

Pharmacy Non-Specialty Overview by Prior Authorization Approval or Denial 3rd Quarter 2023

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ANTINEOPLASTICS	Approved	1
3961	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	ABIRATERONE	ANTINEOPLASTICS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PSYCHIATRY	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denied	2
3956	FAMILY PRACTICE	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PSYCHIATRY	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	5
3963	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	ACCU-CHEK GUIDE TEST STRIPS	DIABETIC TESTING SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	1
3964	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	1
3951	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	2
3965	UNSPECIFIED	ACUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ACUTANE 40 MG CAPSULE	ALL OTHER DERMATOLOGICALS	Approved	1
3963	DERMATOLOGY	ACUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	2
3951	UNSPECIFIED	ACUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE 300-30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	3
3963	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, ANESTHESIOLOGY, PAIN MANAGEMENT	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Denied	1
3962	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	3
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	2
3951	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GENERAL PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	PEDIATRICS	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PSYCHIATRY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3962	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	2
3963	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	3
3963	INTERNAL MEDICINE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3962	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3964	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1

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3963	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3951	FAMILY PRACTICE	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3969	PEDIATRICS	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.3 % TOPICAL GEL (DIFFERIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	2
3962	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	2
3962	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	ADAPALENE GEL 0.1%	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ADBRY	DERMATOLOGICAL AGENTS	Approved	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	ADDERALL XR 15MG OR CP24	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ADDYI 100MG TABLET	HYPOACTIVE SEXUAL DESIRE DISORDER	Approved	1
3951	CARDIOLOGY	ADEMPAS	ANTIHYPERTENSIVES	Approved	1
3956	CARDIOLOGY	ADEMPAS	ANTIHYPERTENSIVES	Approved	1
3956	UNSPECIFIED	ADEMPAS	ANTIHYPERTENSIVES	Approved	2
3963	OBSTETRICS & GYNECOLOGY	ADTHYZA 65MG TABLET	THYROID AGENTS	Denied	1
3951	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3969	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Denied	1
3963	INTERNAL MEDICINE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	4
3964	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3965	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	4
3963	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Denied	2
3951	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1

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3963	UNSPECIFIED	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3964	NEUROLOGY	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG 70MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY 225 MG/1.5 ML SUBCUTANEOUS AUTO-INJECTOR (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3962	UNSPECIFIED	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3962	NEUROLOGY	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML SC SOSY	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	AJOVY 225MG/1.5ML SC SOSY	ANTIMIGRAINE	Approved	1
3956	INTERNAL MEDICINE	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	FAMILY PRACTICE	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	2

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3963	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	3
3963	DERMATOLOGY	AKLIEF 0.005% CREAM	ALL OTHER DERMATOLOGICALS	Denied	2
3963	HEMATOLOGY & ONCOLOGY	AKYNZEO CAPSULES (NETUPITANT-PALONOSE-TRON)	ANTIEMETIC	Denied	1
3956	FAMILY PRACTICE	ALBUTEROL HFA	ASTHMA	Approved	1
3956	FAMILY PRACTICE	ALBUTEROL SULFATE HFA	ASTHMA	Denied	1
3963	UNSPECIFIED	ALEVAZOL 1% TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3961	FAMILY PRACTICE	ALOGLIPTIN	DIABETIC THERAPY	Denied	1
3951	FAMILY PRACTICE	ALOGLIPTIN-METFORMIN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	ALOSETRON	GASTROINTESTINAL AGENTS	Denied	1
3956	UNSPECIFIED	ALOSETRON HCL 0.5MG OR TABS	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	ALOSETRON HCL 1MG OR TABS	GASTROINTESTINAL AGENTS	Approved	1
3951	CARDIOLOGY	AMBRISENTAN	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	AMBRISENTAN	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AMBRISENTAN	DERMATOLOGICAL AGENTS	Denied	1
3951	CARDIOLOGY	AMBRISENTAN 10MG OR TABS	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	AMITRIPTYLINE HCL 150MG OR TABS	ANTIDEPRESSANTS	Approved	1
3964	DERMATOLOGY	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 10MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	AMNESTEEM 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	AMNESTEEM 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHET ER 15MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	2
3961	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1

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3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHET ER 25MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	3
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	2
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3951	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Denied	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TABLETS	CNS STIMULANTS	Approved	1
3962	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3962	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3963	PSYCHOLOGIST, SCHOOL	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	2

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3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3951	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Denied	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3961	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	6
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	2
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	4
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	2
3956	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	2
3961	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3961	SLEEP MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	2
3961	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	1
3956	PEDIATRICS	AMPHETAMINE-DEXTROAMPHETAMINE 25MG ER	CNS STIMULANTS	Approved	1
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	1
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	1
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3964	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3962	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3969	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3962	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	2
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	3
3951	NURSE PRACTITIONER, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Denied	1
3951	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	23
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	21
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	GENERAL PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3956	PEDIATRICS	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3951	PHYSICIAN, SURGERY, GENERAL	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3961	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3951	PSYCHOLOGIST, SCHOOL	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	5
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	6
3961	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3964	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	4
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	4
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	3
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	5
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	3
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	2
3951	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 5MG OR TABS	CNS STIMULANTS	Approved	1
3969	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3965	PEDIATRICS	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3967	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPYRA	POTASSIUM CHANNEL BLOCKER	Approved	1
3951	FAMILY PRACTICE	ANDRODERM (TESTOSTERONE TRANSDERMAL PATCH)	ANDROGENS	Denied	1
3951	FAMILY PRACTICE	ANDRODERM 4MG/24HR TD PT24	ANDROGENS	Approved	1
3956	UNSPECIFIED	APAP-CODEINE TAB 300-15 MG	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	2
3956	ANESTHESIOLOGY	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	PEDIATRICS	ARANESP	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	UNSPECIFIED	ARANESP	HEMATINICS & BLOOD CELL STIMULATORS	Approved	1
3962	DERMATOLOGY	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	4
3956	FAMILY PRACTICE	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3951	FAMILY PRACTICE	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	NEUROLOGY	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	PSYCHIATRY	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3965	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	PULMONARY DISEASES	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	PULMONARY DISEASES	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3961	FAMILY PRACTICE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	INTERNAL MEDICINE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	3
3951	PULMONARY DISEASES	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	PULMONARY DISEASES	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3963	EMERGENCY MEDICINE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	FAMILY PRACTICE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NEUROLOGY	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3962	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PULMONARY DISEASES	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3963	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3963	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Denied	1
3951	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	2
3963	INTERNAL MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	PULMONARY DISEASES	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 50MG	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approved	1
3951	NEUROLOGY	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	ARNUITY ELLIPTA (FLUTICASONE FUROATE INHALATION PO	ASTHMA	Denied	1
3963	PSYCHIATRY	ATOMOXETINE 40MG	CNS STIMULANTS	Denied	1
3963	NEUROLOGY	AUBAGIO	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	ALLERGY & IMMUNOLOGY	AUVI-Q 0.3MG KIT	ALLERGEN SPECIFIC IMMUNOTHERAPY	Denied	1
3963	UNSPECIFIED	AVONEX	MULTIPLE SCLEROSIS AGENT	Approved	1
3965	FAMILY PRACTICE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3962	INTERNAL MEDICINE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3962	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	9
3951	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	EMERGENCY MEDICINE	AZSTARYS	CENTRAL NERVOUS SYSTEM STIMULANT	Denied	1
3963	EMERGENCY MEDICINE	AZSTARYS	CENTRAL NERVOUS SYSTEM STIMULANT	Approved	1
3963	PEDIATRICS	AZSTARYS 26.1-5.2 CAPSULE	CENTRAL NERVOUS SYSTEM STIMULANT	Denied	1
3963	FAMILY PRACTICE	AZSTARYS 26.1-5.2 CAPSULES	CENTRAL NERVOUS SYSTEM STIMULANT	Denied	1
3963	ANESTHESIOLOGY	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	CLINICAL NURSE SPECIALIST, ACUTE CARE	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 150MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denied	2
3963	UNSPECIFIED	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	5
3956	UNSPECIFIED	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	2
3956	ANESTHESIOLOGY	BELBUCA 750MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 75MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denied	1
3956	NEUROLOGY	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3961	REGISTERED NURSE, EMERGENCY	BELBUCA 900MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3967	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3956	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3962	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3962	NEUROLOGY	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	PHYSICIAN, SURGERY, GENERAL	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	PSYCHIATRY	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3965	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3967	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3962	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3963	INTERNAL MEDICINE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	4
3951	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3956	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3962	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3964	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Denied	1
3962	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	PSYCHIATRY	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3951	UNSPECIFIED	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	UNSPECIFIED	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	3
3956	INTERNAL MEDICINE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3964	INTERNAL MEDICINE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	PSYCHIATRY	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	4
3965	UNSPECIFIED	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	INTERNAL MEDICINE	BENLYSTA	LUPUS THERAPY	Approved	1
3951	RHEUMATOLOGY	BENLYSTA	LUPUS THERAPY	Approved	1
3963	RHEUMATOLOGY	BENLYSTA	LUPUS THERAPY	Approved	1
3951	UNSPECIFIED	BETAMETHASONE DIPROPIONATE 0.05% CREAM	TOPICAL SKIN PRODUCT	Approved	1
3956	FAMILY PRACTICE	BETAMETHASONE VALERATE 0.1% EX CREA	TOPICAL SKIN PRODUCT	Approved	1
3956	FAMILY PRACTICE	BETAMETHASONE VALERATE 0.1% OINTMENT	TOPICAL SKIN PRODUCT	Approved	1
3956	UNSPECIFIED	BEXAROTENE	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	BEXAROTENE	ANTINEOPLASTICS	Approved	1
3963	DERMATOLOGY	BEXAROTENE GEL	ANTINEOPLASTICS	Approved	1
3963	CARDIOLOGY	BOSENTAN 125 MG	VASODILATORS	Approved	1
3956	UNSPECIFIED	BOSENTAN 62.5 MG	VASODILATORS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	BOSULIF	ANTINEOPLASTICS	Approved	1
3963	MEDICAL ONCOLOGY	BRAFTOVI	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	BREZTRI AEROSPHERE	RESPIRATORY AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BRILINTA 90MG TABLET	VASODILATORS CORONARY	Denied	1
3963	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	2
3963	HEMATOLOGY & ONCOLOGY	BRUKINSA	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	BRUKINSA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	BUDESONIDE 1MG/2ML SUSPENSION	RESPIRATORY AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	ANESTHESIOLOGY	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3965	FAMILY PRACTICE	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3963	INTERNAL MEDICINE	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3963	INTERNAL MEDICINE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	NURSE PRACTITIONER, ACUTE CARE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PAIN MEDICINE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	REGISTERED NURSE, EMERGENCY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3963	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	3
3956	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3951	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NEUROLOGICAL SURGERY	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PAIN MEDICINE	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3961	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3963	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	BUPRENORPHINE 5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	INTERNAL MEDICINE	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE HCL 2MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3963	INTERNAL MEDICINE	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE SL 2 MG- 0.5 MG FILM	SUBSTANCE ABUSE AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	4
3951	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3956	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	9
3951	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3963	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3951	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3956	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	5
3963	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3951	NURSE PRACTITIONER, ADULT HEALTH	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3951	PEDIATRICS	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PEDIATRICS	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	PSYCHIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3951	PSYCHIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	17
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3963	ANESTHESIOLOGY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	EMERGENCY MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	FAMILY PRACTICE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	FAMILY PRACTICE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	2
3964	INTERNAL MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	PSYCHIATRY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	10
3963	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NEUROLOGY	BUTORPHANOL 10MG/ML NASAL SPRAY	ANTIMIGRAINE	Denied	1
3956	UNSPECIFIED	BUTRANS 10MCG/HR TD PTWK	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY, PEDIATRIC	CABOMETYX	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	CABOMETYX	ANTINEOPLASTICS	Approved	2
3963	MEDICAL ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	CABOMETYX	ANTINEOPLASTICS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CALCIPOTRIENE SOLUTION	ALL OTHER DERMATOLOGICALS	Approved	1
3956	DERMATOLOGY	CALCIPOTRIENE-BETAMETHASONE OINTMENT	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	CAMZYOS	CARDIOVASCULAR AGENTS	Denied	1
3963	UNSPECIFIED	CANASA SUPPOSITORY	GASTROINTESTINAL AGENTS	Denied	1
3956	HEMATOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY	CAPECITABINE	ANTINEOPLASTICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3969	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	4
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	LEGAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3956	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3951	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Approved	2
3956	UNSPECIFIED	CAPECITABINE	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	CAPEX SHAMPOO (FLUOCINOLONE ACETONIDE)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	UNSPECIFIED	CAPEX SHAMPOO (FLUOCINOLONE ACETONIDE)	ALL OTHER DERMATOLOGICALS	Approved	2
3963	UNSPECIFIED	CARDURA XL 4MG OR TB24	ANTIHYPERTENSIVE	Approved	1
3956	INFECTIOUS DISEASES	CEFTRIAXONE VIALS	ANTIBIOTICS	Approved	1
3956	INFECTIOUS DISEASES	CEFTRIAXONE VIALS	ANTIBIOTICS	Denied	1
3963	OPTOMETRIST, UNSPECIFIED	CEQUA	DRY EYE TREATMENT	Approved	1
3956	UROLOGY	CHORIONIC GONADOTROPIN 10000UNIT IM SOLR	GONADOTROPINS	Approved	1
3963	INTERNAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	2
3956	INTERNAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	2
3956	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	3
3963	NEPHROLOGY / RENAL MEDICINE	CINACALCET	THYROID PRODUCT	Approved	2
3951	UNSPECIFIED	CINACALCET	THYROID PRODUCT	Approved	1
3962	UNSPECIFIED	CINACALCET	THYROID PRODUCT	Approved	1
3963	UNSPECIFIED	CINACALCET	THYROID PRODUCT	Denied	1
3962	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3969	NURSE PRACTITIONER, ACUTE CARE	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	2
3964	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3965	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLINDAMYCIN GEL 1%	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	CLINDAMYCIN PHOSPHATE 1% EX GEL	TOPICAL SKIN PRODUCT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL	TOPICAL SKIN PRODUCT	Approved	1
3956	UNSPECIFIED	CLOBETASOL 0.05% SOLUTION	DERMATOLOGICAL AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	CLOTRIMAZOLE TROCHES	ANTIFUNGALS	Approved	1
3956	OTOLARYNGOLOGY	CLOTRIMAZOLE TROCHES	ANTIFUNGALS	Denied	1
3965	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	2
3963	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3962	OBSTETRICS & GYNECOLOGY	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3965	PHYSICIAN, GERIATRIC MEDICINE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Approved	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3967	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Approved	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3965	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3963	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3969	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3965	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	3
3969	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	2
3969	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	COPAXONE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COPAXONE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	UNSPECIFIED	COPAXONE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3956	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3963	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	2
3963	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3951	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3969	DERMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	INTERNAL MEDICINE	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3951	INTERNAL MEDICINE	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3956	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	5
3963	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	2
3951	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3961	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3956	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	1
3965	RHEUMATOLOGY	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3965	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	2
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	4
3963	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	6
3951	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Denied	2
3964	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	3
3951	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	COSENTYX	ALL OTHER DERMATOLOGICALS	Approved	2
3963	UNSPECIFIED	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3961	UNSPECIFIED	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	CREON 12000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	CREON 12000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	GASTROENTEROLOGY	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Denied	1
3956	PULMONARY DISEASES	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3951	SURGERY, VASCULAR	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3956	UNSPECIFIED	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CREON 3000-9500UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	UNSPECIFIED	CREON 3000-9500UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	FAMILY PRACTICE	CREON 3000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3951	FAMILY PRACTICE	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3956	INTERNAL MEDICINE	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3961	GASTROENTEROLOGY	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	3
3956	FAMILY PRACTICE	CREON 6000-19000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	ENDOCRINOLOGY, PEDIATRIC	CRYSVITA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	CRYSVITA	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	CYCLOBENZAPRINE HCL 10MG OR TABS	MUSCLE RELAXANTS	Approved	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS AGENT	Approved	2
3956	UNSPECIFIED	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	GENERAL PRACTICE	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3956	UNSPECIFIED	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	2
3963	UNSPECIFIED	DAYVIGO (LEMBOREXANT) 5 MG ORAL TABLET	HYPNOTIC	Approved	1
3956	FAMILY PRACTICE	DAYVIGO 10 MG TABLET	HYPNOTIC	Approved	1
3962	FAMILY PRACTICE	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	FAMILY PRACTICE	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3956	FAMILY PRACTICE	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3956	GENERAL PRACTICE	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PSYCHIATRY	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3951	PSYCHIATRY	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3956	UNSPECIFIED	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	UNSPECIFIED	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3963	FAMILY PRACTICE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	FAMILY PRACTICE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	GENERAL PRACTICE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	NEUROLOGY	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	HEMATOLOGY & ONCOLOGY	DEFERASIROX	CHELATING AGENT	Denied	1
3962	NURSE PRACTITIONER, GERONTOLOGY	DEFERASIROX	CHELATING AGENT	Approved	1
3963	FAMILY PRACTICE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE INJ)	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE INJ)	ANDROGENS	Denied	1
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	2
3956	FAMILY PRACTICE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3969	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Approved	1
3969	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3963	UROLOGY	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Approved	1
3956	UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3962	UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	4
3951	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	DERMATOLOGY	DERMA-SMOOTHIE F/S (BRAND ONLY) (FLUOCINO-LONE)	DERMATOLOGICAL AGENTS	Denied	1
3956	EMERGENCY MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3961	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3961	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	PSYCHIATRY	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	9
3956	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3961	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3963	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3961	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	4
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3951	REGISTERED NURSE, UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	6
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3951	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3963	OBSTETRICS & GYNECOLOGY	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	4
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	10
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG TABLETS	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	UNSPECIFIED	DEXCOM G5 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	2
3956	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	2
3963	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	2
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	2
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3956	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	2
3956	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3963	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	5
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	6
3951	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	3
3951	FAMILY PRACTICE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	3
3956	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	2
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3969	INTERNAL MEDICINE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	1
3965	INTERNAL MEDICINE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	1
3962	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3969	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3956	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	3
3963	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	3
3956	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, PRIMARY CARE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3951	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	6
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	3
3962	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3964	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3964	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3969	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3965	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3962	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3969	NURSE PRACTITIONER, ADULT HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3969	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3962	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3963	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3965	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3969	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	3
3969	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3964	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 SENSOR DEVICE (BLOOD-GLUCOSE SENSOR)	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	14
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	14
3956	EMERGENCY MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3961	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3963	ENDOCRINOLOGY, PEDIATRIC	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	14
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	10
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3965	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	8
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3956	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3951	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3965	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	14
3951	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	8
3963	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	23
3964	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3964	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	NURSE PRACTITIONER, ADULT HEALTH	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	2
3965	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3962	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3962	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3969	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	3
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER MISC 1EA X 1 BOX	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	CLINICAL NURSE SPECIALIST, EMERGENCY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	EMERGENCY MEDICINE, PEDIATRIC	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	6
3951	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	5
3956	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	8
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	9
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	6
3965	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3951	PEDIATRICS	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	4
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	10
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	9
3962	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G7 RECEIVER RECEIVER MIS	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3963	INTERNAL MEDICINE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Denied	1
3962	UNSPECIFIED	DEXCOM G7 RECIEVER	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	2
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3969	INTERNAL MEDICINE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3967	INTERNAL MEDICINE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3965	PEDIATRICS	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR DEVICE	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR DEVICE	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR DEVICE	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G7 SENSOR DEVICE (BLOOD-GLUCOSE SENSOR)	DIABETIC SUPPLIES	Approved	1
3965	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3969	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	11
3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3964	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3967	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3951	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3962	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3962	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	14
3951	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXMETHYLPHENIDATE 10MG TAB	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	DEXMETHYLPHENIDATE 10MG TAB	CNS STIMULANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	DEXMETHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	DEXMETHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	DEXMETHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	DEXMETHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	DEXMETHYLPHENIDATE XR 30MG	CNS STIMULANTS	Denied	1
3965	UNSPECIFIED	DEXTROAMPHETAMINE 10 MG TABLETS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE 10MG TABLET	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE 10MG TABLET	CNS STIMULANTS	Denied	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	DEXTROAMPHETAMINE SULFATE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	DEXTROAMPHETAMINE SULFATE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	DEXTROAMPHETAMINE SULFATE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	DIAZEPAM 5MG TAB	BENZODIAZEPINE	Approved	1
3956	ANESTHESIOLOGY	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Denied	1
3956	GASTROENTEROLOGY	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3962	UNSPECIFIED	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3965	UNSPECIFIED	DIFICID (FIDAXOMICIN)	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	3
3951	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS AGENT	Approved	2
3965	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS AGENT	Denied	1
3956	CARDIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	3
3956	CARDIOLOGY, INTERVENTIONAL	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3963	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3956	UNSPECIFIED	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	2
3963	UNSPECIFIED	DOFETILIDE	CARDIOVASCULAR AGENTS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	DOPTELET	HEMATOPOIETIC AGENT	Approved	1
3956	UNSPECIFIED	DOPTELET	HEMATOPOIETIC AGENT	Approved	1
3963	UNSPECIFIED	DOPTELET	HEMATOPOIETIC AGENT	Approved	1
3963	FAMILY PRACTICE	DOXEPIN 100MG	ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	DRONABINOL 10MG OR CAPS	ANTINAUSEANTS	Denied	1
3956	NEUROLOGY	DRONABINOL 2.5MG CAPSULE	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	DRONABINOL 2.5MG CAPSULE	ANTINAUSEANTS	Denied	1
3951	FAMILY PRACTICE	DRONABINOL 5MG CAPSULE	ANTINAUSEANTS	Denied	1
3963	INTERNAL MEDICINE	DRONABINOL 5MG OR CAPS	ANTINAUSEANTS	Approved	1
3964	FAMILY PRACTICE	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3965	PHYSICIAN, SURGERY, GENERAL	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3964	UNSPECIFIED	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	12
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	12
3961	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	9
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	6
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3965	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	13
3964	EMERGENCY MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	4
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	4
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3951	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3961	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3964	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3964	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3962	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	4
3963	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3956	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3969	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	6
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	6
3962	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	3
3961	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	3
3956	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3963	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3962	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	5
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	15
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	11
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	11
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3961	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3956	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3951	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3956	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3963	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	18
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	13
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	4
3967	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	4
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	9
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	10
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	4
3967	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	2
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	DUPIXENT 300MG/2ML SC SOPN	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ELETRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	ELETRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	UROLOGY	ELIGARD	ANTINEOPLASTICS	Approved	1
3963	UROLOGY	ELIGARD	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	ELIGARD	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	EMGALITY 100MG/ML PREF SYR INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	EMGALITY 120MG/ML	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Denied	3
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	6
3951	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3969	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3964	INTERNAL MEDICINE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	2
3967	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	5
3965	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3969	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3962	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	9
3964	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	3
3969	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3962	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	ALLERGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	13
3956	CARDIOLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	4
3951	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	8
3951	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	7
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	2
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	15
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	5
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	3
3951	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3961	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3961	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3964	INTERNAL MEDICINE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	UNSPECIFIED	EMGALITY 120MG/ML PREF SYR INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	UNSPECIFIED	EMGALITY 120MG/ML PREF SYR INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	EMGALITY 120MG/ML PREF SYR INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	3
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3964	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	3
3963	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3951	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Approved	1
3951	FAMILY PRACTICE	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	2
3951	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	2
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	2
3963	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3956	INTERNAL MEDICINE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3963	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3951	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	5
3951	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	2
3963	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	FAMILY PRACTICE	EMPAGLIFLOZIN 10 MG TABLET (JARDIANCE)	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	EMPAGLIFLOZIN 12.5 MG-METFORMIN ER 1,000 MG TABLET,EXTENDED REL 24 HR	ANTIDIABETICS	Approved	1
3956	PSYCHIATRY	EMSAM 9MG/24HR TD PT24	ANTIDEPRESSANTS	Approved	1
3963	RHEUMATOLOGY	ENBREL 25MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	PEDIATRICS	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PEDIATRICS	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	15
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	25
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	4
3951	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3965	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	9
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	10
3961	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3964	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3961	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	ENTECAVIR	ANTIVIRALS	Approved	1
3956	INTERNAL MEDICINE	ENTECAVIR	ANTIVIRALS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	ANTIVIRALS	Approved	1
3956	UNSPECIFIED	ENTECAVIR	ANTIVIRALS	Approved	1
3956	FAMILY PRACTICE	ENTECAVIR 0.5MG OR TABS	ANTIVIRALS	Approved	1
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	Approved	2
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PEDIATRICS	EPIDIOLEX	ANTICONVULSANTS	Denied	2
3963	UNSPECIFIED	EPIDIOLEX	ANTICONVULSANTS	Approved	1
3963	DERMATOLOGY	EPIDUO FORTE 0.3%-2.5% PUMP	DERMATOLOGICAL AGENTS	Denied	1
3963	PEDIATRICS	EPINEPHRINE 0.15MG INJECTION (1:2000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	ALLERGY & IMMUNOLOGY	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	FAMILY PRACTICE	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3963	FAMILY PRACTICE	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	2
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	UNSPECIFIED	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	2
3961	UNSPECIFIED	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	ALLERGY & IMMUNOLOGY	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	OTOLARYNGOLOGY	EPIPEN 2-PAK 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	UNSPECIFIED	EQ LIDOCAINE 4% PAIN RELIEVING PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	DERMATOLOGY	ERIVEDGE	ANTINEOPLASTICS	Approved	2
3956	UROLOGY	ERLEADA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	ERLEADA	ANTINEOPLASTICS	Approved	1
3965	UNSPECIFIED	ERLEADA	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	ERLOTINIB	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	ERLOTINIB	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	ESTRADIOL 0.075MG/24HR TD PTTW	ESTROGENS	Approved	1
3963	FAMILY PRACTICE	ESTRADIOL TAB 1MG	ESTROGENS	Approved	1
3963	INTERNAL MEDICINE	ESZOPICLONE 3MG OR TABS	HYPNOTIC	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ESZOPICLONE 3MG OR TABS	HYPNOTIC	Approved	1
3963	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	2
3963	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	ALLERGY & IMMUNOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3965	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3951	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3962	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3964	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3962	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	2
3964	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PEDIATRICS	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	EVEROLIMUS 10 MG	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	EVEROLIMUS 10 MG	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	EVEROLIMUS 5 MG	ANTINEOPLASTICS	Approved	1
3956	LEGAL MEDICINE	EVEROLIMUS 5 MG	ANTINEOPLASTICS	Approved	1
3964	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 75 MG	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	FAMOTIDINE 40MG TAB	GASTROINTESTINAL AGENTS	Approved	1
3963	FAMILY PRACTICE	FARXIGA 5MG OR TABS	DIABETIC AGENT	Approved	1
3963	ALLERGY & IMMUNOLOGY	FASENRA	RESPIRATORY AGENTS	Denied	1
3956	INTERNAL MEDICINE	FASENRA	RESPIRATORY AGENTS	Approved	2
3951	NEUROLOGY	FASENRA	RESPIRATORY AGENTS	Approved	1
3963	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Denied	2
3963	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Approved	2
3956	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	Denied	2
3963	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Approved	2
3956	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Approved	1
3956	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	Denied	2
3956	FAMILY PRACTICE	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	FAMILY PRACTICE	FEBUXOSTAT	ANTIGOUT	Denied	2
3951	FAMILY PRACTICE	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	PEDIATRICS	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	PODIATRIST, UNSPECIFIED	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	FAMILY PRACTICE	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	2
3963	FAMILY PRACTICE	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3961	UROLOGY	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3956	FAMILY PRACTICE	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3956	RHEUMATOLOGY	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3963	FAMILY PRACTICE	FENTANYL 100MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	PALLIATIVE MEDICINE	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	2
3961	ANESTHESIOLOGY	FENTANYL 12MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	FENTANYL 12MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	FENTANYL 12MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	FENTANYL 12MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	FENTANYL 25MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Denied	1
3964	ANESTHESIOLOGY	FENTANYL 25MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	FENTANYL 25MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 25MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3965	ANESTHESIOLOGY	FENTANYL 37.5MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	FENTANYL 37.5MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2
3951	HEMATOLOGY & ONCOLOGY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	PALLIATIVE MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3961	ANESTHESIOLOGY	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 75MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	PSYCHIATRY	FETZIMA (LEVOMILNACIPRAN)	ANTIDEPRESSANTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	UNSPECIFIED	FLOVENT HFA (FLUTICASONE PROPIONATE)	ASTHMA	Denied	2
3963	UNSPECIFIED	FLUOCINOLONE 0.01% BODY OIL	TOPICAL CORTICOSTEROID	Approved	1
3963	UNSPECIFIED	FLUTICASONE PROPIONATE HFA	ASTHMA	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	FORTEO	OSTEOPOROSIS AGENTS	Approved	1
3963	UNSPECIFIED	FORTEO	OSTEOPOROSIS AGENTS	Approved	2
3956	INTERNAL MEDICINE	FREESTYLE 14 SEN LIBRE 2	DIABETIC MEDICAL SUPPLIES	Denied	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ANTINEOPLASTICS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approved	4
3951	HEMATOLOGY & ONCOLOGY	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	2
3956	INTERNAL MEDICINE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	2
3956	UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	3
3963	UNSPECIFIED	GABAPENTIN 400MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	INTERNAL MEDICINE	GABAPENTIN 400MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 800MG TABLETS	ANTICONVULSANTS	Denied	2
3963	FAMILY PRACTICE	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	2
3969	FAMILY PRACTICE	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3963	OBSTETRICS & GYNECOLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	2
3962	OBSTETRICS & GYNECOLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3951	OBSTETRICS & GYNECOLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3951	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3965	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3962	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	1
3965	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3963	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	INTERNAL MEDICINE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	2
3963	OBSTETRICS & GYNECOLOGY	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	HORMONES	Denied	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	HORMONES	Approved	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	HORMONES	Denied	2
3963	PEDIATRICS	GENOTROPIN	HORMONES	Approved	1
3963	UNSPECIFIED	GENOTROPIN	HORMONES	Approved	1
3963	UNSPECIFIED	GENOTROPIN	HORMONES	Denied	1
3962	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NEUROLOGY	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3951	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	UNSPECIFIED	GLATIRAMER ACETATE 40MG	MULTIPLE SCLEROSIS AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	GLATOPA	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	GLATOPA	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY	GLEEVEC	ANTINEOPLASTICS	Approved	1
3963	RADIATION ONCOLOGY	GLYDO GEL 2% (LIDOCAINE 2% GEL)	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	GLYXAMBI 10-5MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	GLYXAMBI 10-5MG OR TABS	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	5
3961	INTERNAL MEDICINE	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	HEMLIBRA	HEMOPHILIA AGENT	Approved	1
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	BIOLOGICALS	Approved	1
3963	UNSPECIFIED	HIZENTRA	BIOLOGICALS	Approved	1
3963	UNSPECIFIED	HIZENTRA	BIOLOGICALS	Denied	1
3969	INTERNAL MEDICINE	HORIZANT (GABAPENTIN ENACARBIL ER TABLETS)	ANTISEIZURE	Denied	2
3951	UNSPECIFIED	HORIZANT 300MG OR TBCR	ANTISEIZURE	Approved	1
3963	UNSPECIFIED	HUMIRA	ANTIARTHRITICS	Denied	1
3951	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5

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3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3961	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3951	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	10
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	8
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3965	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	NEPHROLOGY / RENAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3969	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	20
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	23

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3951	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3965	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3961	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	7
3969	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	16
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	31
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3961	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	11
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3964	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3969	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA 40MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	HUMIRA 40MG/0.4ML SC PSKT	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3951	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3964	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY, PEDIATRIC	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3962	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	HUMIRA PED. UC STARTER PACK + 80 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	HUMIRA PEN 40MG/0.4ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3961	DERMATOLOGY	HUMIRA PEN-PS/UV/ADOL HS START 40MG/0.8ML SC PNKT	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	RHEUMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML OR SUER	COUGH SUPPRESSANT	Approved	2
3962	UNSPECIFIED	HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML OR SUER	COUGH SUPPRESSANT	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Denied	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3961	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	12
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	4
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	4
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	10
3951	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	5
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3961	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN, SPORTS MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PODIATRIST, GENERAL PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	15
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3961	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	4
3962	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	6
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	6
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	12
3963	DENTIST, SURGERY, ORAL & MAXILLOFACIAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	5
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3964	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	4
3969	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3951	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3964	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3951	PHYSICIAN, SURGERY, GENERAL	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	REGISTERED NURSE, EMERGENCY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	8
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	23
3964	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	2
3962	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	4
3965	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	5
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	7
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	GENERAL PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	GENERAL PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3962	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3965	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	13
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3961	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	HYDROCODONE-APAP TAB 10-300 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	HYDROCODONE-IBUPROFEN TAB 10-200 MG	NARCOTIC ANALGESICS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	HYDROCORTISONE 2.5% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	HYDROCORTISONE 2.5% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	HYDROMORPHONE HCL 2MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	HYDROMORPHONE HCL 2MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Approved	2
3963	ALLERGY & IMMUNOLOGY	HYQVIA	BIOLOGICALS	Approved	1
3963	UNSPECIFIED	HYQVIA	BIOLOGICALS	Denied	1
3963	UNSPECIFIED	HYQVIA	BIOLOGICALS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Approved	3
3951	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	Approved	1
3969	INTERNAL MEDICINE	IBRANCE	ANTINEOPLASTICS	Denied	1
3964	UNSPECIFIED	IBRANCE	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ICLUSIG	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ICLUSIG	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	Approved	1
3964	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ANTINEOPLASTICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ANTINEOPLASTICS	Approved	2
3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ANTINEOPLASTICS	Approved	3
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA 280MG TAB	ANTINEOPLASTICS	Denied	1
3956	GASTROENTEROLOGY	INFLIXIMAB	ANTIRHEUMATIC	Denied	1
3956	GASTROENTEROLOGY	INFLIXIMAB 100MG IV SOLR	ANTIRHEUMATIC	Denied	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ANTINEOPLASTICS	Approved	3
3956	HEMATOLOGY & ONCOLOGY	INLYTA	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	MEDICAL ONCOLOGY	INLYTA	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3961	FAMILY PRACTICE	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3965	DERMATOLOGY	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3951	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	3
3963	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	3
3951	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	INTERNAL MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3963	INTERNAL MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	PODIATRIST, GENERAL PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3963	PODIATRIST, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3963	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Denied	1
3956	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	2
3956	FAMILY PRACTICE	ITRACONAZOLE 10MG/ML OR SOLN	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3963	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3963	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	3
3956	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3969	FAMILY PRACTICE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	HEMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3951	INFECTIOUS DISEASES	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	INFECTIOUS DISEASES	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	2
3951	INTERNAL MEDICINE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3956	INTERNAL MEDICINE	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3956	PODIATRIST, UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3962	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3962	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3963	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3963	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3965	UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	DERMATOLOGY	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	3
3951	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	3
3963	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1 % TOPICAL CREAM	ANTIPARASITICS	Approved	1
3963	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	8
3951	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	EMERGENCY MEDICINE	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	FAMILY PRACTICE	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3963	INTERNAL MEDICINE	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	2
3956	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	11
3963	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	10
3961	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3951	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3964	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	FAMILY PRACTICE	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	2
3951	FAMILY PRACTICE	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	2
3963	UNSPECIFIED	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	1
3964	UNSPECIFIED	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	1
3963	FAMILY PRACTICE	IVERMECTIN CREAM	ANTIPARASITICS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3964	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3963	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	2
3963	HEMATOLOGY & ONCOLOGY	JADENU	MISCELLANEOUS	Denied	1
3962	HEMATOLOGY	JAKAFI	ANTINEOPLASTICS	Approved	1
3962	HEMATOLOGY	JAKAFI	ANTINEOPLASTICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ANTINEOPLASTICS	Approved	3
3963	HEMATOLOGY & ONCOLOGY	JAKAFI	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	JAKAFI	ANTINEOPLASTICS	Approved	2
3956	INTERNAL MEDICINE	JAKAFI	ANTINEOPLASTICS	Approved	2
3956	PHYSICIAN, ONCOLOGY, MEDICAL	JAKAFI	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	JAKAFI	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	JAKAFI	ANTINEOPLASTICS	Approved	1
3963	FAMILY PRACTICE	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Denied	2
3956	FAMILY PRACTICE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	6
3956	INTERNAL MEDICINE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	2
3956	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	3
3963	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3961	FAMILY PRACTICE	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3951	FAMILY PRACTICE	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET XR (SITAGLIPTIN-METFORMIN ER)	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	JANUMET XR 100-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	2
3963	GENERAL PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	4
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JANUVIA 100MG TAB	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	3
3956	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	2
3963	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	3
3956	NEPHROLOGY / RENAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	4
3951	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JANUVIA 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA 25MG OR TABS	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3963	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3956	EMERGENCY MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	30
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	24
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	6
3963	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	6
3956	GENERAL PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	GENERAL PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	12
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	4
3963	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3951	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3961	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	NEPHROLOGY / RENAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	14
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	8
3961	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PEDIATRICS	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	PHARMACIST, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3961	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	PSYCHIATRY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, CRITICAL CARE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	46
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	20
3964	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	9
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3961	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JARDIANCE 10 MG TABLET	DIABETIC AGENT	Approved	1
3956	ALLERGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	ALLERGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	42
3951	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	14
3956	CARDIOLOGY, INTERVENTIONAL	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3951	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3961	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3951	CARDIOLOGY, INTERVENTIONAL	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	9
3951	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	7
3961	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	3
3961	GENERAL PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	GENERAL PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	HEMATOLOGY & ONCOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	19
3963	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	9
3961	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, ADULT HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, ADULT HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	21
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	4
3951	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	8
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	3
3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	75
3963	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	13
3951	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	9
3951	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Denied	1
3961	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 25 MG TABLET	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	JARDIANCE 25 MG TABLET	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25 MG TABLET	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	107
3963	ALLERGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	9
3963	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	29
3956	EMERGENCY MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3963	EMERGENCY MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Denied	1
3956	GENERAL PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	46
3963	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3951	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Denied	1
3961	NURSE PRACTITIONER, ADULT HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	46
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3961	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	14
3963	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3956	PEDIATRICS	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	7
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3963	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3961	PHYSICIAN, GERIATRIC MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	SPORTS MEDICINE, FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	76
3963	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	13
3951	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	6
3961	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JARDIANCE 25MG TAB	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1
3963	FAMILY PRACTICE	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	2
3956	FAMILY PRACTICE	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	3
3963	INTERNAL MEDICINE	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3956	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	5
3951	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
3963	UNSPECIFIED	JUBLIA 10% EX SOLN	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	KENALOG (BRAND ONLY) (TRIAMCINOLONE ACETONIDE)	TOPICAL CORTICOSTEROID	Denied	1
3963	CARDIOLOGY	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1

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3963	ENDOCRINOLOGY, DIABETES & METABOLISM	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	2
3956	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	3
3965	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3963	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3965	FAMILY PRACTICE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3963	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	2
3951	NEPHROLOGY / RENAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3964	NEPHROLOGY / RENAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	NEPHROLOGY / RENAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3962	PEDIATRICS	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3965	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	2
3963	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	4
3963	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	2
3951	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	2
3956	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
3963	FAMILY PRACTICE	KERENDIA 10MG OR TABS	KIDNEY AGENT	Approved	1
3963	UNSPECIFIED	KERENDIA 10MG OR TABS	KIDNEY AGENT	Denied	1
3951	FAMILY PRACTICE	KERENDIA 20MG OR TABS	KIDNEY AGENT	Denied	1
3965	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	2
3956	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	1
3951	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	KETOCONAZOLE 2% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	KETOCONAZOLE 2% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	KETOCONAZOLE SHAMPOO 2%	DERMATOLOGICAL AGENTS	Denied	1
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3969	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3963	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1

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3963	UNSPECIFIED	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	HEMATOLOGY	KEYTRUDA	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ANTINEOPLASTICS	Approved	14
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ANTINEOPLASTICS	Denied	5
3956	INTERNAL MEDICINE	KEYTRUDA	ANTINEOPLASTICS	Approved	4
3956	UNSPECIFIED	KEYTRUDA	ANTINEOPLASTICS	Approved	3
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ANTINEOPLASTICS	Approved	1
3963	MEDICAL ONCOLOGY	KISQALI	ANTINEOPLASTICS	Approved	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	KISQALI	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	KISQALI	ANTINEOPLASTICS	Approved	1
3964	PHYSICIAN, ONCOLOGY, MEDICAL	KISQALI PAK FEMARA	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	LENALIDOMIDE	ANTINEOPLASTICS	Approved	2
3963	PHYSICIAN, ONCOLOGY, MEDICAL	LENALIDOMIDE	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	Approved	3
3964	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	LENVIMA	ANTINEOPLASTICS	Approved	2
3956	UNSPECIFIED	LENVIMA	ANTINEOPLASTICS	Approved	1
3956	UNSPECIFIED	LIDOCAINE 4% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3951	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	3
3963	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	2
3961	INTERNAL MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	6
3963	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	2
3963	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	13
3956	ANESTHESIOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3951	ANESTHESIOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3
3963	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	NEPHROLOGY / RENAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NEUROLOGICAL SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ORTHOPEDIC SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	PODIATRIST, SURGERY, FOOT & ANKLE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	PODIATRIST, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	12
3951	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3
3961	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	3
3963	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3951	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	3
3969	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	NEUROLOGICAL SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	ORTHOPEDIC SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	5
3962	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3962	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3969	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3951	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3969	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	LIDOCAINE-PRILOCAINE 2.5-2.5% CREAM	ANESTHETIC LOCAL TOPICAL	Denied	1
3965	FAMILY PRACTICE	LIDODERM (LIDOCAINE PATCH 5%)	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	LIDODERM (LIDOCAINE PATCH 5%)	NON-NARCOTIC ANALGESICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	LIPITOR 40MG TABLET	ANTIHYPERTENSIVES	Denied	1
3956	GENERAL PRACTICE	LISDEXAMFETAMINE DIMESYLATE CAPSULE 10MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	LIVALO 2MG TABLET	ANTIHYPERTENSIVES	Denied	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	LORAZEPAM 0.5MG TABLET	BENZODIAZEPINE	Approved	1
3963	HEMATOLOGY & ONCOLOGY	LORBRENA	ANTINEOPLASTICS	Approved	1
3951	OPTOMETRIST, UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Approved	1
3956	OPTOMETRIST, UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denied	2
3956	UNSPECIFIED	LUMIGAN (BIMATOPROST)	ANTIGLAUCOMA	Denied	1
3963	OPHTHALMOLOGY	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	1
3956	OPHTHALMOLOGY	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	1
3956	OPTOMETRIST, UNSPECIFIED	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	1
3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONES/HORMONE MODIFIERS	Approved	1
3961	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Approved	2
3951	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	LYNPARZA	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	LYNPARZA	ANTINEOPLASTICS	Approved	3
3963	ANESTHESIOLOGY	LYRICA (PREGABALIN)	ANTICONVULSANTS	Denied	1
3964	NURSE PRACTITIONER, ACUTE CARE	LYRICA (PREGABALIN)	ANTICONVULSANTS	Denied	1
3965	UNSPECIFIED	LYRICA (PREGABALIN)	ANTICONVULSANTS	Approved	1
3964	ANESTHESIOLOGY	LYRICA 25MG OR CAPS	ANTICONVULSANTS	Approved	1
3963	ANESTHESIOLOGY	LYRICA 75 MG CAPSULE	ANTICONVULSANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MALATHION 0.5% EX LOTN	ANTIPARASITICS	Approved	1
3956	UNSPECIFIED	MALATHION 0.5% EX LOTN	ANTIPARASITICS	Approved	1
3963	UNSPECIFIED	MARINOL (DRONABINOL)	ANTIEMETIC	Denied	1
3963	UNSPECIFIED	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	UNSPECIFIED	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	Denied	1
3963	INTERNAL MEDICINE	MEFLOQUINE 250MG TABLET	ANTI-INFECTIVES	Denied	1
3963	INTERNAL MEDICINE	MEFLOQUINE HCL 250MG TABLET	ANTI-INFECTIVES	Denied	1
3963	MEDICAL ONCOLOGY	MEKTOVI	ANTINEOPLASTICS	Approved	1
3956	ANESTHESIOLOGY	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3951	FAMILY PRACTICE	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3951	NEUROLOGICAL SURGERY	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	ANESTHESIOLOGY	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	NEUROLOGICAL SURGERY	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	METHOCARBAMOL 750MG OR TABS	MUSCLE RELAXANTS	Approved	1
3956	PSYCHIATRY	METHYLPHENIDATE 20MG TABLET	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	METRONIDAZOLE 0.75% EX GEL	ANTIBIOTICS	Approved	1
3956	UNSPECIFIED	METRONIDAZOLE CREAM	ANTIBIOTICS	Denied	1
3969	DERMATOLOGY	MIRVASO (BRIMONIDINE)	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3965	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3963	INTERNAL MEDICINE	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3964	NURSE PRACTITIONER, PSYCHIATRIC	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Denied	2
3965	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Denied	2
3956	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	INTERNAL MEDICINE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3951	INTERNAL MEDICINE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3961	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	3
3963	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	3
3963	INTERNAL MEDICINE	MODAFINIL 200 MG TABLET	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	4
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3963	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3964	PSYCHIATRY	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3963	PULMONARY DISEASES	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	2
3956	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3965	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3969	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3951	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3951	CLINICAL NURSE SPECIALIST, GERONTOLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	8
3956	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	4
3963	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Denied	3
3951	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	PEDIATRICS	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	6
3956	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	10
3963	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	7
3969	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MOMETASONE FUROATE 0.1% EX OINT	TOPICAL SKIN PRODUCT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	MOMETASONE FUROATE 0.1% EX SOLN	TOPICAL SKIN PRODUCT	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE (K) ER 20MG CAPSULES	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	EMERGENCY MEDICINE	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	MORPHINE SULFATE 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	MORPHINE SULFATE 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	MORPHINE SULFATE ER 100MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	2
3963	FAMILY PRACTICE	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 30MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	MORPHINE SULFATE ER 30MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	MORPHINE SULFATE ER 30MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3962	FAMILY PRACTICE	MORPHINE SULFATE ER 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3951	EMERGENCY MEDICINE	MORPHINE SULFATE ER 60MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	MORPHINE SULFATE ER 60MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	MORPHINE SULFATE ER 60MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	MORPHINE SULFATE ER 60MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	MORPHINE SULFATE ER BEADS 120MG OR CP24	NARCOTIC ANALGESICS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MOUNJARO	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	4
3963	INTERNAL MEDICINE	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	MOUNJARO (TIRZEPATIDE)	ANTIDIABETICS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	MOUNJARO 10MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 12.5/0.5 PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 2.5/0.5 PEN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML PEN	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML PENS	ANTIDIABETICS	Denied	1
3964	UNSPECIFIED	MOUNJARO 5MG/0.5ML PEN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO 7.5/0.5 PEN	ANTIDIABETICS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO 7.5/0.5 PEN	ANTIDIABETICS	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	MOUNJARO PEN	ANTIDIABETICS	Denied	1
3951	FAMILY PRACTICE	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Denied	1
3963	INTERNAL MEDICINE	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Denied	1
3963	UNSPECIFIED	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1
3956	CARDIOLOGY	MULTAQ 400 MG TABLET	CARDIOVASCULAR AGENTS	Approved	1
3956	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	3
3956	FAMILY PRACTICE	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	3
3956	INTERNAL MEDICINE	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	UNSPECIFIED	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MUPIROCIN 2% OINTMENT	OTHER ANTIBIOTICS	Denied	1
3962	FAMILY PRACTICE	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Denied	2
3962	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	1
3969	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	2
3969	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	2
3965	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3963	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MYORISAN (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	MYORISAN (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	MYORISAN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	MYRBETRIQ 25MG OR TB24	GENITOURINARY AGENTS	Denied	1
3963	FAMILY PRACTICE	NARATRIPTAN	ANTIMIGRAINE	Denied	1
3956	UNSPECIFIED	NARATRIPTAN	ANTIMIGRAINE	Denied	1
3963	HEMATOLOGY & ONCOLOGY	NEULASTA ONPRO 6MG/0.6ML SC PSKT	HEMATOPOIETIC AGENT	Denied	1
3963	PEDIATRICS	NEXAVAR	ANTINEOPLASTICS	Approved	1
3965	CARDIOLOGY	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3963	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	4
3963	FAMILY PRACTICE	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3962	UNSPECIFIED	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3963	FAMILY PRACTICE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3963	INTERNAL MEDICINE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3951	UNSPECIFIED	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	2
3963	CARDIOLOGY	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Approved	1
3963	CARDIOLOGY	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Approved	3
3963	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963	UNSPECIFIED	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963	FAMILY PRACTICE	NEXLIZET 180-10MG OR TABS	LIPOTROPICS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	NEXLIZET 180-10MG OR TABS	LIPOTROPICS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	NEXTSTELLIS 3-14.2MG TABLET	CONTRACEPTIVES	Denied	1
3963	OBSTETRICS & GYNECOLOGY	NEXTSTELLIS 3-14.2MG TABLET	CONTRACEPTIVES	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	NINLARO	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	COLONY STIMULATING FACTORS	Approved	3
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	COLONY STIMULATING FACTORS	Approved	4
3963	UNSPECIFIED	NIVESTYM	COLONY STIMULATING FACTORS	Approved	1
3963	UNSPECIFIED	NIVESTYM	COLONY STIMULATING FACTORS	Denied	1
3956	UNSPECIFIED	NIVESTYM	COLONY STIMULATING FACTORS	Approved	1
3951	PEDIATRICS	NORDITROPIN	HORMONES	Approved	1
3956	UNSPECIFIED	NORDITROPIN	HORMONES	Denied	3
3963	UNSPECIFIED	NORDITROPIN	HORMONES	Denied	1
3963	UNSPECIFIED	NORDITROPIN	HORMONES	Approved	1
3963	OBSTETRICS & GYNECOLOGY	NP THYROID	THYROID AGENTS	Denied	1
3963	FAMILY PRACTICE	NP THYROID 120MG TABLETS	THYROID AGENTS	Denied	1
3963	HEMATOLOGY	NUBEQA	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	HEMATOLOGY	NUBEQA	ANTINEOPLASTICS	Denied	1
3963	UNSPECIFIED	NUBEQA	ANTINEOPLASTICS	Approved	1
3963	INTERNAL MEDICINE	NUCALA	MISCELLANEOUS	Denied	1
3963	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	Approved	1
3963	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	Denied	3
3967	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	Approved	1
3956	FAMILY PRACTICE	NUCYNTA 100MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	NUCYNTA 100MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	NUCYNTA 75MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGY	NUCYNTA 75MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Denied	1
3956	RHEUMATOLOGY	NUCYNTA ER 100MG OR TB12	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	NUCYNTA ER 150MG OR TB12	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	NUCYNTA ER 50MG OR TB12	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG ODT	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC 75MG ODT	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	11
3951	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	3
3963	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3967	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	5
3951	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	4
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	4
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Denied	1
3963	PEDIATRICS	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3964	PHYSICIAN, SURGERY, GENERAL	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	20
3965	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3951	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	3
3963	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Denied	1
3962	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG ORAL DISINTEGRATING TABLET	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC ODT 75 MG DISINTEGRATING TABLET	ANTIMIGRAINE	Approved	1
3965	UNSPECIFIED	NURTEC ODT 75 MG DISINTEGRATING TABLET	ANTIMIGRAINE	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3967	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	5
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	7
3951	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3964	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3969	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3964	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3967	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	4
3951	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3964	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3964	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3969	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3965	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	OBSTETRICS & GYNECOLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	4
3969	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	3
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3965	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	5
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3965	INTERNAL MEDICINE	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3969	NEUROLOGY	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC TBDP 75MG 8EA X 1 BOX	ANTIMIGRAINE	Approved	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	COLONY STIMULATING FACTORS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	COLONY STIMULATING FACTORS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OCALIVA	BILE THERAPY	Approved	1
3969	UNSPECIFIED	OCTREOTIDE ACETATE	HORMONES	Denied	1
3964	OTOLARYNGOLOGY	ODACTRA (HOUSE DUST MITE ALLERGEN EXTRACT)	ALLERGEN SPECIFIC IMMUNOTHERAPY	Approved	1
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	Denied	1
3956	INTERNAL MEDICINE	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3963	PULMONARY DISEASES	OFEV	TYROSINE KINASE INHIBITOR	Approved	3
3956	UNSPECIFIED	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3963	UNSPECIFIED	OFEV	TYROSINE KINASE INHIBITOR	Approved	1
3956	UNSPECIFIED	OMEPRAZOLE CAP 20MG	GASTROINTESTINAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	OMNIPOD 5 G6 PODS (GEN 5) PODS MIS	DIABETIC MEDICAL SUPPLIES	Approved	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Approved	2
3951	UNSPECIFIED	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Denied	1
3956	UNSPECIFIED	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Denied	1
3956	FAMILY PRACTICE	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	2
3956	MEDICAL ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	ONDANSETRON 8MG TABLET	ANTINAUSEANTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON HCL 4MG OR TABS	ANTINAUSEANTS	Approved	1
3963	UNSPECIFIED	ONDANSETRON HCL 4MG OR TABS	ANTINAUSEANTS	Approved	1
3963	INTERNAL MEDICINE	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3963	PALLIATIVE MEDICINE	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3956	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	5
3951	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	GASTROENTEROLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	INTERNAL MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	MEDICAL ONCOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3963	NEUROLOGICAL SURGERY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	ORTHOPEDIC SURGERY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	ORTHOPEDIC SURGERY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3951	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	4
3963	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	3
3956	UNSPECIFIED	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	5
3956	FAMILY PRACTICE	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	2
3956	GASTROENTEROLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	2
3963	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3956	UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	2
3963	UNSPECIFIED	ONUREG	ANTINEOPLASTICS	Approved	1
3951	CARDIOLOGY	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	1
3956	CARDIOLOGY	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	1
3956	CARDIOLOGY	OPSUMIT	TYROSINE KINASE INHIBITOR	Denied	1
3963	INTERNAL MEDICINE	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	1
3956	INTERNAL MEDICINE	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	1
3964	PULMONARY DISEASES	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	1
3956	UNSPECIFIED	OPSUMIT	TYROSINE KINASE INHIBITOR	Approved	2
3963	DERMATOLOGY	OPZELURA	ALL OTHER DERMATOLOGICALS	Approved	1
3963	DERMATOLOGY	OPZELURA 1.5% CREAM	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	OPZELURA 1.5% CREAM	ALL OTHER DERMATOLOGICALS	Approved	1
3964	UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	OPZELURA CREAM	ALL OTHER DERMATOLOGICALS	Denied	1
3956	CARDIOLOGY	ORENITRAM	VASODILATORS	Approved	1
3956	UNSPECIFIED	ORENITRAM	VASODILATORS	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	ORILISSA (ELAGOLIX)	HORMONES/HORMONE MODIFIERS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA (ELAGOLIX)	HORMONES/HORMONE MODIFIERS	Denied	1
3965	UNSPECIFIED	ORILISSA (ELAGOLIX)	HORMONES/HORMONE MODIFIERS	Approved	1
3962	UNSPECIFIED	ORILISSA (ELAGOLIX)	HORMONES/HORMONE MODIFIERS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	4
3965	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	4
3951	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3956	UNSPECIFIED	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3963	UNSPECIFIED	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	4
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	4
3965	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3969	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	2
3965	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	3
3964	UNSPECIFIED	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3963	UNSPECIFIED	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3963	UNSPECIFIED	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	2
3962	UNSPECIFIED	ORKAMBI	CYSTIC FIBROSIS AGENTS	Approved	1
3963	FAMILY PRACTICE	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1
3956	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3963	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3961	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3965	FAMILY PRACTICE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	4
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3962	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3961	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	PHYSICIAN, SURGERY, GENERAL	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3964	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	OXYCODONE 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	OXYCODONE 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	OPHTHALMOLOGY	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	OPHTHALMOLOGY	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	PALLIATIVE MEDICINE	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE 20MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3962	ANESTHESIOLOGY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	PLASTIC SURGERY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	SURGERY, ORAL & MAXILLOFACIAL	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	DENTIST, SURGERY, ORAL & MAXILLOFACIAL	OXYCODONE 5MG/5ML ORAL SOLUTION	NARCOTIC ANALGESICS	Denied	1
3964	NEUROLOGY	OXYCODONE 5MG/5ML ORAL SOLUTION	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	MEDICAL ONCOLOGY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3951	UNSPECIFIED	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	GENERAL PRACTICE	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 5MG OR CAPS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3964	OTOLARYNGOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	SURGERY, THORACIC	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3963	PALLIATIVE MEDICINE	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	OXYCODONE HCL ER 20MG OR T12A	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE HCL ER 40MG OR T12A	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	EMERGENCY MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PAIN MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN, SURGERY, GENERAL	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	4
3956	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	PHYSICIAN, SURGERY, GENERAL	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	ANESTHESIOLOGY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	INTERNAL MEDICINE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PAIN MEDICINE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3951	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) (SEMAGLUTIDE) 2 MG/3ML SUBCUTANEOUS MILLILITER	DIABETIC AGENT	Approved	1
3965	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLUTION PEN-INJECTOR (SEMAGLUTIDE(0.25 OR 0.5MG/DOS))	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	6
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	4
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3969	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	3
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	197
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	193
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	47
3956	ALLERGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	ALLERGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	CARDIOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3951	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	CHIROPRACTOR, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3951	EMERGENCY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	7
3962	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3967	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3961	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3965	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	10
3969	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	GENERAL PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	GENERAL PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	42
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	58
3951	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	16
3964	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3961	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3969	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	4
3962	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	NEPHROLOGY / RENAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NEUROLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3969	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3951	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	91
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	21
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	66
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	4
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	17
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	23
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3961	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	OPHTHALMOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3963	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3961	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PULMONARY DISEASES	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	187
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	44

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	158
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	8
3961	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3969	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3962	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3967	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	8
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3951	FAMILY PRACTICE	OZEMPIC (0.25&0.5) 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (0.25&0.5) 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4 MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR (SEMAGLUTIDE (1 MG/DOSE))	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	73
3956	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	85
3956	CARDIOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3964	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3965	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	11
3969	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	GENERAL PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	25
3963	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	18
3962	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3961	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	33
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	34
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	PEDIATRICS	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PEDIATRICS	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	PEDIATRICS	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	SPORTS MEDICINE, FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	55
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	67
3951	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	15
3969	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3961	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	49
3963	ALLERGY	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3956	ALLERGY	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	EMERGENCY MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	26
3951	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3965	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3962	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3963	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	15
3956	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	16
3961	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NEUROLOGY	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3951	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	30
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, GERONTOLOGY	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	PEDIATRICS	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	29
3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	19
3951	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	6

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3964	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	77
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	59
3963	ALLERGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	12
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	28
3963	ANESTHESIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	CARDIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	EMERGENCY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	FAMILY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	9
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	10
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	36
3967	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	13
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	10
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3967	GASTROENTEROLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	22
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	12
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	7
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3967	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3967	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE MIDWIFE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	52
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	11
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	11
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	9
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3967	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	14
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3969	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3969	PLASTIC SURGERY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PULMONARY DISEASES	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	SPORTS MEDICINE, FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	10
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	57
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	12
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	124
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	18
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	10
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	23
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	14
3967	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	7
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	FAMILY PRACTICE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	3
3961	FAMILY PRACTICE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3965	INTERNAL MEDICINE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC 1 MG/DOSE(4 MG/3 ML) PEN INJECTOR	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC 2/1.5 INJECTION	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/1.5ML	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC 2MG/1.5ML	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/1.5ML PEN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC 2MG/3ML PEN-INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	2
3956	FAMILY PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	GENERAL PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3963	PSYCHIATRY	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC 8MG/3ML	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 8MG/3ML PEN	DIABETIC AGENT	Denied	1
3951	FAMILY PRACTICE	OZEMPIC 8MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	135
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	25
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	52
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	117
3956	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	ANESTHESIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1

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3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, EMERGENCY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	FAMILY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	9
3956	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	HEMATOLOGY & ONCOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	47
3951	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	10
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	30
3961	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3961	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NEUROLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3956	NURSE PRACTITIONER, COMMUNITY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	64
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	55
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	17

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3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	5
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3961	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, GERONTOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	11
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	14
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	OPHTHALMOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	OSTEOPATHIC MANIPULATIVE MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	8
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	8
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3951	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3961	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, SURGERY, GENERAL	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	PHYSICIAN, SURGERY, GENERAL	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PSYCHIATRY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	SPORTS MEDICINE, FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	124
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	52
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	139
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	16
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	20
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	PANTOPRAZOLE SODIUM 40MG TABLETS	PROTON PUMP INHIBITOR	Denied	1
3956	FAMILY PRACTICE	PANTOPRAZOLE TAB 40MG	PROTON PUMP INHIBITOR	Approved	1
3963	DENTIST, UNSPECIFIED	PENCICLOVIR	ANTIVIRALS	Approved	1
3963	UNSPECIFIED	PENCICLOVIR	ANTIVIRALS	Approved	1
3963	FAMILY PRACTICE	PENTAZOCINE-NALOXONE 50-0.5MG TABLETS	OPIOID ANALGESICS	Approved	1
3964	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3969	ALLERGY & IMMUNOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3964	FAMILY PRACTICE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	NEPHROLOGY / RENAL MEDICINE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	2
3969	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	2
3969	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	PIMECROLIMUS 1 % TOPICAL CREAM (ELIDEL)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS 1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3956	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	ALLERGY & IMMUNOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	PEDIATRICS	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3963	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3961	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PEDIATRICS	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	3
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	4
3963	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	PULMONARY DISEASES	PIRFENIDONE	ANTIFIBROTIC AGENT	Approved	1
3963	UNSPECIFIED	PIRFENIDONE	ANTIFIBROTIC AGENT	Approved	1
3963	UNSPECIFIED	PLEGRIDY	MULTIPLE SCLEROSIS AGENT	Approved	1
3956	HEMATOLOGY	POMALYST	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	POMALYST	ANTINEOPLASTICS	Approved	2
3963	UNSPECIFIED	POMALYST	ANTINEOPLASTICS	Approved	1
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	7
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approved	6
3956	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	10
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	3
3956	CARDIOLOGY, INTERVENTIONAL	PRALUENT	LIPOTROPICS	Denied	1
3961	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approved	1
3963	CARDIOLOGY	PRALUENT	LIPOTROPICS	Denied	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	CARDIOLOGY	PRALUENT	LIPOTROPICS	Approved	1
3963	CARDIOLOGY, INTERVENTIONAL	PRALUENT	LIPOTROPICS	Denied	1
3961	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	1
3963	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	3
3951	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Denied	2
3956	FAMILY PRACTICE	PRALUENT	LIPOTROPICS	Approved	1
3956	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	6
3956	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approved	1
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Denied	5
3963	INTERNAL MEDICINE	PRALUENT	LIPOTROPICS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	PRALUENT	LIPOTROPICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PRALUENT	LIPOTROPICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	15
3956	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	7
3951	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3961	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3961	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	2
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Denied	3
3963	UNSPECIFIED	PRALUENT	LIPOTROPICS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	12
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	9
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	19
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3965	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	5
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3962	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	EMERGENCY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	EMERGENCY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	10
3964	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3961	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3962	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3969	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	5
3969	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	GENERAL PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3965	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3969	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3961	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGICAL SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3967	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3951	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	8
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3962	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3951	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	4
3963	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, ANESTHESIOLOGY, PAIN MANAGEMENT	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	PODIATRIST, PRIMARY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	PODIATRIST, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PSYCHIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	PSYCHIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	22
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	10
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	12
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	34
3962	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	12
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	ANESTHESIOLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3956	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3951	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	GENERAL PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	NEUROLOGICAL SURGERY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PAIN MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	6
3951	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 150 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	ANESTHESIOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3951	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	NEUROLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3969	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	RHEUMATOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	ANESTHESIOLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3969	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3956	NEUROLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NEUROLOGY	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	6
3956	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	8
3961	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NEUROLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	ORTHOPEDIC SURGERY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PODIATRIST, GENERAL PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3969	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3956	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3963	FAMILY PRACTICE	PREGABALIN 75 MG CAPSULE (LYRICA)	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 75 MG ORAL CAPSULE (LYRICA)	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	6
3956	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3956	EMERGENCY MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	11
3963	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	7
3951	INTERNAL MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3964	NURSE PRACTITIONER, GERONTOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3961	ORTHOPEDIC SURGERY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PODIATRIST, GENERAL PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	10
3963	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	10
3951	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3965	UNSPECIFIED	PREGABALIN ER	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREMARIN TAB 0.625MG	ESTROGENS	Approved	1
3956	UNSPECIFIED	PROCRIT	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	PULMONARY DISEASES	PROLASTIN-C	RESPIRATORY AGENTS	Approved	1
3956	PULMONARY DISEASES	PROLASTIN-C	RESPIRATORY AGENTS	Denied	1
3961	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	EMERGENCY MEDICINE	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approved	5
3963	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Approved	2
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	Denied	2
3956	HEMATOLOGY & ONCOLOGY	PROLIA	BONE-MODIFYING AGENT	Denied	1
3963	HEMATOLOGY & ONCOLOGY	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	INTERNAL MEDICINE	PROLIA	BONE-MODIFYING AGENT	Denied	1
3956	INTERNAL MEDICINE	PROLIA	BONE-MODIFYING AGENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Approved	6
3963	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Denied	2
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	Denied	2
3963	CLINICAL NURSE SPECIALIST, UNSPECIFIED	PROMACTA	HEMOSTATICS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	PROMACTA	HEMOSTATICS	Approved	1
3963	INTERNAL MEDICINE	PROMACTA	HEMOSTATICS	Approved	1
3963	UNSPECIFIED	PROMACTA	HEMOSTATICS	Approved	2
3963	UNSPECIFIED	PROMACTA	HEMOSTATICS	Denied	1
3963	DERMATOLOGY	PROTOPIC 0.03% EX OINT	TOPICAL SKIN PRODUCT	Approved	1
3951	UNSPECIFIED	PROTOPIC 0.03% EX OINT	TOPICAL SKIN PRODUCT	Approved	1
3962	PULMONARY DISEASES	PROVIGIL 200MG (MODAFINIL)	STIMULANTS	Approved	1
3969	INFECTIOUS DISEASES	PYRIMETHAMINE	ANTI-INFECTIVES	Approved	1
3963	FAMILY PRACTICE	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	QBREXZA (GLYCOPYRRONIUM)	HYPERHIDROSIS	Approved	1
3963	FAMILY PRACTICE	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3963	UNSPECIFIED	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	3
3963	INTERNAL MEDICINE	QBREXZA 2.4% PAD	HYPERHIDROSIS	Approved	1
3962	FAMILY PRACTICE	QULIPTA 10MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3969	UNSPECIFIED	QULIPTA 10MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3969	UNSPECIFIED	QULIPTA 10MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3951	FAMILY PRACTICE	QULIPTA 10MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 10MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 10MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	QULIPTA 10MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	QULIPTA 10MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	NEUROLOGY	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 30MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3961	FAMILY PRACTICE	QULIPTA 30MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3956	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	4
3956	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Denied	1
3951	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	3
3963	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	5
3962	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3962	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3962	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3964	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3951	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3969	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3962	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	7
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3967	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3962	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3962	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	FAMILY PRACTICE	QULIPTA 60MG TABLETS	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS	MIGRAINE TREATMENT	Approved	1
3956	EMERGENCY MEDICINE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	5
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	6
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3951	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3963	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	5
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	5
3956	NURSE PRACTITIONER, GERONTOLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3961	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3956	PEDIATRICS	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	3
3956	REGISTERED NURSE, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	14
3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	21
3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	5
3963	FAMILY PRACTICE	QUVIVIQ 25MG TABLETS	HYPNOTIC	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	QUVIVIQ 50MG TAB	HYPNOTIC	Denied	1
3963	CARDIOLOGY	RANOLAZINE ER	ANTIANGINAL	Denied	1
3956	CARDIOLOGY, INTERVENTIONAL	RANOLAZINE ER	ANTIANGINAL	Denied	1
3956	CARDIOLOGY, INTERVENTIONAL	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RANOLAZINE ER	ANTIANGINAL	Denied	1
3956	UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Denied	3
3951	UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Denied	1
3963	CARDIOLOGY	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	2
3956	ANESTHESIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3951	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	2
3956	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	UNSPECIFIED	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	2
3963	OBSTETRICS & GYNECOLOGY	REGANEX (BECAPLERMIN)	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	REGANEX (BECAPLERMIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	REMICADE 100MG INJECTION	BIOLOGICALS	Denied	2
3963	CARDIOLOGY	REPATHA	LIPOTROPICS	Denied	14
3965	CARDIOLOGY	REPATHA	LIPOTROPICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	Approved	1
3963	CARDIOLOGY	REPATHA	LIPOTROPICS	Approved	5
3964	CARDIOLOGY	REPATHA	LIPOTROPICS	Approved	2
3969	CARDIOLOGY	REPATHA	LIPOTROPICS	Denied	2
3964	CARDIOLOGY	REPATHA	LIPOTROPICS	Denied	4
3965	CARDIOLOGY	REPATHA	LIPOTROPICS	Approved	1
3951	CARDIOLOGY	REPATHA	LIPOTROPICS	Denied	1
3963	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	Approved	1
3963	FAMILY PRACTICE	REPATHA	LIPOTROPICS	Denied	8
3963	FAMILY PRACTICE	REPATHA	LIPOTROPICS	Approved	3
3951	FAMILY PRACTICE	REPATHA	LIPOTROPICS	Denied	4
3965	FAMILY PRACTICE	REPATHA	LIPOTROPICS	Denied	1
3951	FAMILY PRACTICE	REPATHA	LIPOTROPICS	Approved	1
3965	HOSPITALIST	REPATHA	LIPOTROPICS	Approved	1
3969	HOSPITALIST	REPATHA	LIPOTROPICS	Approved	1
3969	HOSPITALIST	REPATHA	LIPOTROPICS	Denied	1
3963	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	Denied	10
3963	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	Approved	2
3965	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	Denied	2
3964	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	Denied	2
3962	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPOTROPICS	Approved	1
3963	PEDIATRICS	REPATHA	LIPOTROPICS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	1
3963	UNSPECIFIED	REPATHA	LIPOTROPICS	Approved	10
3963	UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	13
3965	UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	3
3965	UNSPECIFIED	REPATHA	LIPOTROPICS	Approved	1
3969	UNSPECIFIED	REPATHA	LIPOTROPICS	Approved	2
3951	UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	2
3969	UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	2
3951	UNSPECIFIED	REPATHA	LIPOTROPICS	Approved	1
3964	UNSPECIFIED	REPATHA	LIPOTROPICS	Denied	2
3963	OPTOMETRIST, UNSPECIFIED	RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION)	OPHTHALMIC PREPARATIONS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	RESTASIS 0.05% OP EMUL	OPHTHALMIC PREPARATIONS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	HEMATOPOIETIC AGENT	Denied	1
3956	UNSPECIFIED	RETACRIT	HEMATOPOIETIC AGENT	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	RETIN-A 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RETIN-A MICRO 0.04% GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	REVATIO 20MG TABLET	ANTIHYPERTENSIVE	Approved	1
3956	HEMATOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	1
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	REVLIMID	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	REYVOW 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	ANESTHESIOLOGY	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Denied	1
3963	INTERNAL MEDICINE	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	RHOFADE 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3965	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	FAMILY PRACTICE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3963	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3951	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3951	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3965	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3961	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3969	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	10
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3963	DERMATOLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3961	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	RINVOQ 45MG + 15MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	UNSPECIFIED	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PULMONARY DISEASES	RIOCIGUAT	ANTIHYPERTENSIVE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	NEUROLOGY	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Approved	1
3962	FAMILY PRACTICE	RIZATRIPTAN TABLETS	NON-NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	RIZATRIPTAN TABLETS	NON-NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	ROFLUMILAST	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	PULMONARY DISEASES	ROFLUMILAST 250MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	3
3956	FAMILY PRACTICE	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	2
3963	FAMILY PRACTICE	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	PULMONARY DISEASES	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	UNSPECIFIED	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	4
3964	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	4
3951	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3969	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3965	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	2
3963	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	4
3965	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	3
3962	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3964	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	8
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	5
3964	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3964	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	2
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	INTERNAL MEDICINE	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3951	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	2
3963	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	4
3963	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Denied	1
3962	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3951	INTERNAL MEDICINE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	NEUROLOGY	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	9
3963	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	2
3951	FAMILY PRACTICE	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	1
3963	PEDIATRICS	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	9
3951	UNSPECIFIED	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	1
3965	UNSPECIFIED	RYDAPT	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	SAPROPTERIN	ENZYMES	Approved	1
3956	FAMILY PRACTICE	SAVELLA (MILNACIPRAN)	ANALGESIC	Approved	1
3956	INTERNAL MEDICINE	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	1
3956	UNSPECIFIED	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	2
3963	FAMILY PRACTICE	SAVELLA 100MG OR TABS	ANALGESIC	Approved	1
3956	INTERNAL MEDICINE	SAVELLA 25MG OR TABS	ANALGESIC	Approved	1
3956	FAMILY PRACTICE	SAVELLA 50MG OR TABS	ANALGESIC	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SAVELLA 50MG OR TABS	ANALGESIC	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	SAVELLA 50MG OR TABS	ANALGESIC	Approved	1
3956	UNSPECIFIED	SAVELLA 50MG OR TABS	ANALGESIC	Approved	1
3964	UNSPECIFIED	SAXENDA (LIRAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	SEMAGLUTIDE (1 MG/DOSE) 4 MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR	ANTIDIABETICS	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	SEMAGLUTIDE (OZEMPIC) 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	DERMATOLOGY	SERNIVO (BRAND ONLY) (BETAMETHASONE DIPROP) SPRAY	TOPICAL CORTICOSTEROID	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SERNIVO (BRAND ONLY) (BETAMETHASONE DIPROP) SPRAY	TOPICAL CORTICOSTEROID	Approved	2
3963	UNSPECIFIED	SERNIVO (BRAND ONLY) (BETAMETHASONE DIPROP) SPRAY	TOPICAL CORTICOSTEROID	Approved	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	4
3965	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	1
3965	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	Approved	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	1
3969	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SILDENAFIL 20MG TABLET	VASODILATORS	Denied	1
3951	CARDIOLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	5
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	3
3951	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3969	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3956	PULMONARY DISEASES	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3951	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3963	UROLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	11
3964	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	2
3951	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Approved	2
3965	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	Denied	1
3956	UNSPECIFIED	SILDENAFIL SUSPENSION	VASODILATORS	Approved	1
3963	UNSPECIFIED	SILDENAFIL SUSPENSION	VASODILATORS	Denied	1
3956	GASTROENTEROLOGY	SIMPONI 100MG	ANTIARTHRITICS	Approved	1
3956	RHEUMATOLOGY	SIMPONI 50MG	ANTIARTHRITICS	Denied	1
3956	FAMILY PRACTICE	SIMVASTATIN 80MG	HYPERCHOLESTEROLEMIA	Approved	2
3956	FAMILY PRACTICE	SIMVASTATIN 80MG OR TABS	HYPERCHOLESTEROLEMIA	Approved	2
3963	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3963	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	3
3951	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	9
3956	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	10
3951	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3951	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3963	DERMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	3
3963	FAMILY PRACTICE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3956	GASTROENTEROLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	INTERNAL MEDICINE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	INTERNAL MEDICINE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	3
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	3
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3956	RHEUMATOLOGY	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	2
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	11
3965	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	20
3951	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	4
3956	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	5
3964	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3961	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	UNSPECIFIED	SKYRIZI 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	2
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	DERMATOLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	2
3956	UNSPECIFIED	SKYRIZI 360MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	UNSPECIFIED	SKYRIZI 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	3
3963	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 600MG + 360MG + 180MG + 150MG + 75MG	SYSTEMIC ANTIPSORIASIS AGENTS	Denied	1
3965	DERMATOLOGY	SKYRIZI PEN 150MG/ML SC SOAJ	SYSTEMIC ANTIPSORIASIS AGENTS	Approved	1
3963	UNSPECIFIED	SLYND 4MG TABLETS	CONTRACEPTIVES	Denied	1
3956	FAMILY PRACTICE	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETICS	Denied	2
3963	UNSPECIFIED	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SOLIQUA (INSULIN GLARGINE-LIXISENATIDE)	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	2
3956	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	2
3951	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	4
3963	INTERNAL MEDICINE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3951	SPORTS MEDICINE, FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	4
3963	UNSPECIFIED	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Approved	1
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Approved	1
3956	INTERNAL MEDICINE	SOMATULINE DEPOT	SOMATOSTATIN ANALOG	Approved	1
3963	PEDIATRICS	SPINOSAD 0.9% EX SUSP	ANTIPARASITICS	Approved	1
3956	PEDIATRICS	SPINOSAD 0.9% EX SUSP	ANTIPARASITICS	Approved	1
3956	UNSPECIFIED	SPINOSAD SUSPENSION	ANTIPARASITICS	Denied	1
3956	UNSPECIFIED	SPIRIVA HANDIHALER 18MCG CAP	ASTHMA	Denied	1
3963	FAMILY PRACTICE	SPRAVATO	ANTIDEPRESSANTS	Denied	1
3963	GENERAL PRACTICE	SPRAVATO	ANTIDEPRESSANTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANTS	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	SPRAVATO	ANTIDEPRESSANTS	Denied	1
3969	NURSE PRACTITIONER, PSYCHIATRIC	SPRAVATO	ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	2
3951	PEDIATRICS	SPRAVATO	ANTIDEPRESSANTS	Denied	3
3963	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANTS	Denied	6
3962	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANTS	Denied	1
3963	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3951	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	2
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Denied	3
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3962	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3965	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Approved	2
3951	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	Denied	1
3956	INTERNAL MEDICINE	SPRYCEL	ANTINEOPLASTICS	Approved	2
3963	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	SPRYCEL	ANTINEOPLASTICS	Approved	2
3962	UNSPECIFIED	STELARA 45MG/0.5ML	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3961	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3964	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3963	EMERGENCY MEDICINE	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	4
3956	GASTROENTEROLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3962	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	EMERGENCY MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	3
3956	FAMILY PRACTICE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	FAMILY PRACTICE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	7
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	4
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GENERAL PRACTICE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PEDIATRICS	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PEDIATRICS	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2

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3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PSYCHIATRY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	5
3963	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	6
3965	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3962	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3964	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	STIVARGA	ANTINEOPLASTICS	Approved	1
3965	HEMATOLOGY & ONCOLOGY	STIVARGA	ANTINEOPLASTICS	Approved	1
3956	GASTROENTEROLOGY	SUCRAID (SACROSIDASE)	METABOLIC ENZYMES	Approved	1
3956	UNSPECIFIED	SUCRAID (SACROSIDASE)	METABOLIC ENZYMES	Denied	1
3956	UNSPECIFIED	SUCRAID 8500UNIT/ML OR SOLN	METABOLIC ENZYMES	Approved	1
3963	HEMATOLOGY & ONCOLOGY	SUCRALFATE 1GM/10ML SUS	GASTROINTESTINAL AGENTS	Approved	1
3962	FAMILY PRACTICE	SUMATRIPTAN 20MG NASAL SPRAY	NON-NARCOTIC ANALGESICS	Denied	1
3956	PEDIATRICS	SUMATRIPTAN 20MG/ACT NA SOLN	NON-NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGY	SUMATRIPTAN AUTO-INJECTOR 6MG/0.5ML	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	SUMATRIPTAN SPRAY 20MG	NON-NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	SUMATRIPTAN SPRAY 20MG	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	4
3956	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3963	NEUROLOGY	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	5
3956	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY MEDICINE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	2
3956	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1

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3961	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	FAMILY PRACTICE	SUNOSI 75MG OR TABS	NARCOLEPSY AGENTS	Approved	1
3963	UNSPECIFIED	SUPPRELIN LA	HORMONES/HORMONE MODIFIERS	Denied	1
3956	INTERNAL MEDICINE	SYMLINPEN 60 1500MCG/1.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	DERMATOLOGY	SYNALAR (BRAND ONLY) (FLUOCINOLONE) SOLUTION	TOPICAL CORTICOSTEROID	Approved	1
3963	FAMILY PRACTICE	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Denied	2
3956	FAMILY PRACTICE	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	4
3963	UNSPECIFIED	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3951	INTERNAL MEDICINE	SYNJARDY 12.5-500MG OR TABS	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY 5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SYNJARDY 5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY 5-1000MG OR TABS	ANTIDIABETICS	Approved	2
3956	FAMILY PRACTICE	SYNJARDY 5-500MG OR TABS	ANTIDIABETICS	Approved	2
3963	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	5
3956	UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETICS	Approved	2
3963	UNSPECIFIED	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETICS	Approved	3
3951	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	6
3963	UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3961	FAMILY PRACTICE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3951	INTERNAL MEDICINE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY XR 5-1000MG OR TB24	ANTIDIABETICS	Approved	2
3963	DERMATOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3951	ALLERGY & IMMUNOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3965	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3967	UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3963	DERMATOLOGY	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3963	ALLERGY & IMMUNOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3969	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3956	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	4
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3963	RHEUMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	14
3956	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	7
3951	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	4
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3951	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3962	FAMILY PRACTICE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	3
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	SURGERY, VASCULAR	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	7
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	4
3962	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3967	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3965	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	3
3951	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	5
3956	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	4
3963	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3963	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	CARDIOLOGY	TADALAFIL 20MG	VASODILATORS	Approved	3
3963	CARDIOLOGY	TADALAFIL 20MG	VASODILATORS	Approved	1
3963	FAMILY PRACTICE	TADALAFIL 20MG	VASODILATORS	Denied	1
3963	PULMONARY DISEASES	TADALAFIL 20MG	VASODILATORS	Approved	1
3963	UNSPECIFIED	TADALAFIL 20MG	VASODILATORS	Approved	1
3963	EMERGENCY MEDICINE	TADALAFIL 5 MG ORAL TABLET	VASODILATORS	Approved	1
3963	CARDIOLOGY	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	5
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	2
3963	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	1
3963	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	3
3963	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	2
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	5
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	2
3951	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	4
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	14
3951	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	2
3951	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	5
3963	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	INTERNAL MEDICINE	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	2
3961	NURSE PRACTITIONER, ADULT HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3956	PSYCHIATRY	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3961	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3951	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3956	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	2
3963	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	3
3963	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	TAGRISSO	ANTINEOPLASTICS	Approved	1
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	7
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	4
3963	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3951	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	2
3956	FAMILY PRACTICE	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	INTERNAL MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	17
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	2
3963	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	15
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Denied	4
3961	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	2
3964	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	4
3951	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	TALTZ 80MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	UNSPECIFIED	TALTZ 80MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	TALTZ 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3956	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TAZAROTENE 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TAZAROTENE CREAM 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3951	UNSPECIFIED	TAZAROTENE CREAM 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TAZAROTENE GEL	DERMATOLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TAZAROTENE GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	TAZORAC CREAM 0.05% (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3964	PLASTIC SURGERY	TEMOVATE 0.05% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	2
3951	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3956	LEGAL MEDICINE	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3956	MEDICAL ONCOLOGY	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	Approved	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Denied	2
3963	INTERNAL MEDICINE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	2
3963	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	2
3956	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	1
3951	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Approved	1
3969	FAMILY PRACTICE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE 25 MG/2.5GM (1%) TRANSDERMAL GEL (ANDROGEL;TESTIM)	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 25 MG/2.5GM(1%) TD GEL	ANDROGENS	Approved	2
3965	FAMILY PRACTICE	TESTOSTERONE 25 MG/2.5GM(1%) TD GEL	ANDROGENS	Denied	2
3956	INTERNAL MEDICINE	TESTOSTERONE 25 MG/2.5GM(1%) TD GEL	ANDROGENS	Approved	1
3964	FAMILY PRACTICE	TESTOSTERONE 30MG/ACT TD SOLN	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE 50 MG/5GM(1%) TD GEL	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	4
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Denied	2
3963	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Denied	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL (DEPO-TESTOSTERONE)	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200 MG/ML INTRA-MUSCULAR OIL (DEPOTESTOTERONE)	ANDROGENS	Approved	1
3956	CHIROPRACTOR, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	38
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	4
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	9
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	5
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	8
3963	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3961	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	4
3961	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	13
3961	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	5
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	6
3963	PEDIATRICS	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	PHYSICIAN, GERIATRIC MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3961	REGISTERED NURSE, EMERGENCY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	3
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	10
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	8
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	18
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	5
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	2
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	33
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	21
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	7
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	3
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	3
3961	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3961	HEMATOLOGY & ONCOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	4
3963	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	9
3961	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	OPHTHALMOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	REGISTERED NURSE, EMERGENCY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	5
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	4
3951	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	5
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	18
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	18
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	5
3969	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3969	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	ALLERGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	5
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	33
3964	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	6
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	4
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	9
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3969	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3963	GENERAL PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	13
3964	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3964	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3969	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3951	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	LEGAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	5
3964	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3965	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3964	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3962	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	PHYSICIAN, SURGERY, GENERAL	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3965	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3965	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3951	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3962	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	25
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	5
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	4
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	4
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	OPHTHALMOLOGY	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	6
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Approved	1
3956	UNSPECIFIED	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Denied	2
3956	UNSPECIFIED	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE ENANTHATE IM INJECTION	ANDROGENS	Denied	2
3969	UROLOGY	TESTOSTERONE ENANTHATE IM INJECTION	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	2
3956	FAMILY PRACTICE	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
3956	UROLOGY	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3964	EMERGENCY MEDICINE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	8
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	FAMILY MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3965	FAMILY MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3964	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	4
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	2
3964	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3964	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3969	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL SOLUTION	ANDROGENS	Approved	1
3964	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE TRANSDERMAL SOLUTION	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL SOLUTION	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Denied	1
3951	NEUROLOGY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approved	1
3956	PSYCHIATRY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Approved	1
3956	PSYCHIATRY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIBITOR	Denied	1
3963	ALLERGY & IMMUNOLOGY	TEZSPIRE	ASTHMA	Approved	1
3963	UNSPECIFIED	TEZSPIRE	ASTHMA	Approved	1
3962	UNSPECIFIED	TEZSPIRE	ASTHMA	Denied	1
3963	UNSPECIFIED	TEZSPIRE	ASTHMA	Denied	1
3963	HEMATOLOGY	THALOMID	ANTINEOPLASTICS	Approved	1
3961	UNSPECIFIED	THALOMID	ANTINEOPLASTICS	Approved	1
3965	UNSPECIFIED	THALOMID	ANTINEOPLASTICS	Approved	1
3962	UNSPECIFIED	TIBSOVO	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	TIROSINT 88MCG CAPSULES	THYROID AGENTS	Approved	1
3963	INTERNAL MEDICINE	TOBRAMYCIN INHALATION SOLUTION	RESPIRATORY AGENTS	Approved	1
3969	PULMONARY DISEASES	TOBRAMYCIN INHALATION SOLUTION	RESPIRATORY AGENTS	Approved	1
3963	PULMONARY DISEASES	TOBRAMYCIN INHALATION SOLUTION	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	TOBRAMYCIN INHALATION SOLUTION	RESPIRATORY AGENTS	Approved	1
3951	FAMILY PRACTICE	TRAMADOL (R) ER 200MG BIPHASIC TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3967	FAMILY PRACTICE	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	GENERAL PRACTICE	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL (U) ER 200MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL (U) ER 200MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3962	ANESTHESIOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	DENTIST, SURGERY, ORAL & MAXILLOFACIAL	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3969	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3962	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3965	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	4
3965	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3967	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3962	PEDIATRICS	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	PODIATRIST, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	RHEUMATOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3951	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3962	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3969	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	TRAMADOL HCL (ER BIPHASIC) 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	TRAMADOL HCL (ER BIPHASIC) 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	6
3956	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	16
3951	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	6
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	EMERGENCY MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	16

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3961	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3965	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	7
3963	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	5
3951	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	NEUROLOGICAL SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PAIN MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	PAIN MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PAIN MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3956	REGISTERED NURSE, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3956	UROLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	20
3956	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	21
3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3965	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3969	UNSPECIFIED	TRAMADOL HCL ER 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL HCL ER 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL HCL ER 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3969	FAMILY PRACTICE	TRAMADOLAPAP 37.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	TRAMADOLAPAP 37.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	TRAMADOLAPAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3956	UNSPECIFIED	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3963	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3961	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3962	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3965	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	INTERNAL MEDICINE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	10
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	5
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3964	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3965	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3965	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	6
3969	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3962	FAMILY PRACTICE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3962	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	10
3969	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	2
3961	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	INTERNAL MEDICINE	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	5
3956	UNSPECIFIED	TRETINOIN 0.025% CREAM	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	10
3956	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	12
3956	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3969	DERMATOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	EMERGENCY MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	INTERNAL MEDICINE	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3969	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	5
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	6
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	10
3956	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	5
3951	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	TRETINOIN 0.025% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.025% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.025% EX GEL	DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN 0.05 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	DERMATOLOGY	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	INTERNAL MEDICINE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	12
3956	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	10
3965	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.1 % EXTERNAL CREAM (RETIN-A)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TRETINOIN 0.1 % TOPICAL CREAM (RETIN-A)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	5
3951	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	3
3963	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	EMERGENCY MEDICINE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3963	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	5
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN MICROSPHERE 0.1% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRIAMCINOLONE 0.025% CREAM	DERMATOLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	DERMATOLOGY	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	FAMILY PRACTICE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3963	DERMATOLOGY	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3965	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	TRIAMCINOLONE 0.5% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TRIAZOLAM	SEDATIVE NON-BARBITURATE	Denied	1
3961	NURSE PRACTITIONER, PEDIATRIC CARE	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	2
3962	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3956	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	3
3969	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3951	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3963	PULMONOLOGY, PEDIATRIC	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3956	PULMONOLOGY, PEDIATRIC	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3956	UNSPECIFIED	TRIKAFTA	CYSTIC FIBROSIS AGENTS	Approved	1
3967	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	2
3964	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	2
3963	GENERAL PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3964	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	2
3963	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	3
3951	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	2
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	2
3963	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3963	CARDIOLOGY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3963	OBSTETRICS & GYNECOLOGY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3956	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	6
3963	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	3
3951	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3963	UNSPECIFIED	TRINTELLIX 10MG TABLET	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 20 MG ORAL TABLET	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	3
3951	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	PEDIATRICS	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3951	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3965	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	2
3963	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	2
3963	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	3
3956	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	2
3962	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 20MG TABLET	ANTIDEPRESSANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	2
3956	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	5
3956	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	TRIPTODUR	ANTINEOPLASTICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULANCE 3MG TABLET	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	16
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	7
3964	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	5
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	14
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	5
3951	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3962	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3961	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	GENERAL PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	13
3969	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3962	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3961	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3961	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3965	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	6
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3965	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	OBSTETRICS & GYNECOLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	22
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	12
3969	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	14
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	9
3951	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3964	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	7
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75 MG/0.5 MLMG/ML PEN INJECTOR	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 0.75/0.5 PEN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	EMERGENCY MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	24

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	10
3951	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3961	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3963	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	9
3956	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	5
3951	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3965	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	14
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3961	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3951	PEDIATRICS	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PULMONARY DISEASES	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	26
3961	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3965	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3969	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3951	UNSPECIFIED	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5/0.5 INJ	ANTIDIABETICS	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	18
3963	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	24
3951	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3961	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3965	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	4
3956	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	11
3951	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	16
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5
3961	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3961	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	PEDIATRICS	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	12
3956	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	25
3951	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 3/0.5	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 3MG/0.5ML PEN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY 3MG/0.5ML PENS	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	13
3963	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3951	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3963	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	PEDIATRICS	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	4
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3969	PHYSICIAN, ENDOCRINOLOGY	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	17
3963	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	4
3951	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	9
3951	CLINICAL NURSE SPECIALIST, ADULT HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	11
3963	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS AGENTS	Approved	2
3963	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS AGENTS	Denied	1
3956	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TYMLOS	OSTEOPOROSIS AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3956	ORTHOPEDIC SURGERY	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS AGENTS	Denied	1
3956	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS AGENTS	Denied	1
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	3
3965	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3964	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	1
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	Approved	2
3963	UNSPECIFIED	TYRVAYA	DRY EYE TREATMENT	Denied	1
3956	CARDIOLOGY	TYVASO INHALATION SOLUTION	ANTIHYPERTENSIVES	Approved	1
3956	NEUROLOGY	UBRELVY 100 MG TABLET	MIGRAINE TREATMENT	Denied	1
3964	FAMILY PRACTICE	UBRELVY 100 MG TABLET (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	ANESTHESIOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3969	ALLERGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	ALLERGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	14
3963	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	20
3965	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Denied	1
3961	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	GENERAL PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3961	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3956	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3963	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	11
3956	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	10
3951	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	10
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Denied	2
3963	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3956	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	6
3962	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3963	REGISTERED NURSE, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	33
3962	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	32
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Denied	1
3951	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3961	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG TAB	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	8
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	7
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	9
3956	ANESTHESIOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3962	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3961	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3964	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	GENERAL PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3963	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3967	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	4
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	4
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	6
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3969	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3962	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	8
3965	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	OBSTETRICS & GYNECOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	OBSTETRICS & GYNECOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	5
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	20
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	14
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	3
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	4
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	7
3967	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY 50 MG ORAL TABLET (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	5
3956	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	2
3951	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	INTERNAL MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, ACUTE CARE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	5
3956	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	3
3951	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3969	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	EMERGENCY MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3969	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3962	NEUROLOGY	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	NEUROLOGY	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3962	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3969	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3956	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	8
3951	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY TABS 100MG 10EA X 1 BOX	MIGRAINE TREATMENT	Approved	1
3956	CARDIOLOGY	UPTRAVI	ANTIHYPERTENSIVES	Approved	1
3963	FAMILY PRACTICE	VALCHLOR	ANTINEOPLASTICS	Approved	1
3956	INTERNAL MEDICINE	VALGANCICLOVIR	ANTIVIRALS	Approved	3
3956	NEPHROLOGY / RENAL MEDICINE	VALGANCICLOVIR	ANTIVIRALS	Approved	1
3956	UNSPECIFIED	VALGANCICLOVIR	ANTIVIRALS	Approved	2
3956	NURSE PRACTITIONER, GERONTOLOGY	VANCOMYCIN INJECTION	ANTIBIOTICS	Approved	1
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	VELPHORO (SUCROFERRIC OXYHYDROXIDE)	HYPERPHOSPHATEMIA	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	VEMLIDY	ANTIVIRALS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3961	UNSPECIFIED	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3951	UNSPECIFIED	VENCLEXTA	ANTINEOPLASTICS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	VEOZAH 45MG TABLETS	CNS AGENT	Approved	1
3963	HEMATOLOGY	VERZENIO	ANTINEOPLASTICS	Approved	1
3962	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	EMERGENCY MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	4
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	6
3951	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	5
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3
3969	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	6
3965	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3
3964	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	GENERAL PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	HEMATOLOGY & ONCOLOGY	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	7
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	4
3962	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3962	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	OBSTETRICS & GYNECOLOGY	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	PEDIATRICS	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	PSYCHIATRY	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	13
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	17
3951	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	7
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	11
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	5
3969	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3961	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	VICTOZA 18MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	23
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3951	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	8
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	8
3964	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3956	GENERAL PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3951	GENERAL PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	7
3963	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3963	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3951	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	3
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	11
3951	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	8
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	9
3963	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3951	PEDIATRICS	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	3
3963	PHYSICIAN, ENDOCRINOLOGY	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	28
3951	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	5
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	8
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	2
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (LIRAGLUTIDE)	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	VICTOZA 8MG/3ML PEN	ANTIDIABETICS	Approved	1
3963	NEUROLOGY, PEDIATRIC	VIGABATRIN POWDER	ANTICONVULSANTS	Approved	1
3961	OBSTETRICS & GYNECOLOGY	VORICONAZOLE	ANTIFUNGALS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	VORICONAZOLE	ANTIFUNGALS	Denied	1
3962	UNSPECIFIED	VORICONAZOLE	ANTIFUNGALS	Approved	1
3963	INTERNAL MEDICINE	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	2
3951	UNSPECIFIED	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	1
3963	NEUROLOGY	VUMERITY	MULTIPLE SCLEROSIS AGENT	Approved	2
3963	NURSE PRACTITIONER, GERONTOLOGY	VUMERITY	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	UNSPECIFIED	VUMERITY	MULTIPLE SCLEROSIS AGENT	Approved	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	VYVANSE	AMPHETAMINE PREPARATIONS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 10 MG CAPSULE	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 10MG CAPSULE	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	VYVANSE 20MG	CNS STIMULANTS	Denied	1
3965	UNSPECIFIED	VYVANSE 20MG CAPS (LISDEXAMFETAMINE)	CNS STIMULANTS	Denied	1
3963	INTERNAL MEDICINE	VYVANSE 20MG CAPSULES	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 40MG CAPS (LISDEXAMFETAMINE)	AMPHETAMINE PREPARATIONS	Denied	1
3969	PSYCHIATRY	VYVANSE 50MG CAPS (LISDEXAMFETAMINE)	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 50MG CAPSULE	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, PEDIATRIC CARE	VYVANSE 50MG CAPSULE	CNS STIMULANTS	Denied	1
3963	PSYCHIATRY	VYVANSE 70MG CAPS (LISDEXAMFETAMINE)	AMPHETAMINE PREPARATIONS	Denied	2
3963	FAMILY PRACTICE	VYVANSE CAPSULE	AMPHETAMINE PREPARATIONS	Denied	1
3963	PEDIATRICS	VYVANSE CAPSULE	AMPHETAMINE PREPARATIONS	Denied	1
3963	UNSPECIFIED	VYVANSE CAPSULES	CNS STIMULANTS	Denied	1
3964	INTERNAL MEDICINE	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3964	INTERNAL MEDICINE	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3964	UNSPECIFIED	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	2
3963	UNSPECIFIED	WEGOVY 0.25MG/0.5ML	ANTIOBESITY	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	WINLEVI 1% CREAM	ALL OTHER DERMATOLOGICALS	Denied	1
3963	FAMILY PRACTICE	XELJANZ 10 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	INTERNAL MEDICINE	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3964	RHEUMATOLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3956	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	GASTROENTEROLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	4
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	2
3961	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	3
3962	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3951	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3963	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	2
3956	UNSPECIFIED	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	XELJANZ XR 22 MG	IMMUNOSUPPRESSIVES/DMARDS	Approved	1
3956	GASTROENTEROLOGY	XELJANZ XR 22 MG	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	INTERNAL MEDICINE	XERMELO	TRYPTOPHAN HYDROXYLASE INHIBITOR	Approved	1
3963	HEMATOLOGY & ONCOLOGY	XGEVA	OSTEOPOROSIS AGENTS	Approved	3
3963	UNSPECIFIED	XGEVA	OSTEOPOROSIS AGENTS	Approved	1
3967	OTOLARYNGOLOGY	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Approved	1
3965	UNSPECIFIED	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Approved	1
3965	UNSPECIFIED	XHANCE (FLUTICASONE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3963	OTOLARYNGOLOGY	XHANCE (FLUTICASONE PROPIONATE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3963	ALLERGY & IMMUNOLOGY	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XIFAXAN 200MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3956	UNSPECIFIED	XIFAXAN 200MG TABLET (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3951	UNSPECIFIED	XIFAXAN 200MG TABLET (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550 MG TABLET	ANTI-INFECTIVES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	3
3965	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3964	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3969	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3951	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	3
3956	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3969	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3964	PHYSICIAN, SURGERY, GENERAL	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	2
3964	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	2
3965	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	5
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	4
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	3
3951	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	3
3956	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	5
3951	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3956	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	9
3963	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	16
3965	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	HOSPITALIST	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3963	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3951	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3962	NURSE PRACTITIONER, ACUTE CARE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	8
3961	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	OTOLARYNGOLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	16
3951	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	4
3963	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	13
3961	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	4
3963	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	8
3956	DERMATOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3962	ALLERGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	ALLERGY	XOLAIR	RESPIRATORY AGENTS	Approved	2
3956	ALLERGY	XOLAIR	RESPIRATORY AGENTS	Denied	1
3964	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	2
3961	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Denied	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Denied	4
3951	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	FAMILY PRACTICE	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	Denied	1
3956	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	PEDIATRICS	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	PEDIATRICS	XOLAIR	RESPIRATORY AGENTS	Approved	2
3961	PEDIATRICS	XOLAIR	RESPIRATORY AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	PULMONARY DISEASES	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3964	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	2
3962	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	2
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Denied	2
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3951	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR 150MG/ML SC SOSY	RESPIRATORY AGENTS	Approved	1
3963	FAMILY PRACTICE	XTAMPZA ER 18MG OR C12A	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	XTAMPZA ER 36MG OR C12A	NARCOTIC ANALGESICS	Approved	1
3963	UROLOGY	XTANDI	ANTINEOPLASTICS	Approved	1
3963	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Approved	2
3965	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XULTOPHY (INSULIN DEGLUDEC-LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	XULTOPHY 100-3.6UNIT-MG/ML SC SOPN	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	XULTOPHY 100-3.6UNIT-MG/ML SC SOPN	DIABETIC AGENT	Approved	2
3962	FAMILY PRACTICE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	2
3963	FAMILY PRACTICE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3963	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3963	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3964	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED 100 MG/0.5 ML INJECTION	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED 50MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XYOSTED 50MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	2
3963	UNSPECIFIED	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3962	NURSE PRACTITIONER, UNSPECIFIED	XYREM	CNS DEPRESSANTS	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	XYREM	CNS DEPRESSANTS	Denied	1
3963	UNSPECIFIED	XYREM	CNS DEPRESSANTS	Approved	1
3963	PULMONARY DISEASES	XYWAV	CNS DEPRESSANTS	Approved	2
3963	UNSPECIFIED	XYWAV	CNS DEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Approved	3
3963	UNSPECIFIED	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Denied	3
3956	UNSPECIFIED	ZEJULA	ANTINEOPLASTICS	Approved	1
3963	NEUROLOGY	ZEMBRACE SYMTOUCH 3MG/0.5ML SC SOAJ	ANTIMIGRAINE	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3969	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	ZENATANE 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENATANE 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 30MG CAP	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	5
3956	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3956	INTERNAL MEDICINE	ZENPEP 10000-32000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3961	INTERNAL MEDICINE	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	SURGERY, VASCULAR	ZENPEP 25000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3963	FAMILY PRACTICE	ZENPEP 3000-10000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE	GASTROINTESTINAL AGENTS	Approved	1
3963	FAMILY PRACTICE	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3956	PULMONARY DISEASES	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	ZENPEP 5000-24000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	EMERGENCY MEDICINE	ZENZEDI 30MG OR TABS	GASTROINTESTINAL AGENTS	Approved	1
3963	FAMILY PRACTICE	ZENZEDI 30MG OR TABS	GASTROINTESTINAL AGENTS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approved	1
3956	INTERNAL MEDICINE	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approved	1
3963	UNSPECIFIED	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Approved	1
3963	UNSPECIFIED	ZIEXTENZO	HEMATINICS & BLOOD CELL STIMULATORS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ZOLEDRONIC ACID 4MG	OSTEOPOROSIS AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS AGENTS	Approved	1
3956	NEUROLOGY	ZOLMITRIPTAN TABLET	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	ZOVIRAX CREAM (ACYCLOVIR)	ANTIVIRALS	Approved	1