denial	1
3956	REGISTERED NURSE, UNSPECIFIED	Amphetamine-Dextroamphetamine 30mg Tab	CNS STIMULANTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	RHEUMATOLOGY	Armodafinil 50MG OR TABS	CNS STIMULANTS	Approval	1
3963	RHEUMATOLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3964	RHEUMATOLOGY	Modafinil 200MG OR TABS	CNS STIMULANTS	Approval	1
3956	SLEEP MEDICINE	Armodafinil 150MG OR TABS	CNS STIMULANTS	Approval	1
3963	SLEEP MEDICINE	Modafinil 100mg	CNS STIMULANTS	Denial	1
3951	HEMATOLOGY & ONCOLOGY	Nivestym	COLONY STIMULATING FACTORS	Approval	1
3961	UNSPECIFIED	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3963	UNSPECIFIED	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3965	UNSPECIFIED	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3956	UNSPECIFIED	Trikafta 100-50-75 & 150MG OR TBPK	CYSTIC FIBROSIS AGENTS	Approval	1
3951	PEDIATRICS	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3951	PEDIATRICS	Trikafta	CYSTIC FIBROSIS AGENTS	Denial	1
3965	PEDIATRICS	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3963	PULMONARY DISEASES	Trikafta 100-50-75 & 150MG OR TBPK	CYSTIC FIBROSIS AGENTS	Approval	1
3956	PULMONOLOGY, PEDIATRIC	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	1
3963	PULMONOLOGY, PEDIATRIC	Trikafta	CYSTIC FIBROSIS AGENTS	Approval	2
3963	PULMONOLOGY, PEDIATRIC	Trikafta 100-50-75 & 150MG OR TBPK	CYSTIC FIBROSIS AGENTS	Approval	1
3956	UNSPECIFIED	Adapalene 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	Adapalene 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	ambrisentan	DERMATOLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	ambrisentan	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	4
3964	UNSPECIFIED	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Azelaic Acid	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	azelaic acid 15 % topical gel	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3964	UNSPECIFIED	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	1
3951	UNSPECIFIED	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3964	UNSPECIFIED	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	UNSPECIFIED	Clindamycin Phosphate 1% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Cloderm 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Duobrii 0.01-0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	1
3951	UNSPECIFIED	Eucrisa 2 % topical ointment	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3962	UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	3
3964	UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	eucrisa 2% ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Finacea (azelaic acid)	DERMATOLOGICAL AGENTS	Denial	1
3964	UNSPECIFIED	Finacea (azelaic acid)	DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	Finacea (azelaic acid)	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Finacea 15 % topical foam	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Finacea 15% EX FOAM	DERMATOLOGICAL AGENTS	Approval	1
3964	UNSPECIFIED	Finacea 15% EX FOAM	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Isotretinoin	DERMATOLOGICAL AGENTS	Denial	1
3961	UNSPECIFIED	Isotretinoin	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Isotretinoin	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Isotretinoin	DERMATOLOGICAL AGENTS	Denial	1
3964	UNSPECIFIED	Isotretinoin	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	isotretinoin 20 mg capsule	DERMATOLOGICAL AGENTS	Approval	3
3951	UNSPECIFIED	ISOtretinoin 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOtretinoin 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	UNSPECIFIED	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	isotretinoin 40 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOTRETINOIN 40MG CAP	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	4
3965	UNSPECIFIED	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	UNSPECIFIED	Mirvaso 0.33% EX GEL	DERMATOLOGICAL AGENTS	Approval	2
3965	UNSPECIFIED	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	myorisan 20 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Pimecrolimus	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Pimecrolimus	DERMATOLOGICAL AGENTS	Denial	2
3964	UNSPECIFIED	Pimecrolimus	DERMATOLOGICAL AGENTS	Approval	1
3964	UNSPECIFIED	Pimecrolimus	DERMATOLOGICAL AGENTS	Denial	3
3963	UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3964	UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Prevymis 480MG OR TABS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Retin-A Micro Pump 0.08% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Rhofade 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Rhofade 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3951	UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3963	UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3965	UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3962	UNSPECIFIED	Tacrolimus 0.03% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	tacrolimus 0.1 % topical ointment	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	5
3963	UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3964	UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3962	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3964	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	tazarotene 0.1% cream	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3964	UNSPECIFIED	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tazorac 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tretinoin 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	tretinoin 0.025% cream	DERMATOLOGICAL AGENTS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	tretinoin 0.025% cream	DERMATOLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	10
3963	UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Denial	2
3967	UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3956	UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3963	UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3963	UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Tretinoin 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	tretinoin 0.1% cream	DERMATOLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3961	UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	Tretinoin Cream	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3961	UNSPECIFIED	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	3
3963	UNSPECIFIED	Tretinoin Microsphere Pump 0.04% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	3
3963	UNSPECIFIED	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Triamcinolone 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3951	UNSPECIFIED	Triamcinolone Acetonide 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Triamcinolone Acetonide 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Triamcinolone Acetonide 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Triamcinolone Acetonide 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Zenatane (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Zenatane (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3964	UNSPECIFIED	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Denial	1
3967	UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	ALLERGY & IMMUNOLOGY	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3967	ALLERGY & IMMUNOLOGY	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	ALLERGY & IMMUNOLOGY	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3964	ALLERGY & IMMUNOLOGY	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	ALLERGY & IMMUNOLOGY	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3963	ALLERGY & IMMUNOLOGY	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	3
3963	ALLERGY & IMMUNOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3951	ALLERGY & IMMUNOLOGY	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3963	CARDIOLOGY	ambrisentan	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Adapalene 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Adapalene 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	Amnesteem 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Amnesteem 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Arazlo (tazarotene)	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	6
3963	DERMATOLOGY	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	7
3964	DERMATOLOGY	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	Azelaic Acid	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	3
3963	DERMATOLOGY	Bryhali (Brand Only) (halobetasol) Lotion	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Bryhali 0.01% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	2
3962	DERMATOLOGY	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	2
3956	DERMATOLOGY	Claravis 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Claravis 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	DERMATOLOGY	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3964	DERMATOLOGY	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3962	DERMATOLOGY	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3951	DERMATOLOGY	Clindamycin Phosphate 1% EX SOLN	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Clindamycin Solution 1%	DERMATOLOGICAL AGENTS	Denial	1
3965	DERMATOLOGY	Clindamycin-Tretinoin 1.2-0.025% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Clobetasol Propionate 0.05% EX SHAM	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	Duobrii 0.01-0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Duobrii 0.01-0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3964	DERMATOLOGY	Halog 0.1 % topical cream	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Halog 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Isotretinoin	DERMATOLOGICAL AGENTS	Approval	2
3951	DERMATOLOGY	Isotretinoin	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	isotretinoin 10 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	isotretinoin 40 mg capsule	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	Ketoconazole 2% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3964	DERMATOLOGY	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Myorisan 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3961	DERMATOLOGY	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3961	DERMATOLOGY	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3964	DERMATOLOGY	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Pimecrolimus	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	pimecrolimus 1 % topical cream	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3963	DERMATOLOGY	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	DERMATOLOGY	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	Retin-A Micro Pump 0.06% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Retin-A Micro Pump 0.08% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	Retin-A Micro Pump 0.08% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Rhofade 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3963	DERMATOLOGY	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	Tacrolimus 0.03% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	tacrolimus 0.1 % topical ointment	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	4
3964	DERMATOLOGY	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3962	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	2
3964	DERMATOLOGY	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	tazarotene 0.1 % topical cream	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3961	DERMATOLOGY	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3964	DERMATOLOGY	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Tazorac 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3961	DERMATOLOGY	Tazorac Cream 0.05% (tazarotene)	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Tazorac Gel (tazarotene)	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Tretinoin (Emollient) 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tretinoin 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approval	2
3956	DERMATOLOGY	Tretinoin 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3965	DERMATOLOGY	Tretinoin 0.025 % External Cream (RETIN-A)	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3956	DERMATOLOGY	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3956	DERMATOLOGY	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3961	DERMATOLOGY	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	DERMATOLOGY	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3963	DERMATOLOGY	tretinoin 0.05% cream	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3961	DERMATOLOGY	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Tretinoin 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3963	DERMATOLOGY	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Tretinoin cream	DERMATOLOGICAL AGENTS	Approval	2
3956	DERMATOLOGY	Tretinoin Cream	DERMATOLOGICAL AGENTS	Approval	2
3956	DERMATOLOGY	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Tretinoin Microsphere 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3961	DERMATOLOGY	Tretinoin Microsphere 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3961	DERMATOLOGY	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Approval	1
3962	DERMATOLOGY	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3963	DERMATOLOGY	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Triamcinolone 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3961	DERMATOLOGY	Triamcinolone 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Triamcinolone Acetonide 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Zenatane 10MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Zenatane 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	DERMATOLOGY	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	DERMATOLOGY	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	DERMATOLOGY	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3963	EMERGENCY MEDICINE	Tretinoin Cream	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Amnesteem 10MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Duobrii (halobetasol propionate-tazarotene)	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	1
3963	FAMILY PRACTICE	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	4
3951	FAMILY PRACTICE	Eucrisa (Crisaborole) 2 % External Gram	DERMATOLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3963	FAMILY PRACTICE	Finacea (azelaic acid)	DERMATOLOGICAL AGENTS	Denial	1
3951	FAMILY PRACTICE	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	FAMILY PRACTICE	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3965	FAMILY PRACTICE	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3963	FAMILY PRACTICE	Tretinoin 0.01% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	tretinoin 0.01% gel	DERMATOLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	FAMILY PRACTICE	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	FAMILY PRACTICE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Tretinoin 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Tretinoin Cream	DERMATOLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3961	FAMILY PRACTICE	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3963	FAMILY PRACTICE	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	FAMILY PRACTICE	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3951	FAMILY PRACTICE	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Amnesteem 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3964	INTERNAL MEDICINE	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Clobetasol 0.05% Spray	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Clobetasol Propionate 0.05% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3964	INTERNAL MEDICINE	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3961	INTERNAL MEDICINE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3964	INTERNAL MEDICINE	ISOTretinoin 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3962	INTERNAL MEDICINE	ISOTretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Prevymis (letermovir)	DERMATOLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3961	INTERNAL MEDICINE	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3961	INTERNAL MEDICINE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	INTERNAL MEDICINE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Adapalene 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	1
3961	NURSE PRACTITIONER, ACUTE CARE	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3961	NURSE PRACTITIONER, ACUTE CARE	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	Claravis 40 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Finacea (azelaic acid)	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	isotretinoin 30 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ketoconazole 2% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Myorisan 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tazorac 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3961	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tretinoin Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Triamcinolone 0.1% Cream	DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Triamcinolone Acetonide 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Zenatane (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Elidel (pimecrolimus)	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Tacrolimus 0.03% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Tretinoin Microsphere Topical Gel	DERMATOLOGICAL AGENTS	Denial	1
3963	OPTOMETRIST, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	PEDIATRICS	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	2
3964	PEDIATRICS	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1
3963	PEDIATRICS	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3962	PEDIATRICS	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Adapalene 0.1% EX PADS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Amnesteem (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Amnesteem 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Arazlo 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Azelaic Acid	DERMATOLOGICAL AGENTS	Approval	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	Azelaic Acid	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Azelaic Acid 15% EX GEL	DERMATOLOGICAL AGENTS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Claravis 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Duobrii 0.01-0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Eucrisa (crisaborole)	DERMATOLOGICAL AGENTS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Eucrisa 2% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Finacea 15% EX FOAM	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	isotretinoin 20 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	isotretinoin 30 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOtretinoin 30MG OR CAPS	DERMATOLOGICAL AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	isotretinoin 40 mg capsule	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOtretinoin 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Ketoconazole 2% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Mirvaso 0.33 % topical gel with pump	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Myorisan (isotretinoin)	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Myorisan 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	myorisan 40 mg capsule	DERMATOLOGICAL AGENTS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Myorisan 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus	DERMATOLOGICAL AGENTS	Denial	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	pimecrolimus 1 % topical cream	DERMATOLOGICAL AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Denial	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Pimecrolimus 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Rhofade 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Rhofade 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Soolantra 1 % topical cream	DERMATOLOGICAL AGENTS	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	soolantra 1% cream	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	4
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Soolantra 1% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approval	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Tacrolimus 0.1% Ointment	DERMATOLOGICAL AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	tazarotene 0.1 % topical cream	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tazarotene 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	tretinoin 0.025% cream	DERMATOLOGICAL AGENTS	Approval	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	tretinoin 0.025% cream	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	tretinoin 0.025% cream	DERMATOLOGICAL AGENTS	Approval	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	5
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	7
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	3
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin Cream	DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tretinoin Microsphere 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane (isotretinoin)	DERMATOLOGICAL AGENTS	Denial	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenatane 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Omnipod Dash 5 Pack Insulin Pod subcutaneous cartridge (insulin pump cartridge)	Diabetes pump	Denial	1
3956	UNSPECIFIED	Farxiga (dapagliflozin)	Diabetic Agent	Approval	3
3956	UNSPECIFIED	Farxiga 10 mg tablet	Diabetic Agent	Approval	1
3951	UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	3
3956	UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	11
3963	UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3963	UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Denial	2
3951	UNSPECIFIED	Farxiga 5MG OR TABS	Diabetic Agent	Approval	2
3956	UNSPECIFIED	Farxiga 5MG OR TABS	Diabetic Agent	Approval	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	Januvia 50MG OR TABS	DIABETIC AGENT	Approval	2
3963	UNSPECIFIED	Januvia 50MG OR TABS	DIABETIC AGENT	Approval	1
3951	UNSPECIFIED	Jardiance (empagliflozin)	DIABETIC AGENT	Denial	1
3956	UNSPECIFIED	Jardiance (empagliflozin)	DIABETIC AGENT	Approval	4
3956	UNSPECIFIED	Jardiance (empagliflozin)	DIABETIC AGENT	Denial	1
3964	UNSPECIFIED	Jardiance (empagliflozin)	DIABETIC AGENT	Denial	1
3951	UNSPECIFIED	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	4
3963	UNSPECIFIED	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	5
3963	UNSPECIFIED	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	10
3963	UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	UNSPECIFIED	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	4
3956	UNSPECIFIED	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	2
3963	UNSPECIFIED	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3956	UNSPECIFIED	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	2
3956	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	3
3956	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	3
3961	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3961	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3963	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3963	UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	2
3956	UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	5
3956	UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Denial	2
3961	UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1
3961	UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Denial	1
3963	UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	3
3963	UNSPECIFIED	Trulicity 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3951	UNSPECIFIED	Victoza (liraglutide)	DIABETIC AGENT	Denial	2
3956	UNSPECIFIED	Victoza (liraglutide)	DIABETIC AGENT	Approval	1
3956	ALLERGY	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3963	ALLERGY	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1
3963	ALLERGY	Trulicity 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	CARDIOLOGY	Farxiga 10MG OR TABS	Diabetic Agent	Approval	3
3956	CARDIOLOGY	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3963	CARDIOLOGY	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	CARDIOLOGY, INTERVENTIONAL	Farxiga (dapagliflozin)	Diabetic Agent	Approval	1
3961	CARDIOLOGY, INTERVENTIONAL	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Farxiga (dapagliflozin)	Diabetic Agent	Denial	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Trulicity 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	EMERGENCY MEDICINE	Farxiga (dapagliflozin)	Diabetic Agent	Approval	1
3956	EMERGENCY MEDICINE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	EMERGENCY MEDICINE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	EMERGENCY MEDICINE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Farxiga (dapagliflozin)	Diabetic Agent	Approval	1
3956	FAMILY PRACTICE	Farxiga (dapagliflozin)	Diabetic Agent	Approval	4
3961	FAMILY PRACTICE	Farxiga (dapagliflozin)	Diabetic Agent	Approval	1
3963	FAMILY PRACTICE	Farxiga (dapagliflozin)	Diabetic Agent	Denial	1
3951	FAMILY PRACTICE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3956	FAMILY PRACTICE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	13
3961	FAMILY PRACTICE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3963	FAMILY PRACTICE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	2
3964	FAMILY PRACTICE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3951	FAMILY PRACTICE	Farxiga 5MG OR TABS	Diabetic Agent	Approval	2
3956	FAMILY PRACTICE	Farxiga 5MG OR TABS	Diabetic Agent	Approval	7
3956	FAMILY PRACTICE	Glyxambi (empagliflozin-linagliptin)	Diabetic Agent	Approval	1
3956	FAMILY PRACTICE	Glyxambi 25-5MG OR TABS	Diabetic Agent	Approval	1
3956	FAMILY PRACTICE	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	7
3963	FAMILY PRACTICE	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	Jardiance (empagliflozin)	DIABETIC AGENT	Approval	3
3951	FAMILY PRACTICE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	7
3961	FAMILY PRACTICE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	Jardiance 10MG OR TABS	DIABETIC AGENT	Denial	1
3951	FAMILY PRACTICE	Jardiance 25MG OR TABS	DIABETIC AGENT	Denial	1
3956	FAMILY PRACTICE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	8
3961	FAMILY PRACTICE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3963	FAMILY PRACTICE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3956	FAMILY PRACTICE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	9
3956	FAMILY PRACTICE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	4
3963	FAMILY PRACTICE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	3
3956	FAMILY PRACTICE	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	8
3951	FAMILY PRACTICE	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	2
3964	FAMILY PRACTICE	Ozempic (semaglutide)	DIABETIC AGENT	Denial	1
3951	FAMILY PRACTICE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	5
3956	FAMILY PRACTICE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	9
3963	FAMILY PRACTICE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	3
3956	FAMILY PRACTICE	Trulicity (dulaglutide)	DIABETIC AGENT	Denial	2
3963	FAMILY PRACTICE	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3956	FAMILY PRACTICE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	7
3963	FAMILY PRACTICE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	Trulicity 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Trulicity 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	FAMILY PRACTICE	Victoza (liraglutide)	DIABETIC AGENT	Approval	1
3956	FAMILY PRACTICE	Victoza (liraglutide)	DIABETIC AGENT	Approval	2
3956	GENERAL PRACTICE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3961	INTERNAL MEDICINE	Farxiga (dapagliflozin)	Diabetic Agent	Denial	1
3956	INTERNAL MEDICINE	Farxiga 10MG OR TABS	Diabetic Agent	Approval	5
3956	INTERNAL MEDICINE	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3956	INTERNAL MEDICINE	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Januvia (sitagliptin)	DIABETIC AGENT	Denial	1
3951	INTERNAL MEDICINE	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	5
3956	INTERNAL MEDICINE	Januvia 50MG OR TABS	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Jardiance (empagliflozin)	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	Jardiance (empagliflozin)	DIABETIC AGENT	Denial	1
3951	INTERNAL MEDICINE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	7
3963	INTERNAL MEDICINE	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3951	INTERNAL MEDICINE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	6
3956	INTERNAL MEDICINE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	8
3956	INTERNAL MEDICINE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	2
3963	INTERNAL MEDICINE	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3951	INTERNAL MEDICINE	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	4
3956	INTERNAL MEDICINE	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	2
3956	INTERNAL MEDICINE	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	3
3951	INTERNAL MEDICINE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	4
3963	INTERNAL MEDICINE	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	INTERNAL MEDICINE	Trulicity 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3963	NURSE PRACTITIONER, ADULT HEALTH	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga (dapagliflozin)	Diabetic Agent	Approval	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga (dapagliflozin)	Diabetic Agent	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	farxiga 10 mg tablet	Diabetic Agent	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga 10MG OR TABS	Diabetic Agent	Approval	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga 10MG OR TABS	Diabetic Agent	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Januvia (sitagliptin)	DIABETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Januvia 50MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance (empagliflozin)	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance (empagliflozin)	DIABETIC AGENT	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance (Empagliflozin) 10 MG Oral Tablet	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance 10MG OR TABS	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	9
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic (semaglutide)	DIABETIC AGENT	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	4
3961	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity (dulaglutide)	DIABETIC AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity (dulaglutide)	DIABETIC AGENT	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Trulicity 3MG/0.5ML SC SOPN	DIABETIC AGENT	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Januvia 50MG OR TABS	DIABETIC AGENT	Approval	1
3961	NURSE PRACTITIONER, UNSPECIFIED	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	4
3963	NURSE PRACTITIONER, UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	2
3951	PEDIATRICS	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3956	PEDIATRICS	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3956	PEDIATRICS	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PEDIATRICS	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Januvia (sitagliptin)	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Jardiance 10MG OR TABS	DIABETIC AGENT	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Ozempic (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approval	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity (dulaglutide)	DIABETIC AGENT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Trulicity 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3951	PHYSICIAN, ENDOCRINOLOGY	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Glyxambi (empagliflozin-linagliptin)	Diabetic Agent	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Jardiance (empagliflozin)	DIABETIC AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN, ENDOCRINOLOGY	Jardiance 10MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Jardiance 25MG OR TABS	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Ozempic (0.25 or 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denial	1
3956	PHYSICIAN, ENDOCRINOLOGY	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3961	PHYSICIAN, ENDOCRINOLOGY	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Januvia 100MG OR TABS	DIABETIC AGENT	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	Ozempic (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	2
3951	PHYSICIAN, SURGERY, GENERAL	Trulicity 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approval	1
3956	PSYCHIATRY	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3963	REGISTERED NURSE, UNSPECIFIED	Farxiga 10MG OR TABS	Diabetic Agent	Approval	1
3956	REGISTERED NURSE, UNSPECIFIED	Farxiga 5MG OR TABS	Diabetic Agent	Approval	1
3963	REGISTERED NURSE, UNSPECIFIED	Ozempic Inj (semaglutide)	DIABETIC AGENT	Denial	1
3956	UNSPECIFIED	Dexcom G5 Mobile Receiver XX DEVI	DIABETIC DEVICES	Denial	1
3963	UNSPECIFIED	Dexcom G5 Mobile Receiver XX DEVI	DIABETIC DEVICES	Approval	1
3963	UNSPECIFIED	Dexcom G5 Receiver Kit	DIABETIC DEVICES	Denial	1
3956	FAMILY PRACTICE	Dexcom G5 Mis Transmit	DIABETIC DEVICES	Approval	1
3951	FAMILY PRACTICE	Dexcom G5 Receiver Kit	DIABETIC DEVICES	Denial	1
3956	INTERNAL MEDICINE	Dexcom G5 Mis Receiver	DIABETIC DEVICES	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G5 Mobile Transmitter XX MISC	DIABETIC DEVICES	Approval	1
3956	PHYSICIAN, ENDOCRINOLOGY	Dexcom G5 Mis Receiver	DIABETIC DEVICES	Denial	1
3951	UNSPECIFIED	Dexcom G6 Continuous Glucose Monitor System	DIABETIC SUPPLIES	Denial	1
3956	UNSPECIFIED	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Denial	6
3951	UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3956	UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	7
3963	UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3951	UNSPECIFIED	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3956	UNSPECIFIED	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	4
3951	UNSPECIFIED	Dexcom G6 Receiver	DIABETIC SUPPLIES	Approval	1
3951	UNSPECIFIED	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	2
3963	UNSPECIFIED	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	UNSPECIFIED	Dexcom G6 Receiver	DIABETIC SUPPLIES	Approval	1
3951	UNSPECIFIED	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3951	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3951	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	2
3963	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	3
3963	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	5
3964	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	3
3965	UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3951	UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3956	UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	6
3956	UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3963	UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	6
3963	UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3951	UNSPECIFIED	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	1
3951	UNSPECIFIED	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	2
3963	UNSPECIFIED	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	1
3963	UNSPECIFIED	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	4
3951	UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1
3951	UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	1
3963	UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	2
3965	UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	1
3963	CARDIOLOGY	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Denial	1
3963	CARDIOLOGY	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3961	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	2
3961	ENDOCRINOLOGY, PEDIATRIC	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3951	FAMILY MEDICINE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3951	FAMILY MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	1
3956	FAMILY PRACTICE	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3956	FAMILY PRACTICE	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Denial	4
3951	FAMILY PRACTICE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3956	FAMILY PRACTICE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	7

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	FAMILY PRACTICE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3956	FAMILY PRACTICE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	4
3961	FAMILY PRACTICE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3963	FAMILY PRACTICE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	3
3967	FAMILY PRACTICE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3956	FAMILY PRACTICE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	2
3963	FAMILY PRACTICE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	2
3964	FAMILY PRACTICE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	4
3963	FAMILY PRACTICE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	7
3967	FAMILY PRACTICE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	2
3956	FAMILY PRACTICE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3956	FAMILY PRACTICE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	3
3963	FAMILY PRACTICE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	5
3963	FAMILY PRACTICE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3964	FAMILY PRACTICE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3963	FAMILY PRACTICE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	6
3964	FAMILY PRACTICE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3967	FAMILY PRACTICE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3951	FAMILY PRACTICE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1
3956	FAMILY PRACTICE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1
3956	FAMILY PRACTICE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	1
3964	FAMILY PRACTICE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	1
3963	GASTROENTEROLOGY	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3956	GENERAL PRACTICE	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3951	INTERNAL MEDICINE	Dexcom G6 Continuous Glucose Monitor System	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Denial	3
3951	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	1
3951	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3956	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	2
3956	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	5
3961	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3956	INTERNAL MEDICINE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Approval	2
3956	INTERNAL MEDICINE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	2
3961	INTERNAL MEDICINE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	3
3951	INTERNAL MEDICINE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	3
3964	INTERNAL MEDICINE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3965	INTERNAL MEDICINE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Approval	1
3965	INTERNAL MEDICINE	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3956	INTERNAL MEDICINE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3963	INTERNAL MEDICINE	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3951	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3951	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3962	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	3
3963	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	3
3964	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3964	INTERNAL MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	2
3951	INTERNAL MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3956	INTERNAL MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3961	INTERNAL MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3963	INTERNAL MEDICINE	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3951	INTERNAL MEDICINE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3962	INTERNAL MEDICINE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	1
3963	INTERNAL MEDICINE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3964	INTERNAL MEDICINE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	2
3965	INTERNAL MEDICINE	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3956	INTERNAL MEDICINE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	2
3963	INTERNAL MEDICINE	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	2
3963	NEUROLOGY	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Continuous Glucose Monitor System	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Continuous Glucose Monitor System	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Receiver	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1
3951	NURSE PRACTITIONER, PEDIATRIC CARE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3951	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1
3962	OBSTETRICS & GYNECOLOGY	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3956	PEDIATRICS	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Approval	1
3956	PEDIATRICS	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Approval	1
3951	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3951	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3962	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	2
3963	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3964	PEDIATRICS	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	3
3951	PEDIATRICS	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PEDIATRICS	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3963	PEDIATRICS	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	1
3963	PEDIATRICS	Dexcom G6 Transmitter XX MISC	DIABETIC SUPPLIES	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Receiver	DIABETIC SUPPLIES	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3961	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Mis Sensor	DIABETIC SUPPLIES	Denial	1
3956	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Mis Transmit	DIABETIC SUPPLIES	Denial	1
3956	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Receiver XX DEVI	DIABETIC SUPPLIES	Approval	1
3962	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Sensor	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	2
3956	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	3
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	2
3965	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Sensor XX MISC	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Dexcom G6 Transmitter	DIABETIC SUPPLIES	Denial	2
3964	PHYSICIAN, GERIATRIC MEDICINE	Dexcom G6 Sensor	DIABETIC SUPPLIES	Denial	1
3956	PSYCHIATRY	Dexcom G6 Mis Receiver	DIABETIC SUPPLIES	Approval	1
3956	UNSPECIFIED	Alogliptin-metFORMIN HCl 12.5-1000MG OR TABS	DIABETIC THERAPY	Approval	1
3956	FAMILY PRACTICE	Alogliptin	DIABETIC THERAPY	Approval	1
3956	FAMILY PRACTICE	Alogliptin Benzoate 25MG OR TABS	DIABETIC THERAPY	Approval	1
3956	FAMILY PRACTICE	Alogliptin-metFORMIN HCl 12.5-1000MG OR TABS	DIABETIC THERAPY	Approval	2
3956	INTERNAL MEDICINE	Alogliptin Benzoate 25MG OR TABS	DIABETIC THERAPY	Approval	1
3963	INTERNAL MEDICINE	Jentadueto XR 5-1000MG OR TB24	DIABETIC THERAPY	Approval	1
3951	INTERNAL MEDICINE	Novolog	DIABETIC THERAPY	Approval	1
3956	UNSPECIFIED	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	4
3956	EMERGENCY MEDICINE	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	9
3956	NURSE PRACTITIONER, UNSPECIFIED	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	1
3956	PSYCHIATRY	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	3
3956	PSYCHIATRY, ADDICTION	Vivitrol	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	Approval	1
3963	UNSPECIFIED	SANTYL 250U/GM OIN	ENZYMES	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Premarin Tablet	ESTROGENS	Approval	1
3956	UNSPECIFIED	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	UNSPECIFIED	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3951	UNSPECIFIED	Creon 36000unit	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	Creon 36000unit	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	Creon 6000-19000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	UNSPECIFIED	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Denial	1
3965	UNSPECIFIED	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	2
3951	UNSPECIFIED	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	UNSPECIFIED	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3951	UNSPECIFIED	Zenpep 3000-10000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	UNSPECIFIED	Zenpep 40000unit	GASTROINTESTINAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Alosetron HCl 0.5MG OR TABS	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Alosetron HCl 1MG OR TABS	GASTROINTESTINAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Creon 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Creon 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	2
3956	FAMILY PRACTICE	Creon 6000-19000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3964	FAMILY PRACTICE	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Denial	1
3956	FAMILY PRACTICE	Dexilant 30MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3956	FAMILY PRACTICE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	10
3961	FAMILY PRACTICE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3964	FAMILY PRACTICE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	3
3956	FAMILY PRACTICE	Zenpep 3000-10000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Zenpep 5000-24000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	GASTROENTEROLOGY	Alosetron	GASTROINTESTINAL AGENTS	Denial	1
3956	GASTROENTEROLOGY	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	Creon 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	3
3956	GASTROENTEROLOGY	Creon 36000unit	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	Creon 36000unit	GASTROINTESTINAL AGENTS	Denial	1
3963	GASTROENTEROLOGY	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Denial	1
3964	GASTROENTEROLOGY	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3956	GASTROENTEROLOGY	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3963	GASTROENTEROLOGY	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3956	GASTROENTEROLOGY	Zenpep 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Creon 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Creon 12000unit	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Creon 24000unit	GASTROINTESTINAL AGENTS	Denial	1
3956	INTERNAL MEDICINE	Creon 3000unit	GASTROINTESTINAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3965	INTERNAL MEDICINE	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	Dexilant 30MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	3
3964	INTERNAL MEDICINE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Zenpep 15000unit	GASTROINTESTINAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Zenpep 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Zenpep 25000-79000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Creon 36000unit	GASTROINTESTINAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ADULT HEALTH	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Creon 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant (dexlansoprazole)	GASTROINTESTINAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant 30MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Alosetron	GASTROINTESTINAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3956	PEDIATRICS	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Zenpep 4000unit	GASTROINTESTINAL AGENTS	Approval	1
3951	PHYSICIAN, SURGERY, GENERAL	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	Dexilant 60MG OR CPDR	GASTROINTESTINAL AGENTS	Approval	1
3963	PULMONARY DISEASES	Creon 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3951	PULMONOLOGY, PEDIATRIC	Creon 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	SURGERY, VASCULAR	Creon 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approval	1
3963	UNSPECIFIED	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Denial	1
3965	UNSPECIFIED	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Approval	1
3963	UNSPECIFIED	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Approval	1
3951	UNSPECIFIED	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Approval	1
3963	UNSPECIFIED	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Approval	1
3963	FAMILY PRACTICE	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Denial	1
3964	INTERNAL MEDICINE	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Approval	1
3964	INTERNAL MEDICINE	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Denial	1
3963	INTERNAL MEDICINE	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Denial	1
3964	INTERNAL MEDICINE	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Denial	1
3963	OBSTETRICS & GYNECOLOGY	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Approval	1
3964	OBSTETRICS & GYNECOLOGY	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Denial	1
3963	OBSTETRICS & GYNECOLOGY	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Approval	1
3963	UROLOGY	Myrbetriq (mirabegron)	GENITOURINARY AGENTS	Denial	2
3963	UROLOGY	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Approval	3
3963	UROLOGY	Myrbetriq 25MG OR TB24	GENITOURINARY AGENTS	Denial	1
3963	UROLOGY	Myrbetriq 50MG OR TB24	GENITOURINARY AGENTS	Approval	1
3963	UNSPECIFIED	Cordran (Brand Only) (flurandrenolide) Lotion	GLUCOCORTICOIDS	Approval	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Cordran 4MCG/SQCM EX TAPE	GLUCOCORTICOIDS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Neulasta	HEMATINICS & BLOOD CELL STIMULATORS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Neulasta	HEMATINICS & BLOOD CELL STIMULATORS	Denial	1
3956	MEDICAL ONCOLOGY	Neulasta	HEMATINICS & BLOOD CELL STIMULATORS	Approval	1
3951	UNSPECIFIED	Retacrit	HEMATOPOIETIC AGENT	Approval	1
3963	UNSPECIFIED	Retacrit	HEMATOPOIETIC AGENT	Denial	1
3963	INTERNAL MEDICINE	Retacrit	HEMATOPOIETIC AGENT	Approval	1
3963	INTERNAL MEDICINE	Retacrit	HEMATOPOIETIC AGENT	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Retacrit 10000UNIT/ML IJ SOLN	HEMATOPOIETIC AGENT	Approval	1
3956	UNSPECIFIED	Promacta	HEMOSTATICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Promacta	HEMOSTATICS	Approval	2
3956	HEMATOLOGY & ONCOLOGY	Promacta	HEMOSTATICS	Approval	2
3956	HEMATOLOGY & ONCOLOGY	Promacta	HEMOSTATICS	Denial	1
3961	UNSPECIFIED	leuprolide kit	HORMONES	Denial	1
3963	UNSPECIFIED	Oriahnn 300-1-0.5 & 300MG OR CPPK	HORMONES	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Synarel	HORMONES	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Lupron Depot (3-Month) 11.25MG IM KIT	HORMONES/HORMONE MODIFIERS	Approval	1
3961	UNSPECIFIED	Lupron Depot-Ped (3-Month) 30MG (Ped) IM KIT	HORMONES/HORMONE MODIFIERS	Approval	1
3961	UNSPECIFIED	Lupron Depot-PED 30 mg	HORMONES/HORMONE MODIFIERS	Denial	1
3951	UNSPECIFIED	orilissa 150 mg tablet	HORMONES/HORMONE MODIFIERS	Approval	1
3951	UNSPECIFIED	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3956	UNSPECIFIED	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3967	UNSPECIFIED	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3964	UNSPECIFIED	Orilissa 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Lupron Depot 3.75 mg	HORMONES/HORMONE MODIFIERS	Approval	2
3951	OBSTETRICS & GYNECOLOGY	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	3
3963	OBSTETRICS & GYNECOLOGY	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	6
3963	OBSTETRICS & GYNECOLOGY	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Denial	1
3956	OBSTETRICS & GYNECOLOGY	Orilissa 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3961	OBSTETRICS & GYNECOLOGY	Orilissa 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Orilissa 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approval	2
3951	REGISTERED NURSE, UNSPECIFIED	Orilissa 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Denial	1
3956	UNSPECIFIED	Simvastatin 80MG OR TABS	Hypercholesterolemia	Approval	1
3961	FAMILY PRACTICE	Simvastatin 80mg	Hypercholesterolemia	Approval	1
3956	FAMILY PRACTICE	Simvastatin 80MG OR TABS	Hypercholesterolemia	Approval	1
3963	FAMILY PRACTICE	Simvastatin 80MG OR TABS	Hypercholesterolemia	Denial	1
3956	INTERNAL MEDICINE	Simvastatin 80mg	Hypercholesterolemia	Denial	1
3963	UNSPECIFIED	Qbrexza 2.4% EX PADS	Hyperhidrosis	Approval	1
3964	DERMATOLOGY	Qbrexza 2.4% EX PADS	Hyperhidrosis	Approval	1
3951	FAMILY PRACTICE	Qbrexza (glycopyrronium)	Hyperhidrosis	Approval	1
3951	GENERAL PRACTICE	Qbrexza (glycopyrronium)	Hyperhidrosis	Approval	1
3951	INTERNAL MEDICINE	Qbrexza (glycopyrronium)	Hyperhidrosis	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Qbrexza 2.4% EX PADS	Hyperhidrosis	Approval	1
3951	PEDIATRICS	Qbrexza (glycopyrronium)	Hyperhidrosis	Approval	1
3951	PSYCHIATRY	Qbrexza (glycopyrronium)	Hyperhidrosis	Approval	1
3951	NEPHROLOGY / RENAL MEDICINE	Velphoro (sucroferric oxyhydroxide)	Hyperphosphatemia	Approval	1
3951	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3956	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	5
3963	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	6

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	6
3964	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3964	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3965	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3967	UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	UNSPECIFIED	Dupixent 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3951	ALLERGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3964	ALLERGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3951	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3962	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3963	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	2
3963	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	4
3965	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3965	ALLERGY & IMMUNOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3951	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	4
3951	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3956	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3963	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	4
3963	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	4
3964	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3965	DERMATOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3962	DERMATOLOGY	Dupixent 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	3
3964	INTERNAL MEDICINE	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, PEDIATRIC CARE	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3951	OTOLARYNGOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	OTOLARYNGOLOGY	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3951	PEDIATRICS	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	8
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT 300MG/2ML PEN 2X2ML	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Dupixent 300MG/2ML SC SOSY	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denial	1
3956	UNSPECIFIED	Enbrel 25mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3961	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3964	UNSPECIFIED	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	8
3951	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	6
3956	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	11
3956	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	6
3961	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3961	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	8
3963	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3964	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3964	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3965	UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3951	UNSPECIFIED	Humira 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	UNSPECIFIED	Humira Pen 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Humira Pen 40MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Humira Pen 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Humira Pen 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	Humira Pen-CD/UC/HS Starter 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	Otezla 10 & 20 & 30MG OR TBPK	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	Otezla 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3963	UNSPECIFIED	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3964	UNSPECIFIED	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	UNSPECIFIED	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3964	UNSPECIFIED	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3964	UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	UNSPECIFIED	TALTZ 80MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	UNSPECIFIED	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3951	UNSPECIFIED	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	UNSPECIFIED	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	UNSPECIFIED	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	UNSPECIFIED	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	UNSPECIFIED	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	DERMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	DERMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	DERMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	5
3956	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3961	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3964	DERMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	Humira 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	DERMATOLOGY	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3963	DERMATOLOGY	Humira Crohn's/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	DERMATOLOGY	Humira Pen 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	DERMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	DERMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	DERMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	5
3956	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3964	DERMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	DERMATOLOGY	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	DERMATOLOGY	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	DERMATOLOGY	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	DERMATOLOGY	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	DERMATOLOGY	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	DERMATOLOGY	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3964	DERMATOLOGY	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	DERMATOLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	DERMATOLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	DERMATOLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3961	DERMATOLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	TALTZ 80MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	DERMATOLOGY	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3961	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3964	DERMATOLOGY	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	DERMATOLOGY	Tremfya 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	DERMATOLOGY	Xeljanz 10 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	EMERGENCY MEDICINE	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	EMERGENCY MEDICINE	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	EMERGENCY MEDICINE	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	FAMILY PRACTICE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	FAMILY PRACTICE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3951	FAMILY PRACTICE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	FAMILY PRACTICE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	FAMILY PRACTICE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	FAMILY PRACTICE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	FAMILY PRACTICE	Humira 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	FAMILY PRACTICE	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	FAMILY PRACTICE	Humira Crohn's/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	FAMILY PRACTICE	Humira Pen 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	FAMILY PRACTICE	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	FAMILY PRACTICE	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	13
3956	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	13
3961	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3963	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	6
3965	GASTROENTEROLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	Humira 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	5
3956	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3964	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3964	GASTROENTEROLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	HUMIRA PEN 40MG/0.8 INJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	Humira Pen-CD/UC/HS Starter 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	GASTROENTEROLOGY	Humira Pen-CD/UC/HS Starter 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	GASTROENTEROLOGY	Humira Pen-CD/UC/HS Starter 80MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	GASTROENTEROLOGY	Stelara 130MG/26ML IV SOLN	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	STELARA 90MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	GASTROENTEROLOGY	Stelara 90MG/ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	6
3956	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3963	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	GASTROENTEROLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GASTROENTEROLOGY	Xeljanz 10 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	GASTROENTEROLOGY	Xeljanz XR 22 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GENERAL PRACTICE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	GENERAL PRACTICE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	INTERNAL MEDICINE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	INTERNAL MEDICINE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	INTERNAL MEDICINE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	INTERNAL MEDICINE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3961	INTERNAL MEDICINE	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	INTERNAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3951	INTERNAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	INTERNAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	INTERNAL MEDICINE	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	INTERNAL MEDICINE	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	INTERNAL MEDICINE	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	Stelara 45MG/0.5ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	INTERNAL MEDICINE	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	INTERNAL MEDICINE	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	INTERNAL MEDICINE	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	INTERNAL MEDICINE	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3962	INTERNAL MEDICINE	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	INTERNAL MEDICINE	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	INTERNAL MEDICINE	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NEPHROLOGY / RENAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NEPHROLOGY / RENAL MEDICINE	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, ACUTE CARE	Otezla 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Stelara 90MG/ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Enbrel 25mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3962	NURSE PRACTITIONER, FAMILY HEALTH	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3951	NURSE PRACTITIONER, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	NURSE PRACTITIONER, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3965	OBSTETRICS & GYNECOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3965	OBSTETRICS & GYNECOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	PEDIATRICS	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	PEDIATRICS	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	PEDIATRICS	STELARA 90MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	6
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira 80 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Stelara SQ 45mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ 80 MG/ML AUTO INJ 1ML	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tremfya 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	PSYCHIATRY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	PSYCHIATRY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Actemra SQ 162mg syringe/autoinjector	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Actemra SQ 162mg syringe/autoinjector	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3963	RHEUMATOLOGY	Actemra SQ 162mg syringe/autoinjector	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Enbrel 25mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	14
3956	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	6
3961	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3962	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3963	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	14
3963	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	9
3964	RHEUMATOLOGY	Enbrel 50mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	Enbrel 50MG/ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	7
3951	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3956	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	12
3956	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	10
3961	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3961	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	4
3962	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	23
3963	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	15
3964	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3964	RHEUMATOLOGY	Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	RHEUMATOLOGY	Humira 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	Humira Crohn?s/UC/HS Starter Pack + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	HUMIRA PEN 40/0.4ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	RHEUMATOLOGY	Humira Pen 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3964	RHEUMATOLOGY	Humira Pen 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	Humira Pen 40MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	RHEUMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3961	RHEUMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3963	RHEUMATOLOGY	Humira PsO/UV/Adolescent HS + Humira 40 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Kevzara	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Kevzara	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	RHEUMATOLOGY	Kevzara	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	RHEUMATOLOGY	Kevzara 200MG/1.14ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3951	RHEUMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3964	RHEUMATOLOGY	Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	RHEUMATOLOGY	Otezla 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	Otezla 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Otezla Starter Pack + Otezla 30mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	4
3956	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Denial	3
3963	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	5
3963	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Denial	6
3964	RHEUMATOLOGY	Rinvoq	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Rinvoq 15MG OR TB24	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	Rinvoq 15MG OR TB24	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3951	RHEUMATOLOGY	Stelara SQ 90mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	2
3956	RHEUMATOLOGY	Taltz 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	RHEUMATOLOGY	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3956	RHEUMATOLOGY	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3963	RHEUMATOLOGY	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	3
3963	RHEUMATOLOGY	Xeljanz 5 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3956	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3956	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	8
3961	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	2
3963	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	7
3963	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Denial	1
3964	RHEUMATOLOGY	Xeljanz XR 11 mg	IMMUNOSUPPRESSIVES/DMARDS	Approval	1
3964	RHEUMATOLOGY	Xeljanz XR 11MG OR TB24	IMMUNOSUPPRESSIVES/DMARDS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3965	UNSPECIFIED	Icosapent Ethyl	LIPOTROPICS	Denial	1
3963	UNSPECIFIED	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3963	UNSPECIFIED	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	2
3964	UNSPECIFIED	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	2
3963	UNSPECIFIED	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Denial	1
3963	UNSPECIFIED	Omega-3-Acid Cap	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Denial	1
3964	UNSPECIFIED	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	2
3951	UNSPECIFIED	Praluent	LIPOTROPICS	Denial	1
3956	UNSPECIFIED	Praluent	LIPOTROPICS	Approval	1
3956	UNSPECIFIED	Praluent	LIPOTROPICS	Denial	5
3961	UNSPECIFIED	Praluent	LIPOTROPICS	Denial	1
3963	UNSPECIFIED	Praluent	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	Praluent	LIPOTROPICS	Denial	3
3964	UNSPECIFIED	Praluent	LIPOTROPICS	Approval	1
3965	UNSPECIFIED	Praluent	LIPOTROPICS	Denial	2
3963	UNSPECIFIED	Vascepa (icosapent ethyl)	LIPOTROPICS	Denial	1
3951	UNSPECIFIED	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	UNSPECIFIED	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	2
3965	UNSPECIFIED	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	ALLERGY	Icosapent Ethyl	LIPOTROPICS	Denial	1
3963	ALLERGY	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3951	ALLERGY	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3951	ALLERGY	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3951	ALLERGY	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	Icosapent Ethyl	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	2
3964	CARDIOLOGY	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3951	CARDIOLOGY	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	2
3963	CARDIOLOGY	Nexletol (bempedoic acid)	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3951	CARDIOLOGY	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Approval	1
3964	CARDIOLOGY	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3963	CARDIOLOGY	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	CARDIOLOGY	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Denial	1
3951	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	2
3952	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	1
3956	CARDIOLOGY	Praluent	LIPOTROPICS	Approval	1
3956	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	6
3961	CARDIOLOGY	Praluent	LIPOTROPICS	Approval	2
3961	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	2
3963	CARDIOLOGY	Praluent	LIPOTROPICS	Approval	2
3963	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	11
3964	CARDIOLOGY	Praluent	LIPOTROPICS	Denial	1
3965	CARDIOLOGY	Praluent	LIPOTROPICS	Approval	1
3951	CARDIOLOGY	Praluent 150MG/ML SC SOAJ	LIPOTROPICS	Denial	1
3963	CARDIOLOGY	Praluent 75MG/ML SC SOAJ	LIPOTROPICS	Approval	1
3963	CARDIOLOGY	Praluent 75MG/ML SC SOAJ	LIPOTROPICS	Denial	2
3963	CARDIOLOGY	Vascepa (icosapent ethyl)	LIPOTROPICS	Denial	1
3951	CARDIOLOGY	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3962	CARDIOLOGY, INTERVENTIONAL	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	CARDIOLOGY, INTERVENTIONAL	Praluent	LIPOTROPICS	Approval	1
3956	FAMILY MEDICINE	Praluent	LIPOTROPICS	Approval	1
3956	FAMILY MEDICINE	Praluent	LIPOTROPICS	Denial	1
3967	FAMILY MEDICINE	Praluent	LIPOTROPICS	Denial	2
3951	FAMILY PRACTICE	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	2
3965	FAMILY PRACTICE	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	Lovaza (omega-3-acid ethyl esters)	LIPOTROPICS	Denial	1
3963	FAMILY PRACTICE	Lovaza 1GM OR CAPS	LIPOTROPICS	Approval	1
3951	FAMILY PRACTICE	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3963	FAMILY PRACTICE	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3964	FAMILY PRACTICE	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3951	FAMILY PRACTICE	Nexletol 180MG OR TABS	LIPOTROPICS	Approval	1
3962	FAMILY PRACTICE	Nexletol 180MG OR TABS	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	Nexletol 180MG OR TABS	LIPOTROPICS	Approval	1
3951	FAMILY PRACTICE	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	2
3964	FAMILY PRACTICE	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3963	FAMILY PRACTICE	NEXLIZET 180/10MG TAB	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	2
3951	FAMILY PRACTICE	Omega-3-Acid Cap	LIPOTROPICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	Omega-3-Acid Cap	LIPOTROPICS	Denial	2
3951	FAMILY PRACTICE	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	FAMILY PRACTICE	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	2
3951	FAMILY PRACTICE	Praluent	LIPOTROPICS	Denial	1
3956	FAMILY PRACTICE	Praluent	LIPOTROPICS	Denial	2
3963	FAMILY PRACTICE	Praluent	LIPOTROPICS	Denial	4
3951	FAMILY PRACTICE	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	GASTROENTEROLOGY	Lovaza 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	GENERAL PRACTICE	Praluent	LIPOTROPICS	Denial	1
3951	INTERNAL MEDICINE	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3962	INTERNAL MEDICINE	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3963	INTERNAL MEDICINE	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3964	INTERNAL MEDICINE	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3951	INTERNAL MEDICINE	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Denial	1
3951	INTERNAL MEDICINE	Omega-3-Acid Cap	LIPOTROPICS	Denial	1
3963	INTERNAL MEDICINE	Omega-3-Acid Cap	LIPOTROPICS	Approval	3
3965	INTERNAL MEDICINE	Omega-3-Acid Cap	LIPOTROPICS	Denial	1
3951	INTERNAL MEDICINE	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Denial	1
3956	INTERNAL MEDICINE	Praluent	LIPOTROPICS	Denial	4
3963	INTERNAL MEDICINE	Praluent	LIPOTROPICS	Approval	1
3963	INTERNAL MEDICINE	Praluent	LIPOTROPICS	Denial	2
3965	INTERNAL MEDICINE	Praluent	LIPOTROPICS	Denial	1
3963	INTERNAL MEDICINE	Vascepa (icosapent ethyl)	LIPOTROPICS	Denial	1
3963	INTERNAL MEDICINE	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	2
3964	INTERNAL MEDICINE	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3951	NEPHROLOGY / RENAL MEDICINE	Vascepa (icosapent ethyl)	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	Icosapent Ethyl	LIPOTROPICS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Nexletol 180MG OR TABS	LIPOTROPICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Denial	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Omega-3-acid Ethyl Esters 1GM OR CAPS	LIPOTROPICS	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Praluent	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	Icosapent Ethyl 1GM OR CAPS	LIPOTROPICS	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Nexletol (bempedoic acid)	LIPOTROPICS	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Omega-3-Acid Cap	LIPOTROPICS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Praluent	LIPOTROPICS	Denial	1
3964	OBSTETRICS & GYNECOLOGY	Praluent	LIPOTROPICS	Denial	1
3963	PEDIATRICS	Praluent	LIPOTROPICS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Nexlizet (bempedoic acid-ezetimibe)	LIPOTROPICS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	Vascepa 1GM OR CAPS	LIPOTROPICS	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Icosapent Ethyl	LIPOTROPICS	Denial	1
3964	PHYSICIAN, ENDOCRINOLOGY	Nexletol 180MG OR TABS	LIPOTROPICS	Approval	1
3963	PHYSICIAN, ENDOCRINOLOGY	Nexlizet 180-10MG OR TABS	LIPOTROPICS	Approval	1
3963	PSYCHIATRY	Praluent	LIPOTROPICS	Denial	1
3962	FAMILY PRACTICE	Dexcom G5 Mobile Transmit	MEDICAL SUPPLIES	Denial	1
3962	UNSPECIFIED	Sucraid 8500 I.U./mL Oral Solution (sacrosidase)	Metabolic Enzymes	Approval	1
3964	UNSPECIFIED	Sucraid 8500 I.U./mL Oral Solution (sacrosidase)	Metabolic Enzymes	Approval	1
3956	UNSPECIFIED	Rizatriptan Benzoate 10MG OR TABS	MIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	Rizatriptan Benzoate 10MG OR TABS	MIGRAINE AGENT	Approval	1
3963	UNSPECIFIED	ubrelvy 100 mg tablet	MIGRAINE AGENT	Denial	1
3951	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Approval	2
3963	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Approval	3
3963	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Denial	1
3964	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Approval	2
3965	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Approval	1
3965	UNSPECIFIED	Ubrelvy 100MG OR TABS	MIGRAINE AGENT	Denial	1
3951	UNSPECIFIED	Ubrelvy 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	UNSPECIFIED	Ubrelvy 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	5
3967	UNSPECIFIED	Ubrelvy 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Approval	1
3951	UNSPECIFIED	Ubrelvy 50MG OR TABS	MIGRAINE AGENT	Approval	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	4
3963	UNSPECIFIED	Ubrely 50MG OR TABS	MIGRAINE AGENT	Denial	1
3963	UNSPECIFIED	Ubrely 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3964	EMERGENCY MEDICINE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	1
3964	EMERGENCY MEDICINE	Ubrely 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	EMERGENCY MEDICINE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	1
3963	EMERGENCY MEDICINE	ZOLMitriptan 5MG NA SOLN	MIGRAINE AGENT	Approval	1
3963	FAMILY PRACTICE	Ubrely 100mg	MIGRAINE AGENT	Denial	1
3963	FAMILY PRACTICE	UBRELVY 100MG TAB	MIGRAINE AGENT	Approval	1
3951	FAMILY PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	5
3963	FAMILY PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	4
3963	FAMILY PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Denial	1
3964	FAMILY PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	2
3967	FAMILY PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Denial	1
3951	FAMILY PRACTICE	Ubrely 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	2
3963	FAMILY PRACTICE	Ubrely 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	FAMILY PRACTICE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	1
3964	FAMILY PRACTICE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	2
3964	FAMILY PRACTICE	Ubrely 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3964	FAMILY PRACTICE	Ubrely tab 50mg	MIGRAINE AGENT	Denial	1
3963	GENERAL PRACTICE	Ubrely (Ubrogepant) 50 MG Oral Tablet	MIGRAINE AGENT	Approval	1
3963	GENERAL PRACTICE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Denial	1
3963	GENERAL PRACTICE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	1
3951	INTERNAL MEDICINE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	1
3951	INTERNAL MEDICINE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Denial	1
3963	INTERNAL MEDICINE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	1
3964	INTERNAL MEDICINE	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	2
3963	INTERNAL MEDICINE	Ubrely 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	2
3967	INTERNAL MEDICINE	Ubrely 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	INTERNAL MEDICINE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	1
3964	INTERNAL MEDICINE	Ubrely 50MG OR TABS	MIGRAINE AGENT	Approval	2
3963	NEUROLOGY	Rizatriptan Benzoate 10MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NEUROLOGY	Ubrely	MIGRAINE AGENT	Denial	1
3963	NEUROLOGY	ubrely 100 mg tablet	MIGRAINE AGENT	Approval	1
3967	NEUROLOGY	ubrely 100 mg tablet	MIGRAINE AGENT	Approval	1
3963	NEUROLOGY	Ubrely 100mg	MIGRAINE AGENT	Denial	1
3951	NEUROLOGY	Ubrely 100MG OR TABS	MIGRAINE AGENT	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NEUROLOGY	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	7
3964	NEUROLOGY	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	3
3967	NEUROLOGY	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	2
3963	NEUROLOGY	UBRELVY 100MG TAB	MIGRAINE AGENT	Approval	1
3963	NEUROLOGY	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	2
3967	NEUROLOGY	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	NEUROLOGY	Ubrelyv 50MG OR TABS	MIGRAINE AGENT	Approval	2
3964	NEUROLOGY	Ubrelyv 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Approval	1
3956	NEUROLOGY	Zolmitriptan Tablet ODT	MIGRAINE AGENT	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Denial	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 50MG OR TABS	MIGRAINE AGENT	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 50MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ubrelyv 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	2
3963	NURSE PRACTITIONER, GERONTOLOGY	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, GERONTOLOGY	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Denial	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 100mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3967	NURSE PRACTITIONER, UNSPECIFIED	Ubrelyv 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3963	OBSTETRICS & GYNECOLOGY	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	2
3963	PEDIATRICS	Ubrelyv	MIGRAINE AGENT	Denial	1
3951	PEDIATRICS	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	1
3956	PEDIATRICS	ZOLMitriptan 5MG OR TABS	MIGRAINE AGENT	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Approval	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Ubrelyv 100MG OR TABS	MIGRAINE AGENT	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	Rizatriptan Benzoate 10MG OR TABS	MIGRAINE AGENT	Approval	1
3963	SPORTS MEDICINE, FAMILY PRACTICE	Ubrelyv 50mg Tablets (ubrogepant)	MIGRAINE AGENT	Denial	1
3951	UNSPECIFIED	Benlysta	MISCELLANEOUS	Approval	1
3956	UNSPECIFIED	Esbriet	MISCELLANEOUS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Gilenya	MISCELLANEOUS	Approval	2
3956	UNSPECIFIED	Gilenya	MISCELLANEOUS	Denial	1
3963	UNSPECIFIED	Gilenya	MISCELLANEOUS	Approval	1
3963	UNSPECIFIED	Glatopa	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	Nucala	MISCELLANEOUS	Approval	1
3956	UNSPECIFIED	Nucala	MISCELLANEOUS	Denial	2
3963	UNSPECIFIED	Nucala	MISCELLANEOUS	Approval	1
3963	UNSPECIFIED	Nucala	MISCELLANEOUS	Denial	3
3963	UNSPECIFIED	Plegridy	MISCELLANEOUS	Denial	1
3956	UNSPECIFIED	Prolia	MISCELLANEOUS	Approval	3
3956	UNSPECIFIED	Prolia	MISCELLANEOUS	Denial	4
3963	UNSPECIFIED	Tecfidera	MISCELLANEOUS	Denial	2
3956	UNSPECIFIED	Tysabri	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	Xolair	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	Xolair	MISCELLANEOUS	Denial	1
3956	UNSPECIFIED	Xolair	MISCELLANEOUS	Approval	4
3956	UNSPECIFIED	Xolair	MISCELLANEOUS	Denial	2
3963	ALLERGY & IMMUNOLOGY	Nucala	MISCELLANEOUS	Denial	1
3956	ALLERGY & IMMUNOLOGY	Xolair	MISCELLANEOUS	Approval	3
3956	ALLERGY & IMMUNOLOGY	Xolair	MISCELLANEOUS	Denial	2
3961	ALLERGY & IMMUNOLOGY	Xolair	MISCELLANEOUS	Approval	2
3963	ALLERGY & IMMUNOLOGY	Xolair	MISCELLANEOUS	Approval	2
3963	ALLERGY & IMMUNOLOGY	Xolair	MISCELLANEOUS	Denial	1
3956	FAMILY PRACTICE	Gilenya	MISCELLANEOUS	Denial	1
3956	FAMILY PRACTICE	Prolia	MISCELLANEOUS	Approval	3
3963	FAMILY PRACTICE	Prolia	MISCELLANEOUS	Approval	1
3963	FAMILY PRACTICE	Prolia	MISCELLANEOUS	Denial	1
3956	GENERAL PRACTICE	Gilenya	MISCELLANEOUS	Denial	1
3956	INTERNAL MEDICINE	Nucala	MISCELLANEOUS	Denial	1
3956	INTERNAL MEDICINE	Prolia	MISCELLANEOUS	Approval	4
3956	INTERNAL MEDICINE	Prolia	MISCELLANEOUS	Denial	1
3961	INTERNAL MEDICINE	Prolia	MISCELLANEOUS	Approval	1
3963	INTERNAL MEDICINE	Prolia	MISCELLANEOUS	Approval	1
3963	INTERNAL MEDICINE	Prolia	MISCELLANEOUS	Denial	1
3951	INTERNAL MEDICINE	Sensipar	MISCELLANEOUS	Approval	1
3956	INTERNAL MEDICINE	Xolair	MISCELLANEOUS	Denial	1
3967	NEUROLOGY	Ampyra	MISCELLANEOUS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	NEUROLOGY	Betaseron	MISCELLANEOUS	Approval	1
3951	NEUROLOGY	Gilenya	MISCELLANEOUS	Approval	1
3956	NEUROLOGY	Gilenya	MISCELLANEOUS	Denial	1
3963	NEUROLOGY	Gilenya	MISCELLANEOUS	Approval	1
3956	NEUROLOGY	Glatopa	MISCELLANEOUS	Approval	1
3956	NEUROLOGY	tetrabenazine	MISCELLANEOUS	Approval	3
3963	NEUROLOGY	tetrabenazine	MISCELLANEOUS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Xolair	MISCELLANEOUS	Denial	1
3956	ORTHOPEDIC SURGERY	Prolia	MISCELLANEOUS	Approval	1
3956	PEDIATRICS	Gilenya	MISCELLANEOUS	Denial	1
3965	PEDIATRICS	tetrabenazine	MISCELLANEOUS	Approval	1
3956	PEDIATRICS	Xolair	MISCELLANEOUS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Avonex	MISCELLANEOUS	Denial	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	Xolair	MISCELLANEOUS	Denial	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	Xolair	MISCELLANEOUS	Approval	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	Xolair	MISCELLANEOUS	Denial	1
3956	PHYSICIAN, ENDOCRINOLOGY	Prolia	MISCELLANEOUS	Approval	1
3956	PSYCHIATRY	Gilenya	MISCELLANEOUS	Denial	1
3956	PULMONARY DISEASES	Nucala	MISCELLANEOUS	Approval	1
3956	PULMONARY DISEASES	Nucala	MISCELLANEOUS	Denial	1
3963	PULMONARY DISEASES	Ofev	MISCELLANEOUS	Approval	1
3956	PULMONARY DISEASES	Xolair	MISCELLANEOUS	Denial	1
3963	PULMONARY DISEASES	Xolair	MISCELLANEOUS	Denial	1
3951	RHEUMATOLOGY	Benlysta	MISCELLANEOUS	Approval	1
3965	RHEUMATOLOGY	Benlysta	MISCELLANEOUS	Approval	1
3951	UNSPECIFIED	Aubagio	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	Aubagio	MULTIPLE SCLEROSIS	Approval	2
3963	UNSPECIFIED	Aubagio	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	Aubagio 14MG OR TABS	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	Copaxone 40mg	MULTIPLE SCLEROSIS	Approval	1
3951	UNSPECIFIED	dalfampridine ER	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	dalfampridine ER	MULTIPLE SCLEROSIS	Approval	3
3963	UNSPECIFIED	dalfampridine ER	MULTIPLE SCLEROSIS	Approval	1
3951	UNSPECIFIED	Dalfampridine ER 10MG OR TB12	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	Dalfampridine ER 10MG OR TB12	MULTIPLE SCLEROSIS	Approval	1
3963	UNSPECIFIED	dimethyl fumarate	Multiple Sclerosis	Approval	1
3963	UNSPECIFIED	dimethyl fumarate	Multiple Sclerosis	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Gilenya 0.5MG OR CAPS	MULTIPLE SCLEROSIS	Approval	1
3951	UNSPECIFIED	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3956	UNSPECIFIED	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3963	UNSPECIFIED	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3956	INTERNAL MEDICINE	Aubagio	MULTIPLE SCLEROSIS	Denial	1
3951	NEUROLOGY	Aubagio	MULTIPLE SCLEROSIS	Approval	1
3956	NEUROLOGY	Aubagio	MULTIPLE SCLEROSIS	Approval	3
3956	NEUROLOGY	Aubagio	MULTIPLE SCLEROSIS	Denial	1
3963	NEUROLOGY	Aubagio	MULTIPLE SCLEROSIS	Approval	2
3963	NEUROLOGY	Aubagio	MULTIPLE SCLEROSIS	Denial	1
3956	NEUROLOGY	Aubagio 14MG OR TABS	MULTIPLE SCLEROSIS	Approval	1
3956	NEUROLOGY	Copaxone 40mg	MULTIPLE SCLEROSIS	Approval	2
3961	NEUROLOGY	Copaxone 40mg	MULTIPLE SCLEROSIS	Approval	1
3961	NEUROLOGY	Copaxone 40mg	MULTIPLE SCLEROSIS	Denial	1
3963	NEUROLOGY	Copaxone 40mg	MULTIPLE SCLEROSIS	Approval	1
3956	NEUROLOGY	dalfampridine ER	MULTIPLE SCLEROSIS	Approval	3
3963	NEUROLOGY	dalfampridine ER	MULTIPLE SCLEROSIS	Approval	2
3951	NEUROLOGY	dimethyl fumarate	Multiple Sclerosis	Approval	2
3956	NEUROLOGY	dimethyl fumarate	Multiple Sclerosis	Approval	1
3963	NEUROLOGY	dimethyl fumarate	Multiple Sclerosis	Approval	1
3964	NEUROLOGY	dimethyl fumarate	Multiple Sclerosis	Approval	2
3956	NEUROLOGY	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3961	NEUROLOGY	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3963	NEUROLOGY	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3963	NEUROLOGY	Vumerity	MULTIPLE SCLEROSIS	Approval	2
3963	NEUROLOGY	Vumerity	MULTIPLE SCLEROSIS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Copaxone 40mg	MULTIPLE SCLEROSIS	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	glatiramer acetate 40mg	MULTIPLE SCLEROSIS	Approval	1
3963	NURSE PRACTITIONER, GERONTOLOGY	Vumerity	MULTIPLE SCLEROSIS	Approval	1
3965	NURSE PRACTITIONER, UNSPECIFIED	Rebif 44MCG/0.5ML SC SOSY	MULTIPLE SCLEROSIS	Approval	1
3962	UNSPECIFIED	Kesimpta	MULTIPLE SCLEROSIS AGENT	Approval	1
3964	UNSPECIFIED	Kesimpta	MULTIPLE SCLEROSIS AGENT	Approval	1
3956	UNSPECIFIED	Mavenclad	MULTIPLE SCLEROSIS AGENT	Denial	2
3965	UNSPECIFIED	Mavenclad	MULTIPLE SCLEROSIS AGENT	Approval	2
3964	NEUROLOGY	Kesimpta	MULTIPLE SCLEROSIS AGENT	Approval	1
3963	NEUROLOGY	Mavenclad	MULTIPLE SCLEROSIS AGENT	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Mavenclad	MULTIPLE SCLEROSIS AGENT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	Mavenclad (9 Tabs) 10MG OR TBPk	MULTIPLE SCLEROSIS AGENT	Denial	1
3963	UNSPECIFIED	Botox	MUSCLE RELAXANTS	Approval	1
3963	UNSPECIFIED	Methocarbamol 750MG OR TABS	MUSCLE RELAXANTS	Approval	1
3963	ANESTHESIOLOGY	CYCLOBENZAPRINE TAB 10MG	MUSCLE RELAXANTS	Approval	1
3963	INTERNAL MEDICINE	Botox 100UNIT IJ SOLR	MUSCLE RELAXANTS	Denial	1
3951	NEUROLOGY	Botox 200UNIT IJ SOLR	MUSCLE RELAXANTS	Approval	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	Botox	MUSCLE RELAXANTS	Denial	1
3963	UNSPECIFIED	Xyrem 500MG/ML OR SOLN	NARCOLEPSY AGENTS	Approval	1
3963	FAMILY PRACTICE	Sunosi (solriamfetol)	NARCOLEPSY AGENTS	Denial	1
3963	FAMILY PRACTICE	Sunosi 75MG OR TABS	NARCOLEPSY AGENTS	Approval	1
3967	NEUROLOGY	Sunosi 75MG OR TABS	NARCOLEPSY AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Sunosi 150MG OR TABS	NARCOLEPSY AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Sunosi (solriamfetol)	NARCOLEPSY AGENTS	Approval	1
3962	NURSE PRACTITIONER, UNSPECIFIED	Xyrem (sodium oxybate)	NARCOLEPSY AGENTS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Xyrem 500MG/ML OR SOLN	NARCOLEPSY AGENTS	Approval	1
3965	PULMONARY DISEASES	Sunosi (solriamfetol)	NARCOLEPSY AGENTS	Denial	1
3963	PULMONARY DISEASES	Sunosi 75MG OR TABS	NARCOLEPSY AGENTS	Approval	2
3956	UNSPECIFIED	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Acetaminophen-Codeine #4 300-60MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Acetaminophen-Codeine 300-15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Acetaminophen-Codeine 300-15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Belbuca 150MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Belbuca 150mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Belbuca 600mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Belbuca 75MCG BU FILM	NARCOTIC ANALGESICS	Approval	2
3963	UNSPECIFIED	Butalbital-APAP-Caffeine	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Butrans 20MCG/HR TD PTWK	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Fentanyl 25 mcg TD Patch	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	fentaNYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	fentaNYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Fentanyl 50mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Fentanyl 50mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	2
3951	UNSPECIFIED	Fentanyl 75mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Fentanyl 75mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3964	UNSPECIFIED	HYDROcodone 10 mg-acetaminophen 325 mg tablet (Norco)	NARCOTIC ANALGESICS	Approval	1
3965	UNSPECIFIED	HYDROcodone 10 mg-acetaminophen 325 mg tablet (NORCO)	NARCOTIC ANALGESICS	Approval	1
3965	UNSPECIFIED	HYDROcodone 5 mg-acetaminophen 325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Hydrocodone-Acetaminophen	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3964	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	hydrocodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3964	UNSPECIFIED	hydrocodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	3
3956	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	7
3963	UNSPECIFIED	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3956	UNSPECIFIED	HYDROcodone-Acetaminophen 5-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	UNSPECIFIED	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	6
3963	UNSPECIFIED	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	5
3956	UNSPECIFIED	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	UNSPECIFIED	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	4
3951	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	4
3956	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	3
3956	UNSPECIFIED	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	2
3951	UNSPECIFIED	Hydromorphone 2mg Tablets	NARCOTIC ANALGESICS	Denial	1
3964	UNSPECIFIED	HYDROmorphone HCl 2 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	HYDROmorphone HCl 2MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	HYDROmorphone HCl 4MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Methadone 10mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Methadone HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	2
3951	UNSPECIFIED	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Approval	2
3963	UNSPECIFIED	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	Morphine Sulfate ER 30MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3965	UNSPECIFIED	Morphine Sulfate ER 60MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Nucynta 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Oxycodone 20mg Tablets	NARCOTIC ANALGESICS	Approval	2
3956	UNSPECIFIED	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3964	UNSPECIFIED	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone ER 40mg 12HR Tablets	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	UNSPECIFIED	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE HCl 30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3964	UNSPECIFIED	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE HCl 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE HCl ER 10MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone Tab 15 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone/APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	UNSPECIFIED	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3964	UNSPECIFIED	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Denial	1
3965	UNSPECIFIED	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Tramadol (U) ER 100mg Tablets	NARCOTIC ANALGESICS	Denial	1
3965	UNSPECIFIED	Tramadol (U) ER 200mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	traMADol (ULTRAM) 50 MG tablet	NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	tramadol 50 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	3
3956	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	2
3963	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	3
3965	UNSPECIFIED	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	9
3963	UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	8
3964	UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	3
3965	UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3964	UNSPECIFIED	traMADol HCl ER 100MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	traMADol HCl ER 200MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	traMADol HCl ER 300MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3961	ANESTHESIOLOGY	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Belbuca 150MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Belbuca 150mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Denial	1
3951	ANESTHESIOLOGY	Belbuca 450MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	2
3963	ANESTHESIOLOGY	Belbuca 750MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Belbuca 750mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Belbuca 75MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Belbuca 75mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Belbuca 75mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Butrans 10mcg/hr TD Patch (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Butrans 7.5mcg/hr TD Patch (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	fentaNYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3964	ANESTHESIOLOGY	fentaNYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	5
3963	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3964	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3961	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	3
3951	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3951	ANESTHESIOLOGY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	ANESTHESIOLOGY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	3
3951	ANESTHESIOLOGY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Denial	1
3951	ANESTHESIOLOGY	HYDROmorphone HCl 2MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Methadone 10mg Tablets	NARCOTIC ANALGESICS	Approval	2
3956	ANESTHESIOLOGY	Methadone 10mg Tablets	NARCOTIC ANALGESICS	Denial	1
3951	ANESTHESIOLOGY	Methadone 5mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	ANESTHESIOLOGY	Methadone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Methadone HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Morphine Sulfate 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3964	ANESTHESIOLOGY	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3964	ANESTHESIOLOGY	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Nucynta 100MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Nucynta ER 150MG OR TB12	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Nucynta ER 150mg Tablets (tapentadol ER)	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Oxycodone 10mg Tablets	NARCOTIC ANALGESICS	Approval	2
3956	ANESTHESIOLOGY	Oxycodone 20mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	ANESTHESIOLOGY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	ANESTHESIOLOGY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3963	ANESTHESIOLOGY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Oxycodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Percocet 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Percocet 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	2
3963	ANESTHESIOLOGY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	3
3951	ANESTHESIOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	7
3961	ANESTHESIOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	traMADol HCl ER 100MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3951	CLINICAL NURSE SPECIALIST, ADULT HEALTH	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	EMERGENCY MEDICINE	Belbuca 300MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	Belbuca 900MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	EMERGENCY MEDICINE	Hydroco/APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Denial	1
3951	EMERGENCY MEDICINE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	EMERGENCY MEDICINE	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3951	EMERGENCY MEDICINE	Morphine Sulfate ER 60mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	EMERGENCY MEDICINE	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	EMERGENCY MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	EMERGENCY MEDICINE	Xtampza ER 18mg Cap (oxycodone ER)	NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	APAP-Codeine Tab 300-60 mg	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	butalbital/acetaminophen/caffeine/codeine	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Butalbital-Apap-Caffeine	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Butrans 20mcg/hr TD Patch (buprenorphine)	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Duragesic 50mcg/hr TD Patch (fentanyl)	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Duragesic-75 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	fentaNYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Fentanyl 12mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Fentanyl 12mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Fentanyl 12mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	fentaNYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Fentanyl 50mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	2
3964	FAMILY PRACTICE	fentaNYL 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	6
3963	FAMILY PRACTICE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3951	FAMILY PRACTICE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	FAMILY PRACTICE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3963	FAMILY PRACTICE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3951	FAMILY PRACTICE	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	8
3951	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	6
3956	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Denial	1
3964	FAMILY PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	FAMILY PRACTICE	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	4
3963	FAMILY PRACTICE	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Hysingla ER 100MG OR T24A	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Methadone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Methadone 5mg Tablets	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Morphine Sulfate (A) ER 120mg Beaded Capsules	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Morphine Sulfate 30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	MS Contin 60MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Nucynta 100mg Tablets (tapentadol)	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Nucynta 100mg Tablets (tapentadol)	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Nucynta 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Nucynta 50mg Tablets (tapentadol)	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	Nucynta ER 150MG OR TB12	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Nucynta ER 150mg Tablets (tapentadol ER)	NARCOTIC ANALGESICS	Approval	1
3965	FAMILY PRACTICE	Nucynta ER 250MG OR TB12	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Nucynta ER 250mg Tablets (tapentadol ER)	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Oxycodone 20mg Tablets	NARCOTIC ANALGESICS	Approval	2
3962	FAMILY PRACTICE	Oxycodone 30mg Tablets	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Oxycodone ER 60mg 12HR Tablets	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE HCl 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	oxyCODONE HCl 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE HCl ER 40MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	oxyCODONE HCl ER 40MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxycodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	FAMILY PRACTICE	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3964	FAMILY PRACTICE	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Oxycodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3961	FAMILY PRACTICE	Oxycodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	OxyCONTIN 80MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Oxymorphone ER 30mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Percocet 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Percocet 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Tramadol (U) ER 200mg Tablets	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Tramadol (U) ER 200mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Tramadol (U) ER 300mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	7
3956	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1
3961	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	4
3964	FAMILY PRACTICE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	traMADol HCl 50 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	7
3956	FAMILY PRACTICE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	27
3963	FAMILY PRACTICE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	8
3964	FAMILY PRACTICE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	4
3965	FAMILY PRACTICE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	traMADol HCl ER 100MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	traMADol HCl ER 200MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Tramadol Tab ER 300 mg	NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	tramadol-acetaminophen 375-325 mg tablet	NARCOTIC ANALGESICS	Denial	1
3951	FAMILY PRACTICE	traMADol-Acetaminophen 375-325MG OR TABS	NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	traMADol-Acetaminophen 375-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	traMADol-Acetaminophen 375-325MG OR TABS	NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	traMADol-Acetaminophen 375-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	GASTROENTEROLOGY	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	GENERAL PRACTICE	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	3
3963	GENERAL PRACTICE	Belbuca 750MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	GENERAL PRACTICE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	GENERAL PRACTICE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	GENERAL PRACTICE	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3956	GENERAL PRACTICE	Morphine Sulfate ER 60mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	GENERAL PRACTICE	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY	Fentanyl 50mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY	Fentanyl 75mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	Fentanyl 100mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Denial	1
3956	HEMATOLOGY & ONCOLOGY	Fentanyl 12mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Fentanyl 25mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Fentanyl 25mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	fentaNYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Morphine Sulfate 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	2
3963	HEMATOLOGY & ONCOLOGY	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	oxyCODONE HCl 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3964	HEMATOLOGY & ONCOLOGY	oxyCODONE HCl 30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	fentaNYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Fentanyl 100mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	2
3956	INTERNAL MEDICINE	Fentanyl 12mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	fentaNYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Fentanyl 50mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Fentanyl 75mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 10-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	2
3963	INTERNAL MEDICINE	hydrocodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 7.5-325 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	2
3967	INTERNAL MEDICINE	HYDROcodone-Acetaminophen 7.5-325MG/15ML OR SOLN	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Approval	1
3961	INTERNAL MEDICINE	HYDROmorphone HCl 8MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Methadone 10mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Methadone HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Methadone HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Morphine Sulfate 30mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Morphine Sulfate ER 60MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Nucynta ER 150mg Tablets (tapentadol ER)	NARCOTIC ANALGESICS	Approval	1
3964	INTERNAL MEDICINE	Nucynta ER 200mg Tablets (tapentadol ER)	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	Oxycodone 10mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	oxyCODONE HCl 15 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	oxyCODONE HCl 20MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	INTERNAL MEDICINE	oxyCODONE HCl 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approval	1
3967	INTERNAL MEDICINE	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	OxyCONTIN 20MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	OxyCONTIN 20MG OR T12A	NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	OxyContin 30mg Tabs (oxycodone ER)	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	tramadol 50 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	2
3951	INTERNAL MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	INTERNAL MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	8
3961	INTERNAL MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	3
3963	INTERNAL MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	5
3964	INTERNAL MEDICINE	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	3
3956	INTERNAL MEDICINE	traMADol HCl ER (Tramadol HCl) 200 MG Oral Tablet	NARCOTIC ANALGESICS	Approval	1
3963	MEDICAL ONCOLOGY	Fentanyl 25mcg/hr Transdermal Patch	NARCOTIC ANALGESICS	Approval	1
3951	MEDICAL ONCOLOGY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	MEDICAL ONCOLOGY	Oxycodone 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	MEDICAL ONCOLOGY	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	MEDICAL ONCOLOGY	Oxycodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGICAL SURGERY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3964	NEUROLOGICAL SURGERY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	NEUROLOGICAL SURGERY	Nucynta 100MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGICAL SURGERY	Oxycodone ER 10mg 12HR Tablets	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGICAL SURGERY	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGICAL SURGERY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	NEUROLOGY	hydrocodone-acetaminophen 5-325 mg tablet	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3967	NEUROLOGY	hydrocodone-acetaminophen 5-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3963	NEUROLOGY	hydrocodone-acetaminophen 7.5-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3967	NEUROLOGY	hydrocodone-acetaminophen 7.5-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGY	Hydrocodone-Ibuprofen Tab 10-200 mg	NARCOTIC ANALGESICS	Denial	1
3963	NEUROLOGY	HYDROmorphone HCl 2MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGY	Morphine Sulfate ER 30mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	NEUROLOGY	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3967	NEUROLOGY	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3961	NEUROLOGY	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3964	NEUROLOGY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1
3964	NEUROLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3965	NEUROLOGY	trezix 320.5-30-16 mg capsule	NARCOTIC ANALGESICS	Approval	1
3967	NEUROLOGY	trezix 320.5-30-16 mg capsule	NARCOTIC ANALGESICS	Approval	4
3963	NURSE PRACTITIONER, ACUTE CARE	Belbuca 600mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, ACUTE CARE	Belbuca 75mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, ACUTE CARE	Belbuca 75mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, ADULT HEALTH	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	Acetaminophen-Codeine #4 300-60MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Denial	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Belbuca 450MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Belbuca 750mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Butalbital-APAP-Caffeine 50-325-40mg Tablet	NARCOTIC ANALGESICS	Approval	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	hydrocodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	traMADol HCl 50 MG Oral Tablet	NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3951	NURSE PRACTITIONER, UNSPECIFIED	Acetaminophen-Codeine #3 300-30MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Acetaminophen-Codeine #4 300-60MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Butalbital/Acetaminophen/Caffeine	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	oxyCODONE HCl 20MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	tramadol 50 mg tablet	NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3961	NURSE PRACTITIONER, UNSPECIFIED	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Belbuca 750MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Fentanyl 75 mcg TD Patch	NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	fentaNYL 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	Morphine Sulfate 30mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Morphine Sulfate 30mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	MS Contin 60mg Tablets (morphine sulfate ER)	NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	OBSTETRICS & GYNECOLOGY	OxyContin 30mg Tabs (oxycodone ER)	NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3961	ORTHOPEDIC SURGERY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Denial	1
3956	ORTHOPEDIC SURGERY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	ORTHOPEDIC SURGERY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Denial	1
3956	ORTHOPEDIC SURGERY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	2
3956	ORTHOPEDIC SURGERY	Hydromorphone 4mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	Oxycodone-Acetaminophen	NARCOTIC ANALGESICS	Denial	1
3956	ORTHOPEDIC SURGERY	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3962	ORTHOPEDIC SURGERY	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	ORTHOPEDIC SURGERY	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3963	ORTHOPEDIC SURGERY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	ORTHOPEDIC SURGERY	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	ORTHOPEDIC SURGERY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3964	ORTHOPEDIC SURGERY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	OTOLARYNGOLOGY	Oxycodone-Acetaminophen	NARCOTIC ANALGESICS	Approval	1
3956	PAIN MEDICINE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	PAIN MEDICINE	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PAIN MEDICINE	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	PALLIATIVE MEDICINE	fentaNYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	Approval	1
3956	PALLIATIVE MEDICINE	Hydromorphone 8mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	PALLIATIVE MEDICINE	HYDROmorphone HCl 4MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PALLIATIVE MEDICINE	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3963	PALLIATIVE MEDICINE	Oxycodone 20mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	PEDIATRICS	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	PEDIATRICS	oxyCODONE-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PEDIATRICS	traMADol HCl ER 100MG OR TB24	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	APAP-Codeine Tab 300-30 mg	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Belbuca 900mcg Buccal Film (buprenorphine)	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Tramadol-APAP 37.5-325 mg	NARCOTIC ANALGESICS	Denial	1
3956	PHYSICIAN, ANESTHESIOLOGY, PAIN MANAGEMENT	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, ANESTHESIOLOGY, PAIN MANAGEMENT	Morphine Sulfate ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	hydrocodone-acetaminophen 10-325 mg tablet	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Morphine Sulfate 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Morphine Sulfate ER 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3965	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Nucynta 100mg Tablets (tapentadol)	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Nucynta 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Nucynta ER 100MG OR TB12	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Oxycodone 15mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3962	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	oxyCODONE HCl 5MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Oxycodone Tab 10 mg	NARCOTIC ANALGESICS	Denial	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Oxycodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Tramadol-APAP 37.5-325 mg	NARCOTIC ANALGESICS	Denial	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Xtampza ER 9MG OR C12A	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	Belbuca 600MCG BU FILM	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, SURGERY, GENERAL	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3962	PHYSICIAN, SURGERY, GENERAL	Oxycodone 10mg Tablets	NARCOTIC ANALGESICS	Denial	1
3951	PHYSICIAN, SURGERY, GENERAL	Oxycodone 20mg Tablets	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, SURGERY, GENERAL	Oxycodone 5mg Tablets	NARCOTIC ANALGESICS	Denial	1
3956	PHYSICIAN, SURGERY, GENERAL	oxyCODONE HCl 10MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	oxyCODONE HCl 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	PHYSICIAN, SURGERY, GENERAL	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	Oxycodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	traMADol HCl ER 200MG OR TB24	NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	PLASTIC SURGERY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3964	PLASTIC SURGERY	Nucynta 75MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3963	PLASTIC SURGERY	Nucynta 75mg Tablets (tapentadol)	NARCOTIC ANALGESICS	Denial	1
3956	PLASTIC SURGERY	oxyCODONE-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Denial	1
3956	PODIATRIST, UNSPECIFIED	oxyCODONE-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	PSYCHIATRY	Hydrocodone-APAP Tab 10-325 mg	NARCOTIC ANALGESICS	Approval	2
3963	PSYCHIATRY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3956	REGISTERED NURSE, EMERGENCY	Hydrocodone-APAP Tab 7.5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	RHEUMATOLOGY	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	RHEUMATOLOGY	Hydrocodone-APAP Tab 5-325 mg	NARCOTIC ANALGESICS	Approval	1
3956	RHEUMATOLOGY	Tramadol 50mg Tablets	NARCOTIC ANALGESICS	Approval	1
3963	RHEUMATOLOGY	traMADol HCl 50MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	SURGERY, GENERAL	HYDROcodone-Acetaminophen 5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	SURGERY, HAND	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	SURGERY, HAND	Morphine Sulfate 15MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	HYDROcodone-Acetaminophen 10-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3956	UROLOGY	HYDROcodone-Acetaminophen 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3956	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Denial	4
3962	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	4
3964	UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	UNSPECIFIED	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	6
3963	UNSPECIFIED	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3956	UNSPECIFIED	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	6
3964	UNSPECIFIED	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	UNSPECIFIED	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	UNSPECIFIED	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Denial	1
3951	UNSPECIFIED	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	9
3961	UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3962	UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	8
3956	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	13
3956	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Denial	1
3961	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	5
3965	UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3965	UNSPECIFIED	Pregabalin ER 330MG OR TB24	NEUROLOGICAL AGENTS	Approval	1
3956	UNSPECIFIED	Rivastigmine 9.5MG/24HR TD PT24	NEUROLOGICAL AGENTS	Denial	1
3956	ANESTHESIOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3951	ANESTHESIOLOGY	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	ANESTHESIOLOGY	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	ANESTHESIOLOGY	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	5
3963	ANESTHESIOLOGY	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3956	ANESTHESIOLOGY	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3951	ANESTHESIOLOGY	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	ANESTHESIOLOGY	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	ANESTHESIOLOGY	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	ANESTHESIOLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	5
3962	ANESTHESIOLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	ANESTHESIOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3956	ANESTHESIOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	ANESTHESIOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	EMERGENCY MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3963	EMERGENCY MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3956	EMERGENCY MEDICINE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	EMERGENCY MEDICINE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Denial	1
3963	EMERGENCY MEDICINE	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	2
3951	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3956	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	3
3956	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Denial	9

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Denial	4
3964	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	3
3964	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3967	FAMILY PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	FAMILY PRACTICE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3964	FAMILY PRACTICE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	FAMILY PRACTICE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	6
3962	FAMILY PRACTICE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3965	FAMILY PRACTICE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	FAMILY PRACTICE	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 225MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	Pregabalin 225MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	FAMILY PRACTICE	pregabalin 25 mg capsule (LYRICA)	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	FAMILY PRACTICE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	FAMILY PRACTICE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3964	FAMILY PRACTICE	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	FAMILY PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	13
3963	FAMILY PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3964	FAMILY PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	FAMILY PRACTICE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3956	FAMILY PRACTICE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	11
3963	FAMILY PRACTICE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	6
3963	GASTROENTEROLOGY	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3965	GENERAL PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3967	GENERAL PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	GENERAL PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	HEMATOLOGY & ONCOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	INTERNAL MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Denial	3
3963	INTERNAL MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3964	INTERNAL MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	INTERNAL MEDICINE	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	PREGABALIN 75MG CAP	NEUROLOGICAL AGENTS	Approval	1
3951	INTERNAL MEDICINE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	INTERNAL MEDICINE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3961	INTERNAL MEDICINE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	INTERNAL MEDICINE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	NEUROLOGICAL SURGERY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGICAL SURGERY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGICAL SURGERY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3951	NEUROLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3967	NEUROLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NEUROLOGY	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NEUROLOGY	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3964	NEUROLOGY	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	NEUROLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	pregabalin 75 mg capsule	NEUROLOGICAL AGENTS	Approval	1
3951	NEUROLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NEUROLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, ACUTE CARE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin	NEUROLOGICAL AGENTS	Approval	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin	NEUROLOGICAL AGENTS	Denial	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin	NEUROLOGICAL AGENTS	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	pregabalin 150 mg capsule	NEUROLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3961	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3961	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	NURSE PRACTITIONER, GERONTOLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	2
3964	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 300MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3963	NURSE PRACTITIONER, UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	ORTHOPEDIC SURGERY	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3956	ORTHOPEDIC SURGERY	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3963	ORTHOPEDIC SURGERY	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3956	ORTHOPEDIC SURGERY	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	ORTHOPEDIC SURGERY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	ORTHOPEDIC SURGERY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	OTOLARYNGOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	OTOLARYNGOLOGY	Pregabalin 150MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	PAIN MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3964	PAIN MEDICINE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	PAIN MEDICINE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3967	PEDIATRICS	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	PEDIATRICS	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3964	PHYSICIAN, ONCOLOGY, MEDICAL	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Pregabalin 100MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Pregabalin 200MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3962	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	PHYSICIAN, SURGERY, GENERAL	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3956	PODIATRIST, GENERAL PRACTICE	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3963	PODIATRIST, GENERAL PRACTICE	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3963	PODIATRIST, UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3964	PODIATRIST, UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	PODIATRIST, UNSPECIFIED	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3967	PSYCHIATRY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	REGISTERED NURSE, UNSPECIFIED	Pregabalin	NEUROLOGICAL AGENTS	Denial	1
3951	RHEUMATOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	2
3956	RHEUMATOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3963	RHEUMATOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3964	RHEUMATOLOGY	Pregabalin	NEUROLOGICAL AGENTS	Approval	1
3956	RHEUMATOLOGY	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	3
3963	RHEUMATOLOGY	Pregabalin 25MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3956	RHEUMATOLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3963	RHEUMATOLOGY	Pregabalin 50MG OR CAPS	NEUROLOGICAL AGENTS	Approval	1
3951	RHEUMATOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3956	RHEUMATOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	4
3963	RHEUMATOLOGY	Pregabalin 75MG OR CAPS	NEUROLOGICAL AGENTS	Approval	2
3951	UNSPECIFIED	CVS Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	diclofenac 1 % topical gel	NON-NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	4
3951	UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	5
3964	UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3965	UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Diclofenac Sodium 1% Topical Gel	NON-NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	2
3951	UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3963	UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	6
3964	UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3967	UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	1
3951	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	4
3956	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	4
3961	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3963	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	2
3963	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	7
3965	UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	2
3956	UNSPECIFIED	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	9
3963	UNSPECIFIED	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	2
3963	UNSPECIFIED	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Rizatriptan	NON-NARCOTIC ANALGESICS	Approval	1
3963	UNSPECIFIED	Rizatriptan	NON-NARCOTIC ANALGESICS	Denial	1
3961	UNSPECIFIED	Sumatriptan Auto-Injector 6mg/0.5ML	NON-NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	SUMAtriptan Succinate 100MG OR TABS	NON-NARCOTIC ANALGESICS	Denial	1
3951	UNSPECIFIED	SUMAtriptan Succinate 6MG/0.5ML SC SOAJ	NON-NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	SUMAtriptan Succinate Refill 6MG/0.5ML SC SOCT	NON-NARCOTIC ANALGESICS	Approval	1
3956	UNSPECIFIED	Sumatriptan Tablet	NON-NARCOTIC ANALGESICS	Denial	1
3963	ALLERGY & IMMUNOLOGY	Sumatriptan Tablet	NON-NARCOTIC ANALGESICS	Approval	1
3963	ANESTHESIOLOGY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3964	ANESTHESIOLOGY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3956	ANESTHESIOLOGY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3963	ANESTHESIOLOGY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3951	ANESTHESIOLOGY	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	EMERGENCY MEDICINE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	EMERGENCY MEDICINE	Rizatriptan	NON-NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	CVS Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	3
3956	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	10
3963	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	2
3956	FAMILY PRACTICE	Diclofenac Sodium 1% Topical Gel	NON-NARCOTIC ANALGESICS	Denial	1
3951	FAMILY PRACTICE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	2
3962	FAMILY PRACTICE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3963	FAMILY PRACTICE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	4
3964	FAMILY PRACTICE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	3
3965	FAMILY PRACTICE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Eletriptan	NON-NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	3
3956	FAMILY PRACTICE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	4
3963	FAMILY PRACTICE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	3
3951	FAMILY PRACTICE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	7
3963	FAMILY PRACTICE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	Lidocaine Ointment 5%	NON-NARCOTIC ANALGESICS	Approval	1
3951	FAMILY PRACTICE	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Approval	1
3963	FAMILY PRACTICE	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	4
3964	FAMILY PRACTICE	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	2
3956	FAMILY PRACTICE	Rizatriptan	NON-NARCOTIC ANALGESICS	Approval	1
3956	FAMILY PRACTICE	Rizatriptan	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	Rizatriptan Benzoate 10MG OR TBDP	NON-NARCOTIC ANALGESICS	Denial	1
3956	FAMILY PRACTICE	Sumatriptan Auto-Injector 6mg/0.5ML	NON-NARCOTIC ANALGESICS	Denial	2
3956	FAMILY PRACTICE	SUMATriptan Succinate 50MG OR TABS	NON-NARCOTIC ANALGESICS	Denial	3
3956	FAMILY PRACTICE	Sumatriptan Tablet	NON-NARCOTIC ANALGESICS	Denial	2
3951	HEMATOLOGY & ONCOLOGY	CVS Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3951	HEMATOLOGY & ONCOLOGY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3951	INTERNAL MEDICINE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3963	INTERNAL MEDICINE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	INTERNAL MEDICINE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3963	INTERNAL MEDICINE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3967	INTERNAL MEDICINE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3956	INTERNAL MEDICINE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	2
3964	INTERNAL MEDICINE	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3956	INTERNAL MEDICINE	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	INTERNAL MEDICINE	Rizatriptan ODT	NON-NARCOTIC ANALGESICS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	SUMatriptan-Naproxen Sodium 85-500MG OR TABS	NON-NARCOTIC ANALGESICS	Approval	1
3963	NEUROLOGICAL SURGERY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGICAL SURGERY	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3963	NEUROLOGY	Eletriptan	NON-NARCOTIC ANALGESICS	Denial	1
3956	NEUROLOGY	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	NEUROLOGY	Lidocaine Ointment 5%	NON-NARCOTIC ANALGESICS	Approval	1
3965	NEUROLOGY	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3956	NEUROLOGY	Rizatriptan Benzoate 10MG OR TBDP	NON-NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGY	Rizatriptan ODT	NON-NARCOTIC ANALGESICS	Approval	1
3951	NEUROLOGY	Sumatriptan-Naproxen 85-500mg	NON-NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Rizatriptan	NON-NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Rizatriptan	NON-NARCOTIC ANALGESICS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMatriptan Succinate 6MG/0.5ML SC SOAJ	NON-NARCOTIC ANALGESICS	Approval	2
3951	NURSE PRACTITIONER, UNSPECIFIED	CVS Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	3
3964	NURSE PRACTITIONER, UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	5
3956	NURSE PRACTITIONER, UNSPECIFIED	SUMatriptan Succinate 100MG OR TABS	NON-NARCOTIC ANALGESICS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3951	ORTHOPEDIC SURGERY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3951	ORTHOPEDIC SURGERY	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3962	ORTHOPEDIC SURGERY	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3964	ORTHOPEDIC SURGERY	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3951	ORTHOPEDIC SURGERY	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SUMatriptan Succinate 6MG/0.5ML SC SOAJ	NON-NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, GERIATRIC MEDICINE	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	PHYSICIAN, GERIATRIC MEDICINE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Approval	1
3964	PHYSICIAN, ONCOLOGY, MEDICAL	Sumatriptan Tablets	NON-NARCOTIC ANALGESICS	Denial	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	1
3964	PHYSICIAN, SURGERY, GENERAL	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3963	PODIATRIST, SURGERY, FOOT & ANKLE	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	2
3956	PODIATRIST, UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approval	1
3956	PODIATRIST, UNSPECIFIED	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	PODIATRIST, UNSPECIFIED	Lidocaine 5% Patch	NON-NARCOTIC ANALGESICS	Denial	2
3963	PODIATRIST, UNSPECIFIED	Lidocaine Patch 5%	NON-NARCOTIC ANALGESICS	Denial	1
3951	PULMONARY DISEASES	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3951	RHEUMATOLOGY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	2
3962	RHEUMATOLOGY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	2
3963	RHEUMATOLOGY	Diclofenac Sodium 1% EX GEL	NON-NARCOTIC ANALGESICS	Approval	1
3963	RHEUMATOLOGY	Diclofenac Sodium Topical Gel 1%	NON-NARCOTIC ANALGESICS	Denial	1
3964	RHEUMATOLOGY	Lidocaine 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denial	1
3956	UNSPECIFIED	Prolia 60MG/ML SC SOSY	OSTEOPOROSIS AGENTS	Denial	1
3964	UNSPECIFIED	Tymlos	OSTEOPOROSIS AGENTS	Approval	1
3951	INTERNAL MEDICINE	Tymlos	OSTEOPOROSIS AGENTS	Approval	1
3963	INTERNAL MEDICINE	Tymlos	OSTEOPOROSIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	Xgeva	OSTEOPOROSIS AGENTS	Approval	1
3961	ORTHOPEDIC SURGERY	Tymlos	OSTEOPOROSIS AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tymlos	OSTEOPOROSIS AGENTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tymlos	OSTEOPOROSIS AGENTS	Denial	1
3951	UNSPECIFIED	Mupirocin 2% EX OINT	OTHER ANTIBIOTICS	Denial	1
3951	DERMATOLOGY	Thalomid	OTHER ANTIBIOTICS	Approval	1
3963	EMERGENCY MEDICINE	Linezolid	OTHER ANTIBIOTICS	Approval	1
3956	REGISTERED NURSE, UNSPECIFIED	Mupirocin 2% Ointment	OTHER ANTIBIOTICS	Denial	1
3963	UNSPECIFIED	Tyvaso	OTHER ANTIHYPERTENSIVES	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	CARDIOLOGY	Adempas 2.5MG OR TABS	OTHER ANTIHYPERTENSIVES	Approval	1
3951	CARDIOLOGY	Uptravi	OTHER ANTIHYPERTENSIVES	Approval	1
3956	CARDIOLOGY	Uptravi	OTHER ANTIHYPERTENSIVES	Approval	1
3964	INTERNAL MEDICINE	Adempas	OTHER ANTIHYPERTENSIVES	Approval	1
3964	INTERNAL MEDICINE	Adempas	OTHER ANTIHYPERTENSIVES	Denial	1
3956	INTERNAL MEDICINE	Adempas 0.5MG OR TABS	OTHER ANTIHYPERTENSIVES	Approval	1
3956	INTERNAL MEDICINE	Opsumit	OTHER ANTIHYPERTENSIVES	Approval	1
3963	INTERNAL MEDICINE	Tekturna HCT (aliskiren/hydrochlorothiazide)	OTHER ANTIHYPERTENSIVES	Approval	1
3964	INTERNAL MEDICINE	Uptravi 200MCG OR TABS	OTHER ANTIHYPERTENSIVES	Approval	1
3956	PULMONARY DISEASES	Opsumit	OTHER ANTIHYPERTENSIVES	Approval	1
3963	PULMONARY DISEASES	Opsumit	OTHER ANTIHYPERTENSIVES	Approval	2
3956	PULMONARY DISEASES	Remodulin	OTHER ANTIHYPERTENSIVES	Approval	1
3956	PULMONARY DISEASES	Remodulin	OTHER ANTIHYPERTENSIVES	Denial	1
3956	UNSPECIFIED	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3951	CARDIOLOGY	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	2
3956	CARDIOLOGY	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3956	CARDIOLOGY, INTERVENTIONAL	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3961	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	1
3963	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	dofetilide	OTHER CARDIOVASCULAR PREPS	Approval	2
3963	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	Tikosyn	OTHER CARDIOVASCULAR PREPS	Denial	2
3956	UNSPECIFIED	Humatrope	OTHER HORMONES	Approval	2
3963	UNSPECIFIED	Humatrope	OTHER HORMONES	Approval	1
3962	UNSPECIFIED	Norditropin	OTHER HORMONES	Approval	1
3963	UNSPECIFIED	Norditropin	OTHER HORMONES	Denial	1
3964	UNSPECIFIED	Norditropin	OTHER HORMONES	Approval	1
3956	UNSPECIFIED	octreotide acetate	OTHER HORMONES	Denial	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	Humatrope	OTHER HORMONES	Approval	1
3951	ENDOCRINOLOGY, PEDIATRIC	Genotropin	OTHER HORMONES	Approval	1
3963	ENDOCRINOLOGY, PEDIATRIC	Genotropin	OTHER HORMONES	Approval	2
3951	ENDOCRINOLOGY, PEDIATRIC	Humatrope	OTHER HORMONES	Denial	2
3956	ENDOCRINOLOGY, PEDIATRIC	Humatrope	OTHER HORMONES	Denial	1
3961	FAMILY PRACTICE	Humatrope	OTHER HORMONES	Approval	1
3963	INTERNAL MEDICINE	Genotropin	OTHER HORMONES	Denial	1
3956	INTERNAL MEDICINE	Humatrope	OTHER HORMONES	Denial	1
3964	NURSE PRACTITIONER, UNSPECIFIED	octreotide acetate	OTHER HORMONES	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	PEDIATRICS	Humatrope 24MG IJ SOLR	OTHER HORMONES	Denial	1
3956	PEDIATRICS	Norditropin	OTHER HORMONES	Denial	1
3951	UNSPECIFIED	ARMODAFINIL 150 MG TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3964	UNSPECIFIED	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	4
3963	UNSPECIFIED	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	UNSPECIFIED	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3963	UNSPECIFIED	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Desvenlafaxine Succinate ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	UNSPECIFIED	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	4
3956	UNSPECIFIED	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2
3963	UNSPECIFIED	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3963	UNSPECIFIED	Fetzima 80MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Viibryd (Vilazodone HCl) 10 MG Oral Tablet	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	UNSPECIFIED	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3963	UNSPECIFIED	viibryd 20 mg tablet	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	UNSPECIFIED	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	UNSPECIFIED	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3951	UNSPECIFIED	Viibryd Starter Pack 10 & 20MG OR KIT	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	CHIROPRACTOR, UNSPECIFIED	Armodafinil 200mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	EMERGENCY MEDICINE	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	FAMILY PRACTICE	Armodafinil 200mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3951	FAMILY PRACTICE	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	FAMILY PRACTICE	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	FAMILY PRACTICE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	3
3956	FAMILY PRACTICE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	6
3963	FAMILY PRACTICE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	FAMILY PRACTICE	desvenlafaxine succinate 50 mg tablet extended release 24 hr	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Desvenlafaxine Succinate ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3951	FAMILY PRACTICE	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3961	FAMILY PRACTICE	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	FAMILY PRACTICE	Viibryd	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	FAMILY PRACTICE	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2
3956	FAMILY PRACTICE	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	3
3961	FAMILY PRACTICE	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	FAMILY PRACTICE	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	FAMILY PRACTICE	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	4
3956	FAMILY PRACTICE	Viibryd Starter Pack 10 & 20MG OR KIT	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	INTERNAL MEDICINE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	INTERNAL MEDICINE	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	INTERNAL MEDICINE	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	INTERNAL MEDICINE	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3961	INTERNAL MEDICINE	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3963	INTERNAL MEDICINE	Viibryd 10MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NEUROLOGY	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NEUROLOGY	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3961	NEUROLOGY	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine Succinate ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine Succinate ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Armodafinil 200mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3961	NURSE PRACTITIONER, PSYCHIATRIC	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	Viibryd 10MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	OCCUPATIONAL MEDICINE	Desvenlafaxine ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	OCCUPATIONAL MEDICINE	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3963	PEDIATRICS	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3961	PEDIATRICS	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	PEDIATRICS	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARMODAFINIL 150 MG TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Desvenlafaxine Succinate ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	PSYCHIATRY	Armodafinil 200mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Armodafinil 250mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	PSYCHIATRY	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	PSYCHIATRY	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	5
3963	PSYCHIATRY	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	3
3956	PSYCHIATRY	Desvenlafaxine Succinate ER (Desvenlafaxine Succinate) 50 MG Oral Tablet	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	PSYCHIATRY	Desvenlafaxine Succinate ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	2
3956	PSYCHIATRY	Desvenlafaxine Succinate ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	PSYCHIATRY	Desvenlafaxine Succinate ER Tablet 100mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Emsam 6MG/24HR TD PT24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	PSYCHIATRY	Fetzima 20MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3956	PSYCHIATRY	Viibryd (vilazodone)	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denial	1
3956	PSYCHIATRY	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3963	PSYCHIATRY	Viibryd 20MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3961	PSYCHIATRY	Viibryd 40MG OR TABS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	2
3956	PSYCHIATRY, CHILD & ADOLESCENT	Desvenlafaxine ER Tab	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3951	PULMONARY DISEASES	Armodafinil 150mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	PULMONOLOGY, PEDIATRIC	Armodafinil 200mg	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Ingrezza	PSYCHOTHERAPEUTIC	Denial	1
BCBSAR	NURSE PRACTITIONER, FAMILY HEALTH	Synagis	RESPIRATORY AGENT	Denial	1
BCBSAR	PEDIATRICS	Synagis	RESPIRATORY AGENT	Approval	11
BCBSAR	PEDIATRICS	Synagis	RESPIRATORY AGENT	Denial	3

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	UNSPECIFIED	Budesonide 1mg/2mL Suspension	RESPIRATORY AGENTS	Denial	2
3956	UNSPECIFIED	Daliresp 500MCG OR TABS	RESPIRATORY AGENTS	Approval	2
3956	UNSPECIFIED	Tobramycin inhalation solution	RESPIRATORY AGENTS	Approval	1
3963	UNSPECIFIED	Tobramycin inhalation solution	RESPIRATORY AGENTS	Approval	1
3962	ALLERGY & IMMUNOLOGY	Fasenra	RESPIRATORY AGENTS	Denial	1
3963	FAMILY PRACTICE	Daliresp (roflumilast)	RESPIRATORY AGENTS	Approval	1
3951	FAMILY PRACTICE	Daliresp 500MCG OR TABS	RESPIRATORY AGENTS	Approval	1
3956	INTERNAL MEDICINE	Budesonide 1mg/2mL Suspension	RESPIRATORY AGENTS	Denial	1
3956	NURSE PRACTITIONER, ADULT HEALTH	Daliresp 250MCG OR TABS	RESPIRATORY AGENTS	Approval	1
3956	PEDIATRICS	Budesonide 1mg/2mL Suspension	RESPIRATORY AGENTS	Approval	1
3956	PHYSICIAN, SURGERY, GENERAL	Daliresp 500MCG OR TABS	RESPIRATORY AGENTS	Approval	1
3951	PULMONARY DISEASES	Daliresp (roflumilast)	RESPIRATORY AGENTS	Approval	1
3956	PULMONARY DISEASES	Daliresp 250MCG OR TABS	RESPIRATORY AGENTS	Approval	1
3956	PULMONARY DISEASES	Prolastin-C	RESPIRATORY AGENTS	Approval	6
3956	UNSPECIFIED	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Denial	1
3963	UNSPECIFIED	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	1
3964	UNSPECIFIED	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	1
3956	UNSPECIFIED	Belsomra 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	2
3963	UNSPECIFIED	Belsomra 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	UNSPECIFIED	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3962	UNSPECIFIED	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3951	UNSPECIFIED	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3951	FAMILY PRACTICE	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	2
3951	FAMILY PRACTICE	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Denial	1
3956	FAMILY PRACTICE	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	3
3956	FAMILY PRACTICE	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Denial	1
3963	FAMILY PRACTICE	Belsomra 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	FAMILY PRACTICE	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3951	FAMILY PRACTICE	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	FAMILY PRACTICE	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	FAMILY PRACTICE	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	INTERNAL MEDICINE	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Denial	1
3956	INTERNAL MEDICINE	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3963	INTERNAL MEDICINE	Zolpidem	SEDATIVE NON-BARBITURATE	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Belsomra (Suvorexant) 10 MG Oral Tablet	SEDATIVE NON-BARBITURATE	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	2
3956	NURSE PRACTITIONER, UNSPECIFIED	Belsomra 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3951	PSYCHIATRY	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	1
3964	PSYCHIATRY	Belsomra (Suvorexant) 10 MG Oral Tablet	SEDATIVE NON-BARBITURATE	Denial	1
3956	PSYCHIATRY	Belsomra (Suvorexant) 15 MG Oral Tablet	SEDATIVE NON-BARBITURATE	Approval	1
3956	PSYCHIATRY	Belsomra 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3961	PSYCHIATRY	Belsomra 5MG OR TABS	SEDATIVE NON-BARBITURATE	Approval	1
3956	REGISTERED NURSE, UNSPECIFIED	Belsomra (suvorexant)	SEDATIVE NON-BARBITURATE	Approval	1
3951	INTERNAL MEDICINE	Hetlioz	SEDATIVES/HYPNOTICS	Denial	1
3951	INTERNAL MEDICINE	Hetlioz 20MG OR CAPS	SEDATIVES/HYPNOTICS	Denial	1
3956	PSYCHIATRY	Hetlioz	SEDATIVES/HYPNOTICS	Denial	1
3956	UNSPECIFIED	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	2
3951	UNSPECIFIED	Buprenorphine 10mcg/hr TD Patch	SUBSTANCE ABUSE AGENTS	Denial	1
3956	UNSPECIFIED	Buprenorphine 10mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Denial	1
3963	UNSPECIFIED	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	Buprenorphine 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3951	UNSPECIFIED	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	UNSPECIFIED	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	Buprenorphine 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Denial	1
3951	UNSPECIFIED	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denial	1
3963	UNSPECIFIED	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	3
3951	UNSPECIFIED	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	UNSPECIFIED	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Approval	1
3956	UNSPECIFIED	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	18
3963	UNSPECIFIED	Buprenorphine Sublingual Tablets	SUBSTANCE ABUSE AGENTS	Denial	4
3964	UNSPECIFIED	Buprenorphine Sublingual Tablets	SUBSTANCE ABUSE AGENTS	Denial	2
3956	UNSPECIFIED	Vivitrol 380MG IM SUSR	SUBSTANCE ABUSE AGENTS	Approval	2
3956	ANESTHESIOLOGY	Buprenorphine 10mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3951	ANESTHESIOLOGY	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	ANESTHESIOLOGY	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3963	ANESTHESIOLOGY	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3964	ANESTHESIOLOGY	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	Buprenorphine 20mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3964	ANESTHESIOLOGY	Buprenorphine 20mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	ANESTHESIOLOGY	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	3
3963	ANESTHESIOLOGY	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	ANESTHESIOLOGY	Buprenorphine 5mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Denial	1
3956	ANESTHESIOLOGY	Buprenorphine 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3961	ANESTHESIOLOGY	Buprenorphine 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	ANESTHESIOLOGY	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3956	ANESTHESIOLOGY	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denial	1
3951	ANESTHESIOLOGY	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	ANESTHESIOLOGY	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	3
3963	ANESTHESIOLOGY	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	2
3956	EMERGENCY MEDICINE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3963	EMERGENCY MEDICINE	Buprenorphine Sublingual Tablets	SUBSTANCE ABUSE AGENTS	Denial	2
3956	FAMILY PRACTICE	Acamprosate	SUBSTANCE ABUSE AGENTS	Approval	1
3961	FAMILY PRACTICE	Acamprosate	SUBSTANCE ABUSE AGENTS	Denial	1
3956	FAMILY PRACTICE	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	2
3961	FAMILY PRACTICE	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	1
3963	FAMILY PRACTICE	Buprenorphine 10mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	FAMILY PRACTICE	Buprenorphine 20mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Denial	1
3951	FAMILY PRACTICE	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denial	1
3963	FAMILY PRACTICE	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	2
3951	FAMILY PRACTICE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	6
3956	FAMILY PRACTICE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	8
3963	FAMILY PRACTICE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3963	FAMILY PRACTICE	Buprenorphine Sublingual Tablets	SUBSTANCE ABUSE AGENTS	Denial	1
3951	GENERAL PRACTICE	Buprenorphine 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	GENERAL PRACTICE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3951	INTERNAL MEDICINE	Acamprosate	SUBSTANCE ABUSE AGENTS	Approval	1
3956	INTERNAL MEDICINE	Acamprosate	SUBSTANCE ABUSE AGENTS	Approval	3
3951	INTERNAL MEDICINE	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	2
3956	INTERNAL MEDICINE	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	6
3963	INTERNAL MEDICINE	Buprenorphine 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	INTERNAL MEDICINE	Buprenorphine 5mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3963	INTERNAL MEDICINE	Buprenorphine 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	INTERNAL MEDICINE	Buprenorphine SL 2 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	INTERNAL MEDICINE	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	12

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, ACUTE CARE	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 15mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 20mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	2
3951	NURSE PRACTITIONER, PSYCHIATRIC	Vivitrol 380MG IM SUSR	SUBSTANCE ABUSE AGENTS	Approval	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	Vivitrol 380MG IM SUSR	SUBSTANCE ABUSE AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Buprenorphine HCl 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	4
3951	OBSTETRICS & GYNECOLOGY	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	PAIN MEDICINE	Buprenorphine 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3956	PEDIATRICS	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	2
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Buprenorphine 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Buprenorphine 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Buprenorphine 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approval	2
3961	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Buprenorphine 20mcg/hr TD Patch Weekly	SUBSTANCE ABUSE AGENTS	Approval	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	1
3956	PSYCHIATRY	Acamprosate	SUBSTANCE ABUSE AGENTS	Approval	2
3963	PSYCHIATRY	Acamprosate Calcium 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approval	1
3956	PSYCHIATRY, ADDICTION	Acamprosate	SUBSTANCE ABUSE AGENTS	Approval	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	Buprenorphine SL 8 mg Tab	SUBSTANCE ABUSE AGENTS	Denial	2
3951	UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3964	UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	3
3965	UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3965	UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3951	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	2
3951	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3956	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	5

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3963	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	4
3963	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3964	DERMATOLOGY	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	FAMILY PRACTICE	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	NURSE PRACTITIONER, UNSPECIFIED	Skyrizi (150 MG Dose) 75MG/0.83ML SC PSKT	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Denial	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Skyrizi	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	Skyrizi (150 MG Dose) 75MG/0.83ML SC PSKT	SYSTEMIC ANTIPSORIASIS AGENTS	Approval	1
3956	UNSPECIFIED	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	1
3956	UNSPECIFIED	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3963	UNSPECIFIED	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	1
3963	UNSPECIFIED	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3962	UNSPECIFIED	Orilissa 200mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3964	FAMILY PRACTICE	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3964	GENERAL PRACTICE	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Orilissa 200mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	1
3956	OBSTETRICS & GYNECOLOGY	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	1
3963	OBSTETRICS & GYNECOLOGY	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	6
3963	OBSTETRICS & GYNECOLOGY	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	3
3964	OBSTETRICS & GYNECOLOGY	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	2
3956	OBSTETRICS & GYNECOLOGY	Orilissa 200mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Approval	2
3963	OBSTETRICS & GYNECOLOGY	Orilissa 200mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3964	PEDIATRICS	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3964	PSYCHIATRY	Orilissa 150mg Tablets (elagolix)	SYSTEMIC HORMONAL AGENTS	Denial	1
3951	UNSPECIFIED	Solodyn 80 mg tablet,extended release	TETRACYCLINES	Approval	1
3963	DERMATOLOGY	Minocycline HCl ER 135MG OR CP24	TETRACYCLINES	Denial	1
3964	DERMATOLOGY	Solodyn (minocycline)	TETRACYCLINES	Approval	1
3963	INTERNAL MEDICINE	Synthroid 100MCG OR TABS	THYROID AGENT	Denial	1
3963	NURSE PRACTITIONER, ACUTE CARE	Synthroid 25MCG OR TABS	THYROID AGENT	Denial	1
3951	UNSPECIFIED	cinacalcet	THYROID PRODUCT	Denial	1
3956	UNSPECIFIED	cinacalcet	THYROID PRODUCT	Approval	1

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3964	UNSPECIFIED	cinacalcet	THYROID PRODUCT	Approval	1
3963	INTERNAL MEDICINE	cinacalcet	THYROID PRODUCT	Approval	1
3956	INTERNAL MEDICINE	Cinacalcet HCl 30MG OR TABS	THYROID PRODUCT	Approval	2
3956	NEPHROLOGY / RENAL MEDICINE	cinacalcet	THYROID PRODUCT	Approval	1
3956	NEPHROLOGY / RENAL MEDICINE	Cinacalcet HCl 30MG OR TABS	THYROID PRODUCT	Approval	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	Cinacalcet HCl 30MG OR TABS	THYROID PRODUCT	Approval	1
3963	FAMILY PRACTICE	Nitrofurantoin Monohyd Macro 100MG OR CAPS	URINARY ANTIBACTERIALS	Approval	1
3951	UNSPECIFIED	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Approval	1
3956	UNSPECIFIED	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Denial	1
3963	UNSPECIFIED	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Denial	1
3956	UNSPECIFIED	sildenafil tablets	VASODILATORS	Approval	1
3956	UNSPECIFIED	sildenafil tablets	VASODILATORS	Denial	1
3963	UNSPECIFIED	sildenafil tablets	VASODILATORS	Denial	1
3964	UNSPECIFIED	sildenafil tablets	VASODILATORS	Denial	1
3956	UNSPECIFIED	Tadalafil 2.5mg	VASODILATORS	Denial	1
3956	UNSPECIFIED	tadalafil 20mg	VASODILATORS	Approval	1
3956	UNSPECIFIED	Tadalafil 5mg	VASODILATORS	Denial	5
3961	UNSPECIFIED	Tadalafil 5mg	VASODILATORS	Approval	1
3963	UNSPECIFIED	Tadalafil 5mg	VASODILATORS	Denial	1
3956	UNSPECIFIED	Tadalafil 5MG OR TABS	VASODILATORS	Approval	2
3956	UNSPECIFIED	Tadalafil 5MG OR TABS	VASODILATORS	Denial	2
3956	CARDIOLOGY	Orenitram 1MG OR TBCR	VASODILATORS	Approval	1
3956	CARDIOLOGY	sildenafil tablets	VASODILATORS	Approval	1
3956	CARDIOLOGY	Tadalafil 2.5MG OR TABS	VASODILATORS	Denial	1
3956	CARDIOLOGY	tadalafil 20mg	VASODILATORS	Approval	1
3951	FAMILY PRACTICE	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Denial	1
3956	FAMILY PRACTICE	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Approval	1
3956	FAMILY PRACTICE	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Denial	1
3951	FAMILY PRACTICE	sildenafil tablets	VASODILATORS	Denial	2
3956	FAMILY PRACTICE	sildenafil tablets	VASODILATORS	Denial	9
3963	FAMILY PRACTICE	sildenafil tablets	VASODILATORS	Denial	5
3956	FAMILY PRACTICE	Tadalafil 2.5mg	VASODILATORS	Denial	1
3963	FAMILY PRACTICE	tadalafil 20mg	VASODILATORS	Denial	2
3956	FAMILY PRACTICE	Tadalafil 5mg	VASODILATORS	Approval	1
3963	FAMILY PRACTICE	Tadalafil 5mg	VASODILATORS	Denial	1
3951	FAMILY PRACTICE	Tadalafil 5MG OR TABS	VASODILATORS	Denial	2
3956	FAMILY PRACTICE	Tadalafil 5MG OR TABS	VASODILATORS	Approval	4

Carrier	Prescriber Primary Specialty Description	Drug	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	Tadalafil 5MG OR TABS	VASODILATORS	Denial	5
3963	FAMILY PRACTICE	Tadalafil 5MG OR TABS	VASODILATORS	Denial	3
3951	INTERNAL MEDICINE	Sildenafil Citrate 20MG OR TABS	VASODILATORS	Denial	2
3951	INTERNAL MEDICINE	sildenafil tablets	VASODILATORS	Denial	1
3956	INTERNAL MEDICINE	sildenafil tablets	VASODILATORS	Approval	1
3961	INTERNAL MEDICINE	Tadalafil 5mg	VASODILATORS	Denial	1
3967	NEUROLOGY	sildenafil tablets	VASODILATORS	Denial	1
3963	NURSE PRACTITIONER, ADULT HEALTH	Tadalafil 5mg	VASODILATORS	Approval	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tadalafil 5 MG Oral Tablet	VASODILATORS	Approval	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	Tadalafil 5mg	VASODILATORS	Denial	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	Tadalafil 5MG OR TABS	VASODILATORS	Approval	1
3956	NURSE PRACTITIONER, UNSPECIFIED	sildenafil tablets	VASODILATORS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Tadalafil 5mg	VASODILATORS	Denial	1
3956	NURSE PRACTITIONER, UNSPECIFIED	Tadalafil 5MG OR TABS	VASODILATORS	Denial	1
3956	OPHTHALMOLOGY	Tadalafil 5MG OR TABS	VASODILATORS	Denial	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	sildenafil tablets	VASODILATORS	Denial	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	Tadalafil 5MG OR TABS	VASODILATORS	Denial	2
3951	PSYCHIATRY	sildenafil tablets	VASODILATORS	Denial	1
3956	PULMONARY DISEASES	Tadalafil (PAH) 20MG OR TABS	VASODILATORS	Approval	1
3951	UROLOGY	sildenafil tablets	VASODILATORS	Denial	1
3956	UROLOGY	Tadalafil 5mg	VASODILATORS	Approval	1
3956	UROLOGY	Tadalafil 5mg	VASODILATORS	Denial	2
3963	UROLOGY	Tadalafil 5mg	VASODILATORS	Denial	1
3956	UROLOGY	Tadalafil 5MG OR TABS	VASODILATORS	Approval	7
3956	UROLOGY	Tadalafil 5MG OR TABS	VASODILATORS	Denial	2
3961	UROLOGY	Tadalafil 5MG OR TABS	VASODILATORS	Denial	1
3963	UROLOGY	Tadalafil 5MG OR TABS	VASODILATORS	Approval	1
3956	UNSPECIFIED	Regranex 0.01% EX GEL	Wound Care	Approval	1
3965	OPTOMETRIST, UNSPECIFIED	Vyzulta 0.024% OP SOLN		Denial	1