



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

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

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

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

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	6
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3962	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

MARCHARD SPECIALTY	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
2983	3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3986 UNSPECIFIED SPECIALTY CRYSVITA	3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
SPRIGH NURSE PRACTITIONER, ACUTE CARE CUTAOUIG IMMUNE THERAPIES APPROVED 1	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
SOID ALLERGY & IMMUNOLOGY CUTAQUIG	3965	UNSPECIFIED SPECIALTY	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
Sub-6 NEUROLOGY	3956	NURSE PRACTITIONER, ACUTE CARE	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
1970 INTERNAL MEDICINE DALFAMPRIDINE FR MULTIPLE SCLEROSIS APPROVED 1	3964	ALLERGY & IMMUNOLOGY	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
3963 NEUROLOGY	3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
Seg	3970	INTERNAL MEDICINE	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
Berasirox Deferación Defe	3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	3
UNSPECIFIED SPECIALTY DIMETHYL FUMARATE MULTIPLE SCLEROSIS DENIED 1 3970 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3966 UNSPECIFIED SPECIALTY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3967 FAMILY PRACTICE DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3968 FAMILY PRACTICE DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3969 ADOLESCENT MEDICINE, INTERNAL MEDICINE DOFFILIDE CARDAC DISORDERS APPROVED 1 3970 UNSPECIFIED SPECIALTY DOFFILIDE CARDAC DISORDERS APPROVED 1 3983 FAMILY PRACTICE DOFFILIDE CARDAC DISORDERS APPROVED 1 3984 FAMILY PRACTICE DOFFILIDE CARDAC DISORDERS APPROVED 1 3985 CARDIAC DISORDERS APPROVED 1 3986 CARDIAC DISORDERS APPROVED 1 3987 UNSPECIFIED SPECIALTY DOFFILIDE CARDIAC DISORDERS APPROVED 1 3986 MEDICAL ONCOLOGY DOFFILET THROMBOCYTOPENIA APPROVED 1 3986	3963	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
1970 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 1 1 1 1 1 1 1 1	3963	HEMATOLOGY & ONCOLOGY	DEFERASIROX	IRON OVERLOAD	DENIED	1
UNSPECIFIED SPECIALTY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3966 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3963 FAMILY PRACTICE DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3966 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3966 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3966 ADOLESCENT MEDICINE, INTERNAL MEDICINE DOFETILIDE CARDIAC DISORDERS APPROVED 1 3966 UNSPECIFIED SPECIALTY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3970 UNSPECIFIED SPECIALTY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3960 CARDIAC DISORDERS APPROVED 1 3960 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3960 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3960 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3960 MEDICAL ONCOLOGY DOFETLET THROMBOCYTOPENIA APPROVED 1 3960 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3960 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3960 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA DENIED 1 3970 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 2 3960 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3960 PEDIATRICS DUPIXENT ALLERGIC CASTHMA/ATOPIC DERMATITIS APPROVED 1	3965	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
See	3970	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
FAMILY PRACTICE DIMETHYL FUMARATE MULTIPLE SCLEROSIS APPROVED 1 3956 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS DENIED 1 3956 ADOLESCENT MEDICINE, INTERNAL MEDICINE DOFETILIDE CARDIAC DISORDERS APPROVED 1 3956 UNSPECIFIED SPECIALTY DOFETILIDE CARDIAC DISORDERS APPROVED 3 3970 UNSPECIFIED SPECIALTY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3963 FAMILY PRACTICE DOFETILIDE CARDIAC DISORDERS APPROVED 1 3966 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3956 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 1 3956 CARDIAC ELECTROPHYSIOLOGY DOFETILIDE CARDIAC DISORDERS APPROVED 3 3951 HEMATOLOGY & ONCOLOGY DOFELET THROMBOCYTOPENIA APPROVED 1 3966 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3966 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3966 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3970 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3966 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3968 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3969 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3960 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3966 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3967 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3968 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3969 DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3960 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3960 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 396	3965	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3956 NEUROLOGY DIMETHYL FUMARATE MULTIPLE SCLEROSIS DENIED 1	3956	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
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3956 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1	3956	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	3
HEMATOLOGY & ONCOLOGY DOPTELET THROMBOCYTOPENIA APPROVED 1 3956 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA DENIED 1 3970 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 OTOLARYNGOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3964 DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3965 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3966 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3951	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956 MEDICAL ONCOLOGY DOPTELET THROMBOCYTOPENIA DENIED 1 3970 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 2 3956 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 OTOLARYNGOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 4 3956 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 11 3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6	3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3970 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 OTOLARYNGOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 4 3966 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 11 3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6	3964	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956 INTERNAL MEDICINE DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 OTOLARYNGOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 4 3956 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 11 3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3963 OTOLARYNGOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 4 3966 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 11 3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3966 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 11 3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951 UNSPECIFIED SPECIALTY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956 GASTROENTEROLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	11
3970 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 5 3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963 PEDIATRICS DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 6 3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964 DERMATOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 4	3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	5
	3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3963 ALLERGY & IMMUNOLOGY DUPIXENT ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3	3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
	3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3

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

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

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

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

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

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

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

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

BRIST INSPECTIONED SPECIALTY INFRIMOZY ALTO IMMUNE (RARSORIBO) APROVED 2 1981 REMILIANTO LOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3981 REMILY PRACTICE HYBINDOZ ALTO IMMUNE (RARSORIBO) CREMO 2 3980 INTERNAL MEDICINE HYBINDOZ ALTO IMMUNE (RARSORIBO) CREMO 2 3980 DERMATOLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) CREMO 1 3981 DERMATOLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3881 DERMATOLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3881 DERMATOLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3881 OSATRORITEROLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3881 OSATRORITEROLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1 3881 OSATRORITEROLOCY HYBINDOZ ALTO IMMUNE (RARSORIBO) APROVED 1	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
8964 FAMILY PRACTICE HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) DENEO 1 3685 NITERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 2 3686 OSATRONITADORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3909 OSATRONITADORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3866 OSATRONITADORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3861 OFRANTOLORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3861 OFRANTOLORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3861 OSATROCINTRIOLORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) APPROVED 1 3861 OSATROCINTRIOLORY HYRIMOZ AUTO IMMUNE (RAPSORIBÓ) DENED 1 3861 ALTO IMMUNE (RAPSORIBÓ) DENED 1 1 3861 ALTO IMMUNE (RAPSORIBÓ) DENED 1 3861 ALTO IMMUNE (RAPSORIBÓ) PORTO 1	3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
8886 NTFRNAL MEDICINE VYRIMOZ ALTO IMMUNE RAPSORRIDO APPROVED 7 3991 ASSTROENTEROLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO DENED 1 3996 DERINATIO LOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO APPROVED 1 3996 DERINATIO LOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO APPROVED 2 3991 DERINATIO LOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO DENIED 1 3996 DERINATIO LOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO APPROVED 1 3991 GESTROENTEROLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO APPROVED 1 3996 HELUARIZOLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO APPROVED 1 3996 HELUARIZOLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO DENIED 1 3998 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO DENIED 1 3998 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE RAPSORRIDO DENIED 2 3998	3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3884 CASTROÉNTEROLOGY MYRIMOZ AUTO IMMUNE (RAYSORNED) DENIED 1 3870 DEFRANTOLOGY HYRIMOZ AUTO IMMUNE (RAYSORNED) APPROVED 1 3860 GASTROCHEROLOGY HYRIMOZ AUTO IMMUNE (RAYSORNED) APPROVED 2 3861 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAYSORNED) APPROVED 2 3865 OPERMATOLOGY HYRIMOZ AUTO IMMUNE (RAYSORNED) APPROVED 1 3861 OPERMATOLOGY HYRIMOZ AUTO IMMUNE (RAYSORRED) APPROVED 1 3861 OPERMATOLOGY HYRIMOZ AUTO IMMUNE (RAYSORRED) DENIED 4 3861 ASTROCHTEROLOGY HYRIMOZ AUTO IMMUNE (RAYSORRED) DENIED 4 3861 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAYSORRED) DENIED 4 3861 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAYSORRED) DENIED 4 3862 ARTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAYSORRED) DENIED 4 386	3964	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3070 DEFINATOLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3066 GASTROENTEROLOSY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3061 DEFINATOLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 2 3061 DEFINATOLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3061 DEFINATOLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3061 OSSTROENTEROLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3061 OSSTROENTEROLOGY HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3061 INTERNAL MEDICINE HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3063 INTERNAL MEDICINE HYRINOZ AUTO INMUNE IRAPSORIBDI APPROVED 1 3064 INTERNAL MEDICINE HYRINOZ AUTO INMUNE IRAPSORIBDI DENIED 2 3065 INTERNAL MEDICINE HYRINOZ AUTO INMUNE IRAPSORIBDI DENIED 2	3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
9856 GASTROENTEROLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI APPROVED 7 3986 INTERNAL MEDICINE HYRINOZ AUTO MAUSE IRAPSORIBIDI APROVED 2 3986 DERMATOLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENMED 1 3986 DERMATOLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI APROVED 1 3986 GASTROENTEROLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI APROVED 1 3986 RELIMATOLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENIED 1 3986 RELIMATOLOGY HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENIED 1 3986 RICENAL MEDICINE HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENIED 1 3987 INTERNAL MEDICINE HYRINOZ AUTO IMMUNE IRAPSORIBIDI APROVED 1 3988 INTERNAL MEDICINE HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENIED 3 3989 INTERNAL MEDICINE HYRINOZ AUTO IMMUNE IRAPSORIBIDI DENIED 3 <	3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3866 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI APPROVED 2 3651 DERMATOLOGY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3651 DERMATOLOGY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI APPROVED 1 3661 CASTRONIFROI COCY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI APPROVED 1 3661 CASTRONIFROI COCY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3661 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3661 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3663 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3664 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3665 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1 3666 FAMILY PRACTICE HYRIMOZ AUTO IMMUNE IRAPSOR/BIDI DENED 1	3970	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3851 DERMATOLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3866 DERMATOLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) APPROVED 1 3861 GASTROENTEROLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3861 GASTROENTEROLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3865 RIEUMATOLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3861 INFERNAL MEDICINE HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3863 GASTROENTEROLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 1 3863 MITERNAL MEDICINE HYFIMOZ AUTO IMMUNE IRAPSORIBD) APPROVED 15 3863 MITERNAL MEDICINE HYFIMOZ AUTO IMMUNE IRAPSORIBD) APPROVED 1 3866 FAMILY PRACTICE HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 3 3863 DERMATOLOGY HYFIMOZ AUTO IMMUNE IRAPSORIBD) DENIED 3 3863	3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3966 DERMATOLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) APPROVED 1 3961 CASTROENTEROLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) APPROVED 1 3961 CASTROENTEROLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 1 3965 RIEUMATOLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) APPROVED 4 3951 INTERNAL MEDICINE HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 1 3966 GASTROENTEROLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) APPROVED 15 3984 GASTROENTEROLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) APPROVED 15 3968 INTERNAL MEDICINE HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 3 3968 INTERNAL MEDICINE HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 3 3963 INTERNAL MEDICINE HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 2 3963 DERMATOLOGY HYBIMOZ AUTO IMMUNE (RA/PSOR/BD) DENED 1	3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) APROVED 1 3961 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3963 RHEUMATOLOGY HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) APPROVED 15 3964 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) APPROVED 15 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3966 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 3 3963 PITERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RAPPSOR/RBD) DENIED 1 3963 DERMATOLOGY HYRIMOZ 20MAGO, AMIL SC SOAJ AUTO IMMUNE (RAPPSOR/RBD) APPROVED	3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE IRAPPSORIBD) DENIED 1 3966 RHEUMATOLOGY HYRIMOZ AUTO IMMUNE IRAPPSORIBD) APPROVED 4 3961 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) APPROVED 15 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) APPROVED 15 3964 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE IRAPPSORIBD) APPROVED 1 3968 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) DENIED 3 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE IRAPPSORIBD) DENIED 2 3963 DERMATOLOGY HYRIMOZ AUMGO RMIL SC SOAJ AUTO IMMUNE IRAPPSORIBD) APPROVED 1 3963 GASTROENTEROLOGY HYRIMOZ-CAROHNSILUS STARTER BOMGO.BML SC AUTO IMMUNE IRAPPSORIBD)	3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3966 RHEUMATOLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) APPROVED 4 3951 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) DENIED 1 3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) APPROVED 16 3964 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) APPROVED 1 3966 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) DENIED 3 3963 FAMILY PRACTICE HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) DENIED 1 3963 DERMATOLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/RBD) DENIED 2 3963 DERMATOLOGY HYRIMOZ 40MG/D 4ML SC SOAJ AUTO IMMUNE (RA/PSOR/RBD) APPROVED 1 3963 DERMATOLOGY HYRIMOZ 40MG/D 4ML SC SOAJ AUTO IMMUNE (RA/PSOR/RBD) APPROVED 1 3963 DERMATOLOGY HYRIMOZ 40MG/D 4ML SC SOAJ AUTO IMMUNE (RA/PSOR/RBD)	3961	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951 INTERNAL MEDICINE	3961	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3966 GASTROENTEROLOGY	3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
1963 INTERNAL MEDICINE	3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3956 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 3 3956 FAMILY PRACTICE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 2 3963 DERMATOLOGY HYRIMOZ 40MG/JO.BML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 DERMATOLOGY HYRIMOZ 40MG/JO.BML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY HYRIMOZ-CROHNS/JUC STARTER BOMG/JO.BML SC AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY HYRIMOZ-CROHNS/JUC STARTER BOMG/JO.BML SC AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY HYRIMOZ-CROHNS/JUC STARTER BOMG/JO.BML SC AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 HEMATOLOGY & ONCOLOGY IBRANCE ONCOLOGY APPROVED 1 3963 HEMATO	3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
1956 Internal Medicine	3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	15
3956 FAMILY PRACTICE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 2 3963 DERMATOLOGY HYRIMOZ 40MG/0.4ML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 DERMATOLOGY HYRIMOZ-GROHNS/UC STARTER 80MG/0.8ML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY HYRIMOZ-GROHNS/UC STARTER 80MG/0.8ML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY IBRANCE ONCOLOGY APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IBRANCE ONCOLOGY APPROVED 1 3963 PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED <td>3964</td> <td>GASTROENTEROLOGY</td> <td>HYRIMOZ</td> <td>AUTO IMMUNE (RA/PSOR/IBD)</td> <td>APPROVED</td> <td>1</td>	3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
SPECIAL CONCOLOGY	3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963DERMATOLOGYHYRIMOZ 40MG/0.4ML SC SOAJAUTO IMMUNE (RA/PSOR/IBD)APPROVED13963DERMATOLOGYHYRIMOZ 40MG/0.8ML SC SOAJAUTO IMMUNE (RA/PSOR/IBD)APPROVED13963GASTROENTEROLOGYHYRIMOZ-CROHNS/UC STARTER 80MG/0.8ML SC SOAJAUTO IMMUNE (RA/PSOR/IBD)APPROVED13965HEMATOLOGY & ONCOLOGYIBRANCEONCOLOGYAPPROVED13963HEMATOLOGY & ONCOLOGYIDHIFAONCOLOGYAPPROVED13963PEDIATRICSILARISCAPS/GOUTAPPROVED23956INTERNAL MEDICINEIMATINIB MESYLATEONCOLOGYAPPROVED13996MEDICAL ONCOLOGYIMATINIB MESYLATEONCOLOGYAPPROVED13996HEMATOLOGY & ONCOLOGYIMATINIB MESYLATEONCOLOGYAPPROVED23996HEMATOLOGY & ONCOLOGYIMATINIB MESYLATEONCOLOGYAPPROVED23996HEMATOLOGY & ONCOLOGYIMATINIB MESYLATEONCOLOGYAPPROVED13993MEDICAL ONCOLOGYIMATINIB MESYLATEONCOLOGYAPPROVED13996HEMATOLOGY & ONCOLOGYIMBRUVICAONCOLOGYAPPROVED13996HEMATOLOGY & ONCOLOGYIMBRUVICAONCOLOGYAPPROVED13996MEDICAL ONCOLOGYIMBRUVICAONCOLOGYAPPROVED13996MEDICAL ONCOLOGYINLYTAONCOLOGYAPPROVED3	3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
DERMATOLOGY HYRIMOZ 40MG/0.8ML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY BYRIMOZ-CROHNS/UC STARTER 80MG/0.8ML SC AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IBRANCE ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY IDHIFA ONCOLOGY APPROVED 1 3967 PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3968 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3969 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3960 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3960 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3964 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3965 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
HYRIMOZ-CROHNS/UC STARTER 80MG/0.8ML SC SOAJ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IBRANCE ONCOLOGY ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY IDHIFA ONCOLOGY APPROVED 1 3963 PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3964 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY INSTRUCTA ONCOLOGY APPROVED 1 3966 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	DERMATOLOGY	HYRIMOZ 40MG/0.4ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
SOAJ AUTO IMMUNE (HAPPSOR/IBD) APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IBRANCE ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY IDHIFA ONCOLOGY APPROVED 1 3963 PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3964 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3965 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	DERMATOLOGY	HYRIMOZ 40MG/0.8ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
HEMATOLOGY & ONCOLOGY IDHIFA ONCOLOGY APPROVED 1 3963 PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 1 3956 APPROVED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3 APPROVED 3	3963	GASTROENTEROLOGY		AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
PEDIATRICS ILARIS CAPS/GOUT APPROVED 2 3966 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3964 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3965	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3956 INTERNAL MEDICINE IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	HEMATOLOGY & ONCOLOGY	IDHIFA	ONCOLOGY	APPROVED	1
3956 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	PEDIATRICS	ILARIS	CAPS/GOUT	APPROVED	2
3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3956	INTERNAL MEDICINE	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956 HEMATOLOGY & ONCOLOGY IMATINIB MESYLATE ONCOLOGY DENIED 1 3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3956	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963 MEDICAL ONCOLOGY IMATINIB MESYLATE ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3963 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	DENIED	1
3956 HEMATOLOGY & ONCOLOGY IMBRUVICA ONCOLOGY APPROVED 1 3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3956 MEDICAL ONCOLOGY INLYTA ONCOLOGY DENIED 1 3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
3956 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 3	3956	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	1
	3956	MEDICAL ONCOLOGY	INLYTA	ONCOLOGY	DENIED	1
3963 HEMATOLOGY & ONCOLOGY INLYTA ONCOLOGY APPROVED 1	3956	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	3
	3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1

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

SPEGE INTERNAL MEDICINE KITABIS PAK CYSTIC FIBROSIS APPROVED 1	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
HEMATOLOGY & ONCOLOGY LENALIDOMIDE ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 2 3966 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 2 3961 UNSPECIFIED SPECIALTY LEUPROLIDE ACETATE KIT HORMONAL THERAPIES/CPP DENIED 1 3963 HEMATOLOGY & ONCOLOGY LUMAKRAS ONCOLOGY APPROVED 2 3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY APPROVED 1 1 3963 NEUROLOGY APPROVED 1	3956	INTERNAL MEDICINE	KITABIS PAK	CYSTIC FIBROSIS	APPROVED	1
HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 1 3966 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 2 3961 UNSPECIFIED SPECIALTY LEUPROLIDE ACETATE KIT HORMONAL THERAPIES/CPP DENIED 1 3963 HEMATOLOGY & ONCOLOGY LONSURF ONCOLOGY APPROVED 2 3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3966 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY APPROVED 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	3969	HEMATOLOGY & ONCOLOGY, PEDIATRIC	KOSELUGO	ONCOLOGY	APPROVED	1
HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 2 3961 UNSPECIFIED SPECIALTY LEUPROLIDE ACETATE KIT HORMONAL THERAPIES/CPP DENIED 1 3963 HEMATOLOGY & ONCOLOGY LONSURF ONCOLOGY APPROVED 2 3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY APPROVED 1	3965	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY LENVIMA ONCOLOGY APPROVED 2 3961 UNSPECIFIED SPECIALTY LEUPROLIDE ACETATE KIT HORMONAL THERAPIES/CPP DENIED 1 3963 HEMATOLOGY & ONCOLOGY LONSURF ONCOLOGY MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY APPROVED 1 3963 NEUROLOGY APPROVED 1	3963	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	2
3961 UNSPECIFIED SPECIALTY LEUPROLIDE ACETATE KIT HORMONAL THERAPIES/CPP DENIED 1 3963 HEMATOLOGY & ONCOLOGY LONSURF ONCOLOGY APPROVED 2 3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY LYNPARZA ONCOLOGY DENIED 2	3956	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PPED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	2
3969 MEDICAL ONCOLOGY LUMAKRAS ONCOLOGY DENIED 1 3966 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 NEUROLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3961	UNSPECIFIED SPECIALTY	LEUPROLIDE ACETATE KIT	HORMONAL THERAPIES/CPP	DENIED	1
3956 OBSTETRICS & GYNECOLOGY LUPRON DEPOT 3.75 MG HORMONAL THERAPIES/CPP APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	2
BINDOCRINOLOGY, PEDIATRIC LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT HORMONAL THERAPIES/CPP APPROVED 1 3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3969	MEDICAL ONCOLOGY	LUMAKRAS	ONCOLOGY	DENIED	1
3970 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONAL THERAPIES/CPP	APPROVED	1
3963 FAMILY PRACTICE LYNPARZA ONCOLOGY APPROVED 2 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	ENDOCRINOLOGY, PEDIATRIC	LUPRON DEPOT-PED (3-MONTH) 30MG IM KIT	HORMONAL THERAPIES/CPP	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1 3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3970	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY LYNPARZA ONCOLOGY DENIED 2 3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	FAMILY PRACTICE	LYNPARZA	ONCOLOGY	APPROVED	2
3963 NEUROLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
	3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	2
3970 MEDICAL ONCOLOGY LYNPARZA ONCOLOGY APPROVED 1	3963	NEUROLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
	3970	MEDICAL ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY MEKTOVI ONCOLOGY APPROVED 1	3963	HEMATOLOGY & ONCOLOGY	MEKTOVI	ONCOLOGY	APPROVED	1
3963 MEDICAL ONCOLOGY MEKTOVI ONCOLOGY DENIED 1	3963	MEDICAL ONCOLOGY	MEKTOVI	ONCOLOGY	DENIED	1
3963 HEMATOLOGY & ONCOLOGY NIVESTYM NEUTROPENIA APPROVED 2	3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963 MEDICAL ONCOLOGY NIVESTYM NEUTROPENIA APPROVED 1	3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963 MEDICAL ONCOLOGY NIVESTYM NEUTROPENIA DENIED 1	3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3956 HEMATOLOGY & ONCOLOGY NIVESTYM NEUTROPENIA APPROVED 1	3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY NIVESTYM NEUTROPENIA DENIED 2	3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	2
3956 MEDICAL ONCOLOGY NIVESTYM NEUTROPENIA APPROVED 1	3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956 PEDIATRICS NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3956	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963 ENDOCRINOLOGY, DIABETES & METABOLISM NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963 PEDIATRICS NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 2	3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3965 ENDOCRINOLOGY, PEDIATRIC NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3965 ENDOCRINOLOGY, PEDIATRIC NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS DENIED 1	3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3969 ENDOCRINOLOGY, PEDIATRIC NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3969	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3964 ENDOCRINOLOGY, PEDIATRIC NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963 ENDOCRINOLOGY, PEDIATRIC NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS APPROVED 2	3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3965 UNSPECIFIED SPECIALTY NORDITROPIN GROWTH HORMONE AND RELATED DISORDERS DENIED 1	3965	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3956 HEMATOLOGY & ONCOLOGY NUBEQA ONCOLOGY APPROVED 1	3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3956 INTERNAL MEDICINE NUBEQA ONCOLOGY APPROVED 1	3956	INTERNAL MEDICINE	NUBEQA	ONCOLOGY	APPROVED	1
3963 MEDICAL ONCOLOGY NUBEQA ONCOLOGY APPROVED 1	3963	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1

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

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

3956 UNSPECIFIED SPECIALTY 3970 FAMILY PRACTICE 3963 UNSPECIFIED SPECIALTY 3956 INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG OTEZLA STARTER PACK + OTEZLA 30MG OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD) AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963 UNSPECIFIED SPECIALTY		ALITO IMMLINE (RA/PSOR/IRD)		
	OTEZLA STARTER RACK - OTEZLA 20MC	ACTO IMMONE (NAT SCHIED)	APPROVED	1
3956 INTERNAL MEDICINE	OTEZLA STANTEN FACK + OTEZLA SUIVIG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951 PEDIATRICS	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963 DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961 FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964 UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956 DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3963 UNSPECIFIED SPECIALTY	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3951 INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	2
3956 HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	DENIED	1
3956 HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	2
3956 HEMATOLOGY & ONCOLOGY	PROCRIT	ANEMIA	DENIED	1
3956 FAMILY PRACTICE	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	APPROVED	1
3956 INTERNAL MEDICINE	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	APPROVED	1
3951 FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3951 INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	DENIED	2
3956 FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	5
3956 UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	3
3963 FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963 OBSTETRICS & GYNECOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956 FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	8
3964 PEDIATRICS	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3965 HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963 HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3964 HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3964 HEMATOLOGY & ONCOLOGY, PEDIATRIC	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3969 HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3969 PULMONARY DISEASES	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3967 FAMILY PRACTICE	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3965 UNSPECIFIED SPECIALTY	REBIF INJ	MULTIPLE SCLEROSIS	APPROVED	2
3951 UNSPECIFIED SPECIALTY	REMODULIN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964 CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2

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

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

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

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

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

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

3986 UNSPECIALIZY SINNED 180MG AUTO IMMANIE RAYSCONBO APPROVED 17 3981 INTERNAL MEDICINE SKYRAD 180MG AUTO IMMANIE RAYSCONBO APPROVED 1 3982 INTERNAL MEDICINE SKYRAD 180MG AUTO IMMANIE RAYSCONBO DENED 1 3987 PAMILY PRACTICE SKYRAD 180MG AUTO IMMANIE RAYSCONBO DENED 1 3981 UNSPECIPIED SPECIALTY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCONBO APPROVED 4 3983 GASTRICKTREDIO RY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCORRO APPROVED 4 3991 GASTRICKTREDIO RY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCORRO APPROVED 2 3992 GASTRICKTREDIO RY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCORRO APPROVED 2 3993 GASTRICKTREDIO RY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCORRO APPROVED 2 3994 GASTRICKTREDIO RY SKYRAD 280MG + 180MG AUTO IMMANIE RAYSCORRO DENED 2 3995 GASTRICKTREDIO RY SKYRAD 280MG + 180M	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
5883 INTERNAL MEDICINE SEYNEZI 150MG AUTO IMMUNE (RAPSORRISO) DENIED 1 3970 RAMILY PRACTICE SEYNEZI 150MG AUTO IMMUNE (RAPSORRISO) DENIED 1 3961 UNISPECIFIED SECALITY SEYNEZI 150MG AUTO IMMUNE (RAPSORRISO) APPROVED 4 3983 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) APPROVED 4 3985 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) APPROVED 4 3987 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) APPROVED 2 3997 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) APPROVED 2 3997 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) APPROVED 2 3997 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) OPPRITO 2 3998 ORSTROENTEROLOGY SEYNEZI 350MG+150MG AUTO IMMUNE (RAPSORRISO) OPPRITO 2 3998 ORSTROENTEROLOGY	3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
99/0 FAMILY PRACTICE SCYFIZI 180MG AUTO IMMUNE RAPPSORREDI Q IMBO 1 981 UNSPECCIPED SPECALTY SCYFIZI 180MG AUTO IMMUNE RAPPSORREDI APPROVED 4 3881 UNSPECCIPED SPECALTY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 1 3886 CASTROENTEROLOGY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3881 CASTROENTEROLOGY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3897 OSTROENTEROLOGY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3897 OSTROENTEROLOGY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3896 OSTROENTEROLOGY SCYFIZI 380MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3896 OSTROENTEROLOGY SCYFIZI 380MG + 180MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 2 3896 OSTROENTEROLOGY SCYFIZI 380MG + 180MG + 180MG AUTO IMMUNE (RAPSORREDI APPROVED 1 3896 OS	3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
981 UNSPECIFIED SPECULITY SYYRZI ISBMG ALTO IMMUNE PRAYSORIBD APPROVED 4 3981 UNSPECIFIED SPECULITY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 4 3981 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 1 3981 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 2 3981 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 2 3983 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 2 3983 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 2 3983 GASTROENTEROLOGY SYYRZI SBMGH - 198MG ALTO IMMUNE PRAYSORIBD APPROVED 1 3983 GASTROENTEROLOGY SYYRZI SBMGH - 198MG + 198MG ALTO IMMUNE PRAYSORIBD APPROVED 2 3984 GASTROENTEROLOGY SYYRZI SBMGH - 198MG + 198MG + 198MG ALTO IMMUNE PRAYSORIBD APPROVED 1 3985	3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
9861 UNFECRIED SPECIALTY SKYRIZ 980MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3856 CASTROBNITEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3851 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 2 3870 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 2 3893 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 2 3895 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) DENIED 2 3896 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) DENIED 2 3896 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 2 3896 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3896 CASTROBENTEROLOSY SKYRIZ 380MG + 150MG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3896 CAS	3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
988h CASTROENTEROLOCY SKYPIZ 380MG + 180MG ALTO IMMUNE (RAPSOR/RID) APPROVED 4 3863 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) DENIED 1 3870 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) APPROVED 2 3863 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) APPROVED 2 3871 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) DENIED 2 3872 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) DENIED 2 3873 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) APPROVED 2 3861 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) APPROVED 3 3861 GASTROENTEROLOCY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSOR/RID) APPROVED 3 3863 GASTROENTEROLOCY SKYRIZ 380MG + 150MG + 50MG ALTO IMMUNE (RAPSOR/RID) APPROVED 1 3864	3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
398G GASTROENTEROLOGY SKYRIZ 380MG + 180MG ALTO IMMUNE (RAPSONIBD) DENIED 1 3961 GASTROENTEROLOGY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSONIBD) APPROVED 2 3963 GASTROENTEROLOGY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSONIBD) APPROVED 2 3963 GASTROENTEROLOGY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSONIBD) DENIED 2 3961 GASTROENTEROLOGY SKYRIZ 380MG + 150MG ALTO IMMUNE (RAPSONIBD) DENIED 2 3965 GASTROENTEROLOGY SKYRIZ 380MG + 180MG ALTO IMMUNE (RAPSONIBD) APPROVED 2 3966 GASTROENTEROLOGY SKYRIZ 380MG + 180MG + 180MG ALTO IMMUNE (RAPSONIBD) APPROVED 3 3963 GASTROENTEROLOGY SKYRIZ 380MG + 180MG + 180MG ALTO IMMUNE (RAPSONIBD) APPROVED 1 3963 GASTROENTEROLOGY SKYRIZ 380MG + 180MG + 180MG ALTO IMMUNE (RAPSONIBD) APPROVED 1 3965 GASTROENTEROLOGY SKYRIZ 380MG + 180MG + 180MG ALTO IMMUNE (RAPSONIBD) APPROVED 1 3966 <td>3951</td> <td>UNSPECIFIED SPECIALTY</td> <td>SKYRIZI 360MG + 150MG</td> <td>AUTO IMMUNE (RA/PSOR/IBD)</td> <td>APPROVED</td> <td>1</td>	3951	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
8981 GASTROENTEROLOGY SKYRIZI 380MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 2 3973 GASTROENTEROLOGY SKYRIZI 380MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 2 3983 CASTROENTEROLOGY SKYRIZI 380MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 2 3995 GASTROENTEROLOGY SKYRIZI 380MG + 180MG AUTO IMMUNE (RAP/SCRIBD) DENIED 1 3996 QASTROENTEROLOGY SKYRIZI 380MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 2 3996 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 3 3996 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 3 3993 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 3 3995 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 180MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED 1 3996 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 180MG + 180MG AUTO IMMUNE (RAP/SCRIBD) APPROVED <	3956	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
8970 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 2 3983 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 2 3981 CASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/RBD) DENIED 1 3970 NURSE PRECTITIONER, ACUTE CARE SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 2 3966 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 2 3961 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 1 3962 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 1 3963 GASTROENTEROLOGY SKYRIZI 360MG + 380MG + 180MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 1 3965 GASTROENTEROLOGY SKYRIZI 360MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAPSOR/RBD) APPROVED 1 3961 GASTROENTEROLOGY SKYRIZI 360MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAPSOR/RBD) D	3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
9883 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 2 3981 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/IBD) DENIED 2 3986 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 2 3986 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 2 3986 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 1 3986 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 1 3986 GASTROENTEROLOGY SKYRIZI 360MG + 350MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 1 3986 GASTROENTEROLOGY SKYRIZI 360MG + 350MG + 150MG AUTO IMMUNE (RAPSOR/IBD) APPROVED 1 3987 GASTROENTEROLOGY SKYRIZI 360MG + 350MG + 150MG AUTO IMMUNE (RAPSOR/IBD) DENIED 1 3983 GASTROENTEROLOGY SKYRIZI 360MG + 350MG + 150MG AUTO IMMUNE (RAPSOR/IBD) DENIED 1	3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951 GASTROENTEROLOGY SKYRIZI 380MG + 150MG AUTO IMMUNE IRAPSOR/IBD) DENIED 2 3970 NURSE PRACTITIONER, ACUTE CARE SKYRIZI 380MG + 150MG AUTO IMMUNE IRAPSOR/IBD) DENIED 1 3966 GASTROENTEROLOGY SKYRIZI 380MG + 150MG AUTO IMMUNE IRAPSOR/IBD) APPROVED 2 3969 GASTROENTEROLOGY SKYRIZI 380MG + 150MG AUTO IMMUNE IRAPSOR/IBD) APPROVED 3 3961 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD) APPROVED 3 3963 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD) APPROVED 1 3966 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD) DENIED 1 3969 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD) DENIED 1 3961 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD DENIED 1 3962 FAMILY PRACTICE SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE IRAPSOR/IBD	3970	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
9970 NURSE PRACTITIONER, ACUTE CARE SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/BBD) DENIED 1 3965 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/BBD) APPROVED 2 3966 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/BBD) APPROVED 3 3961 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RAPSOR/BD) APPROVED 1 3963 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) APPROVED 3 3966 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) DENIED 1 3967 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) DENIED 1 3968 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) DENIED 1 3969 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) DENIED 1 3961 GASTROENTEROLOGY SKYRIZI 360MG + 150MG + 150MG + 150MG AUTO IMMUNE (RAPSOR/BD) DENIED	3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3986 GASTROENTEROLOGY SKYRIZI 360MG + 150MG AUTO IMMUNE (RA/PSOR/BD) APPROVED 2 3986 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) APPROVED 3 3981 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) APPROVED 1 3983 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) APPROVED 1 3986 GASTROENTEROLOGY SKYRIZI 660MG + 380MG + 180MG AUTO IMMUNE (RA/PSOR/BD) DENIED 1 3981 GASTROENTEROLOGY SKYRIZI 660MG + 380MG + 180MG AUTO IMMUNE (RA/PSOR/BD) DENIED 1 3983 GASTROENTEROLOGY SKYRIZI 660MG + 380MG + 180MG AUTO IMMUNE (RA/PSOR/BD) DENIED 1 3981 GASTROENTEROLOGY SKYRIZI 660MG + 380MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) DENIED 1 3983 GASTROENTEROLOGY SKYRIZI 660MG + 380MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) DENIED 1 3983 SLEEP MEDICINE SKYRIZI 660MG + 380MG + 180MG + 180MG + 180MG AUTO IMMUNE (RA/PSOR/BD) <td>3951</td> <td>GASTROENTEROLOGY</td> <td>SKYRIZI 360MG + 150MG</td> <td>AUTO IMMUNE (RA/PSOR/IBD)</td> <td>DENIED</td> <td>2</td>	3951	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) APPROVED 3 3961 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 180MG AUTO IMMUNE (RAYPSOR/IBD) APPROVED 3 3983 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 180MG + 180MG 140MG AUTO IMMUNE (RAYPSOR/IBD) APPROVED 3 3966 GASTROENTEROLOGY SKYRIZI 600MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) APPROVED 1 3961 GASTROENTEROLOGY SKYRIZI 600MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) DENIED 1 3963 GASTROENTEROLOGY SKYRIZI 600MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) DENIED 1 3963 GASTROENTEROLOGY SKYRIZI 600MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) DENIED 1 3963 GASTROENTEROLOGY SKYRIZI 600MG + 380MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) DENIED 1 3963 LEAD LIST CALL SKYRIZI 600MG + 380MG + 180MG + 180MG + 150MG AUTO IMMUNE (RAYPSOR/IBD) DENIED 1 3963 LEAD LIST SKYRIZI	3970	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961 GASTROENTEROLOGY SKYRIZI 380MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3963 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 3 3966 GASTROENTEROLOGY SKYRIZI 860MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3967 GASTROENTEROLOGY SKYRIZI 800MG + 380MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3951 GASTROENTEROLOGY SKYRIZI 800MG + 380MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3952 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3956 SLEEP MEDICINE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3957 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3951 PEDIOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1	3965	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963 GASTROENTEROLOGY SKYRIZI 360MG + 180MG + 150MG AUTO IMMUNE (RAYPSORIBD) APPROVED 3 3965 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RAYPSORIBD) APPROVED 1 3966 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RAYPSORIBD) DENIED 1 3961 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RAYPSORIBD) DENIED 1 3963 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3966 SLEEP MEDICINE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3970 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3983 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3983 HEMATOLOGY, EDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3983 HEMATOLOGY, EDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 398	3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3966 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3956 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3951 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 160MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3963 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3970 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3965 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3961 PEDIATRICS SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 <	3961	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3951 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3963 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3966 SLEEP MEDICINE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3970 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 EMBATOLOGY & ONCOLOGY SOMATULINE DEPOT ACROMEGALY APPROVED 1 3961 HEM	3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951 GASTROENTEROLOGY SKYRIZI 600MG + 360MG + 180MG + 150MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 1 3963 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3956 SLEEP MEDICINE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3970 FAMILY PRACTICE SODIUM OXYBATE SLEEP DISORDERS APPROVED 1 3965 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 ENDOCRINOLOGY, PEDIATRIC SOGROYA GROWTH HORMONE AND RELATED DISORDERS APPROVED 1 3963 HEMATOLOGY & ONCOLOGY SOMATULINE DEPOT ACROMEGALY APPROVED 1 3951 HEMATOLOGY & ONCOLOGY SOMATULINE DEPOT ACROMEGALY APPROVED 1 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3964 PSYCHIATRY SPRAVATO	3965	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963FAMILY PRACTICESODIUM OXYBATESLEEP DISORDERSAPPROVED13956SLEEP MEDICINESODIUM OXYBATESLEEP DISORDERSAPPROVED13970FAMILY PRACTICESODIUM OXYBATESLEEP DISORDERSAPPROVED13965ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13961PEDIATRICSSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13964HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33961PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964PSYCHIATRYSPRAVATOME	3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956SLEEP MEDICINESODIUM OXYBATESLEEP DISORDERSAPPROVED13970FAMILY PRACTICESODIUM OXYBATESLEEP DISORDERSAPPROVED13965ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13961PEDIATRICSSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSDENIED13963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3951	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970FAMILY PRACTICESODIUM OXYBATESLEEP DISORDERSAPPROVED13965ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13951PEDIATRICSSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSDENIED13963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951ENDOCRINOLOGY, DIABETES & METABOLISMSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3963	FAMILY PRACTICE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3965ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13951PEDIATRICSSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSDENIED13963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951ENDOCRINOLOGY, DIABETES & METABOLISMSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3956	SLEEP MEDICINE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3951PEDIATRICSSOGROYAGROWTH HORMONE AND RELATED DISORDERSAPPROVED13963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSDENIED13963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13963ENDOCRINOLOGY, DIABETES & METABOLISMSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3970	FAMILY PRACTICE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3963ENDOCRINOLOGY, PEDIATRICSOGROYAGROWTH HORMONE AND RELATED DISORDERSDENIED13963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13961ENDOCRINOLOGY, DIABETES & METABOLISMSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3965	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951HEMATOLOGY & ONCOLOGYSOMATULINE DEPOTACROMEGALYAPPROVED13951ENDOCRINOLOGY, DIABETES & METABOLISMSOMATULINE DEPOTACROMEGALYAPPROVED13963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3951	PEDIATRICS	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3951 HEMATOLOGY & ONCOLOGY SOMATULINE DEPOT ACROMEGALY APPROVED 1 3961 ENDOCRINOLOGY, DIABETES & METABOLISM SOMATULINE DEPOT ACROMEGALY APPROVED 1 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 3 3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3963	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3951 ENDOCRINOLOGY, DIABETES & METABOLISM SOMATULINE DEPOT ACROMEGALY APPROVED 1 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 3 3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 3 3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3951	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 2 3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 3 3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3951	ENDOCRINOLOGY, DIABETES & METABOLISM	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3964PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED23963FAMILY PRACTICESPRAVATOMENTAL HEALTH CONDITIONSAPPROVED33969PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSDENIED13951PSYCHIATRYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED23964UNSPECIFIED SPECIALTYSPRAVATOMENTAL HEALTH CONDITIONSAPPROVED2	3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3963 FAMILY PRACTICE SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 3 3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3969 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 1 3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3951 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2 3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3964 UNSPECIFIED SPECIALTY SPRAVATO MENTAL HEALTH CONDITIONS APPROVED 2	3969	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
	3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3963 PSYCHIATRY SPRAVATO MENTAL HEALTH CONDITIONS DENIED 5	3964	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
	3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5

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

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

	·		Drug Class	Decision	Count
3956 DE	ERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956 INT	TERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951 RH	HEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956 INT	TERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963 HE	EMATOLOGY & ONCOLOGY	TASIGNA	ONCOLOGY	APPROVED	1
3963 RH	HEUMATOLOGY	TAVNEOS	RARE DISORDERS	APPROVED	1
3956 NE	EUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3970 HE	EMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956 HE	EMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3963 UN	NSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956 NE	EUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3951 NU	URSE PRACTITIONER, ADULT HEALTH	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3965 INT	TERNAL MEDICINE	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3951 INT	TERNAL MEDICINE	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3964 EN	NDOCRINOLOGY, DIABETES & METABOLISM	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	DENIED	1
3963 NE	EUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	2
3963 UN	NSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3956 PS	SYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	2
3956 NE	EUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3956 PS	SYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	2
3963 INT	TERNAL MEDICINE	TEZSPIRE	ASTHMA	DENIED	2
3963 ALI	LERGY & IMMUNOLOGY	TEZSPIRE	ASTHMA	APPROVED	1
3963 UN	NSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3963 NE	EUROLOGY	TIBSOVO	ONCOLOGY	DENIED	1
3963 INT	TERNAL MEDICINE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	DENIED	1
3963 FAI	AMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951 UN	NSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969 DE	ERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963 INT	TERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956 DE	ERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964 INT	TERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970 UN	NSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970 DE	ERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965 FAI	AMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951 DE	ERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956 UN	NSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969 UN	NSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

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

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

3981 RELANZER IN MG ALCOMMUNE RAPSORBOI APPROVED 2 3983 AMILY PRACTICE XELLANZER IT ING ALTOMMUNE RAPSORBOI APPROVED 2 3985 NUMBER PRACTICIONER, ACUTE CAME XELLANZER IT ING ALTOMMUNE RAPSORBOI APPROVED 1 3989 RELEMATOLOGY XELLANZER IT ING ALTOMMUNE RAPSORBOI DENIED 1 3981 RELEMATOLOGY XELLANZER IT ING ALTOMMUNE RAPSORBOI DENIED 1 3883 INTERNA MERICHE XELLANZER IT ING ALTOMMUNE (RAPSORBOI APPROVED 1 3881 INTERNA MERICHE XELLANZER IT ING ALTOMMUNE (RAPSORBOI APPROVED 1 3893 MELMATICLOGY XELLANZER IT ING ALTOMMUNE (RAPSORBOI APPROVED 1 3893 ALLEROY BINMUNDLOGY XELLANZER IT ING ALTOMMUNE (RAPSORBOI APPROVED 2 3893 ALLEROY BINMUNDLOGY XELLANZER IT ING ALTOMMUNE (RAPSORBOI APPROVED 2 3893 ALLEROY BINMUNDLOGY XELANZER XELANZER APPROVED 2	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
996 NURSE PRACTITONER ACUTE CARE XELANIZ XR 11 MG ACTO IMMUNE RIAPSORIBDI APPROVED 1 3883 RIELUMATOLOCY XELANIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI OPTIONED 1 3870 RIELUMATOLOCY XELANIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 1 3873 RIELUMATOLOCY XELANIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 1 3886 RIELUMATOLOCY XELANIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 1 3886 RIELUMATOLOCY XELONIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 4 3886 RIELUMATOLOCY XELONIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 4 3883 ALERRY SI MMUNOLOGY XELONIZ XR 11 MG AUTO IMMUNE RIAPSORIBDI APPROVED 1 3895 ALERRY SI MMUNOLOGY XELONIZ XELANIZ APPROVED APPROVED 2 3905 DERIAMCOLOGY XOLAR ASTHMA APPROVED 4 3916 MILERRY SI MMUNOLOGY XOLAR ASTHMA <t< td=""><td>3964</td><td>RHEUMATOLOGY</td><td>XELJANZ XR 11 MG</td><td>AUTO IMMUNE (RA/PSOR/IBD)</td><td>APPROVED</td><td>2</td></t<>	3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
9883 PREUMATOLOGY XELANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 RIELLANZ MELOGY XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 RIELLANZ MELOGY XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) CHEND 1 3863 INTERNAL MELOCINE XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) CHEND 1 3863 INTERNAL MELOCINE XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 INTERNAL MELOCINC XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 MERICAL ONCOLOGY XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 MERICA MAMUNCOY XELLANZ XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 ALERCY A MAMUNCOY XELDAY XR II MG AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 ALERCY A MAMUNCOY XOLAR ANTHA AUTO IMMUNE RAY-SON/BD) APPROVED 1 3863 ALERCY A MAMUNCOY XOLAR	3963	FAMILY PRACTICE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
9881 RELMATOLOCY XELMAZ X TI MG AUTO IMMUNE BAYSONBOI Denied 1 3070 RIELMATOLOCY XELMAZ X TI MG AUTO IMMUNE BAYSONBOI APROVED 1 3081 INTERNAL MEDICINE XELMAZ X TI MG AUTO IMMUNE BAYSONBOI APROVED 1 3081 RIELMAR MEDICINE XELMAZ X TI MG AUTO IMMUNE BAYSONBOI APROVED 1 3082 MEDICAL ONCOLOCY XELMAZ X TI MG AUTO IMMUNE BAYSONBOI APROVED 1 3083 ALERGY & IMMUNOLOGY XELDA OCCOLOGY AUTO MALE BAYS IMMUNOLOGY XEMBIY 3084 ALERGY & IMMUNOLOGY XEMBIY MUNETHERAPIES APROVED 2 3085 ALERGY & IMMUNOLOGY XELDA ACCOLOR ASTHAMA APROVED 2 3086 ALERGY & IMMUNOLOGY XOLAR ASTHAMA APROVED 2 3081 ALERGY & IMMUNOLOGY XOLAR ASTHAMA APROVED 2 3082 PEDIATICS XOLAR ASTHAMA APROVED 2 3083	3956	NURSE PRACTITIONER, ACUTE CARE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
9070 REUMRTOLOGY XELJANZ XRI TIMG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3933 INTERNAL MEDICINE XELJANZ XRI TIMG AUTO IMMUNE (RAPSORIBO) Denied 1 3961 INTERNAL MEDICINE XELJANZ XRI TIMG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3962 MEDICAL ONGOLOGY XELJANZ XRI TIMG AUTO IMMUNE (RAPSORIBO) APPROVED 1 3963 MEDICAL ONGOLOGY XELGOA MOCLOGY APPROVED 1 3963 ALERGY S IMMUNOLOGY XELGUA MOCLOGY APPROVED 1 3963 ALERGY S IMMUNOLOGY XOLAR ASTHINA APPROVED 2 3963 ALERGY S IMMUNOLOGY XOLAR ASTHINA APPROVED 4 3964 ALERGY S IMMUNOLOGY XOLAR ASTHINA APPROVED 2 3965 ALERGY S IMMUNOLOGY XOLAR ASTHINA APPROVED 2 3966 ALERGY S IMMUNOLOGY XOLAR ASTHINA APPROVED 2 3967 PEDIATRICS XO	3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
9881 NERNAL MEDICINE XELJANZ XR 11 MG AUTO IMMUNE (RAPSORIBD) DENIED 1 3861 RHEUMARCLOGY XELJANZ XR 11 MG AUTO IMMUNE (RAPSORIBD) A PRROVED 4 3863 INTERNAL MEDICINE XELJANZ XR 11 MG AUTO IMMUNE (RAPSORIBD) A PRROVED 4 3863 ALLERGY & MMUNOLOGY XELDOA ONCOLOGY APROVED 1 3863 ALLERGY & MMUNOLOGY XEMBY MMUNE THERAPES APROVED 1 3863 ALLERGY & MMUNOLOGY XOLAR ASTHMA APROVED 4 3866 ALLERGY & MMUNOLOGY XOLAR ASTHMA APROVED 2 3863 DERINATOLES XOLAR ASTHMA APROVED 2 3866 DERINATOLES XOLAR ASTHMA APROVED 2 3868 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APROVED 2 3898 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APROVED 2 3896 PEDIATRICS XOLAR ASTHMA	3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
381 MHEUMATOLOGY XELIANZ XR IT MG AUTO INMUNE RIAPSORVIBO APPROVED 1 386 INTERNAL MEDICINE XELIANZ XR IT MG AUTO INMUNE RIAPSORVIBO APPROVED 4 3883 MEDICAL DOCLOGY XELDOA ONCOLOGY APPROVED 1 3883 GENERAL SURGERY XEMBEY MMUNE THERAPES APPROVED 1 3886 GENERAL SURGERY XCUAR ONCOLOGY APPROVED 1 3896 GLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 2 3896 LLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 4 3986 LERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 4 3983 CERMATOLOGY XOLAR ASTHMA APPROVED 4 3984 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 2 3983 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 2 3984 PEDIATRICS XOLAR ASTHMA APPROVED	3970	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
8586 INTERNAL MEDICINE XELIANZ XR 11 MG AUTO IMMUNE RAVPSOR/RIBON APPROVED 4 3983 MEDICAL ONCOLOGY RELODA ONCOLOGY APPROVED 1 3983 ALLERGY & IMMUNDLOGY RELODA ONCOLOGY APPROVED 1 3983 GENERAL SIRGEFEY XCEVA ONCOLOGY APPROVED 1 3986 ALLERGY & IMMUNDLOGY XDAB ASTHMA APPROVED 2 3986 ALLERGY & IMMUNDLOGY XDAB ASTHMA APPROVED 2 3986 DERMATCIOSY XDLAR ASTHMA APPROVED 2 3983 ALLERGY & IMMUNDLOGY XDLAR ASTHMA APPROVED 2 3951 ALLERGY & IMMUNDLOGY XDLAR ASTHMA ASTHMA APPROVED 2 3963 ALLERGY & IMMUNDLOGY XDLAR ASTHMA ASTHMA APPROVED 2 3963 PEDIATRICS XDLAR ASTHMA ASTHMA APPROVED 2 3963 PEDIATRICS XDLAR	3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3983 MEDICAL ONCOLOGY XELODA ONCOLOGY APPROVED 1 3983 ALLERGY & IMMUNOLOGY XEMBIFY IMMUNETHERPIES APPROVED 1 3983 CENERAL SURGEYY XGEVA ONCOLOGY APPROVED 1 3986 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3985 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3983 PEMATOLOGY XOLAIR ASTHMA APPROVED 2 3981 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3981 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3983 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3986 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3983 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3984 PEDIATRICS XOLAIR ASTHMA APPROVED 2	3961	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3833 ALLERGY & IMMUNOLOGY XEMBIFY IMMUNE THERAPIES APPROVED 1 3883 GENERAL SURGERY XGEVA ONCOLOGY APPROVED 1 3863 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3866 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3863 PEMITY PRACTICE XOLAIR ASTHMA APPROVED 2 3863 PEMITY PRACTICE XOLAIR ASTHMA APPROVED 2 3863 PEMITY PRACTICE XOLAIR ASTHMA APPROVED 2 3866 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 3 3867 PEDITATICS XOLAIR ASTHMA APPROVED 2 3863 PEDITATICS XOLAIR ASTHMA APPROVED 2 3863 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 2 3863 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2	3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
8983 GENERAL SURGERY XGEVA ONCOLOGY APPROVED 1 3996 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 5 3986 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 2 3985 DERMATOLOGY XOLAR ASTHMA APPROVED 1 3983 FAMILY PRACTICE XOLAR ASTHMA APPROVED 2 3961 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 3 3986 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 2 3986 PEDIATRICS XOLAR ASTHMA APPROVED 2 3983 PEDIATRICS XOLAR ASTHMA APPROVED 2 3983 ALLERGY MINTERIAL XOLAR ASTHMA APPROVED 2 3983 ALLERGY XOLAR ASTHMA ASTHMA DENIED 2 3983 ALLERGY & IMMUNOLOGY XOLAR ASTHMA ASTHMA APPROVED <td< td=""><td>3963</td><td>MEDICAL ONCOLOGY</td><td>XELODA</td><td>ONCOLOGY</td><td>APPROVED</td><td>1</td></td<>	3963	MEDICAL ONCOLOGY	XELODA	ONCOLOGY	APPROVED	1
3966 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 5 3965 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3965 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3963 FAMILY PRACTICE XOLAIR ASTHMA APPROVED 2 3951 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 3 3956 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 4 3956 PEDIATRICS XOLAIR ASTHMA DENIED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA APPROVED 2 3963 JERREY XOLAIR ASTHMA DENIED 2 3963 JERREY XOLAIR ASTHMA DENIED 2 3963 JERREY ALLERGY & IMMUNOLOGY <td>3963</td> <td>ALLERGY & IMMUNOLOGY</td> <td>XEMBIFY</td> <td>IMMUNE THERAPIES</td> <td>APPROVED</td> <td>1</td>	3963	ALLERGY & IMMUNOLOGY	XEMBIFY	IMMUNE THERAPIES	APPROVED	1
3966 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA ASTHMA APPROVED 2 3985 DERMATOLOGY XOLAIR ASTHMA ASTHMA APPROVED 1 3983 FAMILY PRACTICE XOLAIR ASTHMA APPROVED 2 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 4 3968 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 4 3963 PEDIATRICS XOLAIR ASTHMA DENIED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 MISERCHIED SPECIALTY XOLAIR ASTHMA APPROVED 2 3963 PERMILY PRACTICE XOLAIR ASTHMA APPROVED 5	3963	GENERAL SURGERY	XGEVA	ONCOLOGY	APPROVED	1
3986 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3983 FAMILY PRACTICE XOLAIR ASTHMA APPROVED 2 3981 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 3 3966 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 3 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA APPROVED 2 3963 JASHLY PRACTICE XOLAIR ASTHMA DENIED 2 3963 JASHLY PRACTICE XOLAIR ASTHMA APPROVED 3 3963 INTERNAL MEDICINE XOLAIR ASTHMA APPROVED 2 3964 JINEPECHED SPECIALITY XOLAIR ASTHMA APPROVED 2 3961 JERIMAY PR	3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	5
3963 FAMILY PRACTICE XOLAIR ASTHMA APPROVED 2 3951 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 3 3956 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 4 3956 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 2 3964 LILERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 DERMAT	3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	2
3951 ALERGY & IMMUNOLOGY XOLAIR ASTHMA AFTHMA DENIED 4 3966 ALERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 4 3966 PEDIATRICS XOLAIR ASTHMA DENIED 3 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 LUREGY XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAIR ASTHMA APPROVED 8 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 6 3961 DENIED OSPECIALTY XOLAIR ASTHMA APPROVED 1 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3963	3965	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956 ALLERGY & IMMUNOLOGY XOLAR ASTHMA DENIED 4 3956 PEDIATRICS XOLAR ASTHMA DENIED 3 3963 PEDIATRICS XOLAR ASTHMA APPROVED 2 3963 PEDIATRICS XOLAR ASTHMA APPROVED 2 3963 LLERGY XOLAR ASTHMA DENIED 2 3963 LUSPECIFIED SPECIALTY XOLAR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAR ASTHMA DENIED 2 3963 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APPROVED 8 3963 INTERNAL MEDICINE XOLAR ASTHMA APPROVED 6 3963 UNSPECIFIED SPECIALTY XOLAR ASTHMA APPROVED 1 3961 ALLERGY & IMMUNOLOGY XOLAR ASTHMA APROVED 1 3969 DERMATOLOGY <td>3963</td> <td>FAMILY PRACTICE</td> <td>XOLAIR</td> <td>ASTHMA</td> <td>APPROVED</td> <td>2</td>	3963	FAMILY PRACTICE	XOLAIR	ASTHMA	APPROVED	2
3956 PEDIATRICS XOLAIR ASTHMA DENIED 3 3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA APPROVED 2 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 3 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3964 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 8 3965 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3963 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3963 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3963 D	3951	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	3
3963 PEDIATRICS XOLAIR ASTHMA APPROVED 2 3963 ALLERGY XOLAIR ASTHMA APPROVED 2 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 3 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 5 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 5 3966 INTERNAL MEDICINE XOLAIR ASTHMA APPROVED 1 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3961<	3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	4
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3956 UNSPECIFIED SPECIALTY XOLAIR ASTHMA DENIED 2 3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 3 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 5 3961 INTERNAL MEDICINE XOLAIR ASTHMA APPROVED 2 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3961 FAMILY PRACTICE XOLAIR ASTHMA APPROVED 1 3969 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3961 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 <t< td=""><td>3963</td><td>PEDIATRICS</td><td>XOLAIR</td><td>ASTHMA</td><td>APPROVED</td><td>2</td></t<>	3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	2
3963 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3963 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 3 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 5 3966 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 2 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3961 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3969 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3965 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3960 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 <t< td=""><td>3963</td><td>ALLERGY</td><td>XOLAIR</td><td>ASTHMA</td><td>APPROVED</td><td>2</td></t<>	3963	ALLERGY	XOLAIR	ASTHMA	APPROVED	2
3963INTERNAL MEDICINEXOLAIRASTHMADENIED33963ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED83956UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED53961INTERNAL MEDICINEXOLAIRASTHMADENIED23961ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED13951FAMILY PRACTICEXOLAIRASTHMADENIED23969DERMATOLOGYXOLAIRASTHMAAPPROVED13965ALLERGY & IMMUNOLOGYXOLAIRASTHMADENIED13969UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13961UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13965DERMATOLOGYXOLAIRASTHMAAPPROVED13960UNSPECIFIED SPECIALTYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	2
3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 8 3966 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 5 3966 INTERNAL MEDICINE XOLAIR ASTHMA DENIED 2 3961 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3961 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3966 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3963	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	2
3956UNSPECIFIED SPECIALTYXOLAIRASTHMAASTHMAAPPROVED53956INTERNAL MEDICINEXOLAIRASTHMADENIED23961ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED13951FAMILY PRACTICEXOLAIRASTHMADENIED23969DERMATOLOGYXOLAIRASTHMAAPPROVED13965ALLERGY & IMMUNOLOGYXOLAIRASTHMADENIED13969UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13961UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13965DERMATOLOGYXOLAIRASTHMAAPPROVED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3963	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	3
3956INTERNAL MEDICINEXOLAIRASTHMADENIED23961ALLERGY & IMMUNOLOGYXOLAIRASTHMAASTHMAAPPROVED13951FAMILY PRACTICEXOLAIRASTHMAASTHMADENIED23968DERMATOLOGYXOLAIRASTHMAAPPROVED13965ALLERGY & IMMUNOLOGYXOLAIRASTHMADENIED13969UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13961UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13965DERMATOLOGYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	8
ALLERGY & IMMUNOLOGY XOLAIR ASTHMA ASTHMA APPROVED 1 3961 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3969 DERMATOLOGY XOLAIR ASTHMA ASTHMA APPROVED 1 3965 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3951 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3960 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	5
3951 FAMILY PRACTICE XOLAIR ASTHMA DENIED 2 3969 DERMATOLOGY XOLAIR ASTHMA ASTHMA APPROVED 1 3965 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3951 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA DENIED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 DERMATOLOGY XOLAIR ASTHMA APPROVED 1	3956	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	2
3969DERMATOLOGYXOLAIRASTHMAAPPROVED13965ALLERGY & IMMUNOLOGYXOLAIRASTHMADENIED13969UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13951UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13965DERMATOLOGYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3961	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3965 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 1 3969 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3951 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA DENIED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3951	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	2
3969UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13951UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13965DERMATOLOGYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3969	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3951 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3965 DERMATOLOGY XOLAIR ASTHMA DENIED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	1
3965DERMATOLOGYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13963UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED1	3969	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3951	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3963 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1	3965	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
	3970	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3969PEDIATRICSXOLAIRASTHMAAPPROVED1	3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
	3969	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1

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