

## Pharmacy Specialty Overview by Prior Authorization Approval or Denial 1st Quarter 2024

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ABIRATERONE	ONCOLOGY	APPROVED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	ABIRATERONE	ANTINEOPLASTICS	APPROVED	1
3956	UROLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	RHEUMATOLOGY	ACTEMRA IV 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3969	UNSPECIFIED	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	FAMILY PRACTICE	ADALIMUMAB-ADBM	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ADEMPAS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	CARDIOLOGY	ADEMPAS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	3
3963	INTERNAL MEDICINE	ADEMPAS	ANTIHYPERTENSIVES	APPROVED	1
3961	UNSPECIFIED	AFINITOR 5 MG	ONCOLOGY	DENIED	1
3963	UNSPECIFIED	ALECENSA	ONCOLOGY	DENIED	1
3956	INTERNAL MEDICINE	ALECENSA	ANTINEOPLASTICS	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	ALECENSA	ANTINEOPLASTICS	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	ALUNBRIG	ANTINEOPLASTICS	APPROVED	1
3956	CARDIOLOGY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED	ARANESP	HEMATINICS & BLOOD CELL STIMULATORS	DENIED	1
3956	UNSPECIFIED	AUBAGIO	MULTIPLE SCLEROSIS	APPROVED	1
3969	NEUROLOGY	AUSTEDO	NEUROLOGICAL AGENTS	DENIED	1
3963	FAMILY PRACTICE	AVONEX	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	BALVERSA	ONCOLOGY	DENIED	1
3964	UNSPECIFIED	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	UNSPECIFIED	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	LUPUS THERAPY	APPROVED	1
3963	UNSPECIFIED	BENLYSTA	LUPUS THERAPY	APPROVED	1
3963	UNSPECIFIED	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3964	UNSPECIFIED	BEXAROTENE CAPSULE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	BEXAROTENE CAPSULE	ANTINEOPLASTICS	APPROVED	1
3963	DERMATOLOGY	BEXAROTENE CAPSULE	ANTINEOPLASTICS	APPROVED	1
3963	UNSPECIFIED	BOSENTAN 62.5 MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	BRAFTOVI	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	BRUKINSA	ANTINEOPLASTICS	APPROVED	1
3963	MEDICAL ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	BRUKINSA	ANTINEOPLASTICS	DENIED	1
3956	UNSPECIFIED	CABOMETYX	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	CABOMETYX	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	CABOMETYX	ANTINEOPLASTICS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	CABOMETYX	ANTINEOPLASTICS	APPROVED	1
3970	UNSPECIFIED	CABOMETYX	ONCOLOGY	DENIED	1
3956	UNSPECIFIED	CABOMETYX	ANTINEOPLASTICS	DENIED	1
3956	UNSPECIFIED	CABOMETYX	ANTINEOPLASTICS	APPROVED	1
3956	INTERNAL MEDICINE	CALQUENCE TABLET	ANTINEOPLASTICS	APPROVED	1
3951	INTERNAL MEDICINE	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ANTINEOPLASTICS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	CARDIOLOGY	CAMZYOS	CARDIAC DISORDERS	APPROVED	1
3963	INTERNAL MEDICINE	CAMZYOS	CARDIAC DISORDERS	DENIED	1
3963	UNSPECIFIED	CAMZYOS	CARDIOVASCULAR AGENTS	APPROVED	1
3956	UNSPECIFIED	CAPECITABINE	ONCOLOGY	APPROVED	2
3965	UNSPECIFIED	CAPECITABINE	ONCOLOGY	APPROVED	1
3970	UNSPECIFIED	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	CAPECITABINE	ONCOLOGY	APPROVED	2
3963	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	CAPECITABINE	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	CAPECITABINE	ANTINEOPLASTICS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ANTINEOPLASTICS	APPROVED	4
3964	INTERNAL MEDICINE	CAPECITABINE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	3
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3970	PHYSICIAN, ONCOLOGY, MEDICAL	CAPECITABINE	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED	CINACALCET	RENAL	DENIED	1
3963	UNSPECIFIED	CINACALCET	RENAL	DENIED	1
3956	UNSPECIFIED	CINACALCET	RENAL	APPROVED	2
3956	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3963	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3969	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	DENIED	1
3956	UNSPECIFIED	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	3
3964	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3970	DERMATOLOGY	COSENTYX 150MG/ML PEN 2PK	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3964	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3964	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3969	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	NURSE PRACTITIONER, UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3965	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	PEDIATRICS	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3969	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	5
3956	UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3962	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	RHEUMATOLOGY	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	COSENTYX UNOREADY PEN	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	CRYSVITA	ANTINEOPLASTICS	APPROVED	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	3
3956	UNSPECIFIED	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3970	UNSPECIFIED	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3963	UNSPECIFIED	DEFERASIROX	CHELATING AGENT	APPROVED	1
3951	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3970	UNSPECIFIED	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3963	CARDIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	APPROVED	1
3956	CARDIOLOGY	DOFETILIDE	CARDIOVASCULAR AGENTS	APPROVED	2
3956	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3970	INTERNAL MEDICINE	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3961	INTERNAL MEDICINE	DOFETILIDE	CARDIOVASCULAR AGENTS	APPROVED	1
3956	CARDIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3961	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1

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3951	NURSE PRACTITIONER, UNSPECIFIED	DOFETILIDE	CARDIOVASCULAR AGENTS	APPROVED	1
3956	INTERNAL MEDICINE	DOFETILIDE	CARDIAC DISORDERS	APPROVED	2
3963	PEDIATRICS	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	PHYSICIAN, CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3963	UNSPECIFIED	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	DOPTELET	HEMATOPOIETIC AGENT	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3951	UNSPECIFIED	DOPTELET	HEMATOPOIETIC AGENT	APPROVED	1
3956	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3963	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	12
3970	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3970	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3951	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3963	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	19
3965	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3961	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	6
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	9
3970	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3951	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3964	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3969	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	4
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3951	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	3
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2

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3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	3
3961	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	5
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3956	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	2
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	ALLERGY & IMMUNOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3961	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3969	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	ALLERGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	6
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3962	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	FAMILY PRACTICE	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3969	GASTROENTEROLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3951	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	4
3970	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3964	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3969	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3965	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3961	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3967	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3961	UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	8
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	4
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	4
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	1
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	3
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	DENIED	2
3963	OTOLARYNGOLOGY	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3951	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3963	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3956	PEDIATRICS	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1



Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3970	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PULMONARY DISEASES	DUPIXENT	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	APPROVED	1
3961	DERMATOLOGY	DUPIXENT 300MG/2ML SC SOPN	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	ELIGARD	HORMONAL THERAPIES	APPROVED	1
3963	INTERNAL MEDICINE	ELIGARD	HORMONAL THERAPIES	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ELIGARD	ANTINEOPLASTICS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ELIGARD	HORMONAL THERAPIES	APPROVED	1
3964	UROLOGY	ELIGARD	HORMONAL THERAPIES	APPROVED	1
3951	UROLOGY	ELIGARD	HORMONAL THERAPIES	APPROVED	1
3963	UNSPECIFIED	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	ENBREL 25MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	RHEUMATOLOGY	ENBREL 25MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3964	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	INTERNAL MEDICINE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	DERMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	ALLERGY & IMMUNOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	18
3963	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	10
3956	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	8
3951	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3969	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	6
3956	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3963	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	4
3963	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3965	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3964	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	RHEUMATOLOGY	ENBREL 50MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3961	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ENTECAVIR	ANTIVIRALS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	HEPATITIS B	APPROVED	2
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	ENTECAVIR	ANTIVIRALS	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ENTECAVIR	ANTIVIRALS	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ENTECAVIR	ANTIVIRALS	APPROVED	1
3963	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	2
3956	UNSPECIFIED	EPCLUSA	HEPATITIS C	APPROVED	6
3965	UNSPECIFIED	EPCLUSA	HEPATITIS C	APPROVED	1
3951	UNSPECIFIED	EPCLUSA	HEPATITIS C	APPROVED	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3970	UNSPECIFIED	EPCLUSA	HEPATITIS C	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EPCLUSA	HEPATITIS C	APPROVED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EPCLUSA	HEPATITIS C	APPROVED	2
3963	NURSE PRACTITIONER, UNSPECIFIED	EPCLUSA	HEPATITIS C	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	2
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3963	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	1
3970	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	1
3963	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	DENIED	1
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	1
3963	NEUROLOGY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	2
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	APPROVED	1
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	ANTICONVULSANTS	DENIED	1
3963	UNSPECIFIED	ERIVEDGE	ONCOLOGY	APPROVED	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	ERIVEDGE	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED	ERLEADA	ONCOLOGY	APPROVED	1
3951	UNSPECIFIED	ERLEADA	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED	ERLEADA	ANTINEOPLASTICS	APPROVED	1
3961	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3956	PULMONARY DISEASES	ESBRIET	MISCELLANEOUS	DENIED	1
3963	MEDICAL ONCOLOGY	EVEROLIMUS 10 MG	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	EVEROLIMUS 10 MG	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	EVEROLIMUS 5 MG	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	EVEROLIMUS 75 MG	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	FASENRA	ASTHMA	DENIED	7
3951	UNSPECIFIED	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3951	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	DENIED	1
3963	UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	DENIED	2
3963	UNSPECIFIED	FASENRA	ASTHMA	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	FASENRA	RESPIRATORY AGENTS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PULMONARY DISEASES	FASENRA	RESPIRATORY AGENTS	APPROVED	2
3956	PULMONARY DISEASES	FASENRA	ASTHMA	APPROVED	1
3956	FAMILY PRACTICE	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3951	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	APPROVED	2
3951	UNSPECIFIED	FINGOLIMOD	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	FYLNETRA	NEUTROPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	FYLNETRA	NEUTROPENIA	APPROVED	2
3963	UNSPECIFIED	GAVRETO	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3956	EMERGENCY MEDICINE, PEDIATRIC	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3956	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	HORMONES	DENIED	1
3951	PEDIATRICS	GENOTROPIN	HORMONES	DENIED	1
3963	PEDIATRICS	GENOTROPIN	HORMONES	APPROVED	1
3956	UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	4
3963	INTERNAL MEDICINE	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	2
3963	NEUROLOGY	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	2
3970	NEUROLOGY	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3969	NURSE PRACTITIONER, UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GLATIRAMER ACETATE	MULTIPLE SCLEROSIS	APPROVED	1
3961	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3969	UNSPECIFIED	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	GLEEVEC	ANTINEOPLASTICS	APPROVED	1
3963	RHEUMATOLOGY	HADLIMA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED	HARVONI	HEPATITIS C	APPROVED	2
3951	UNSPECIFIED	HARVONI	HEPATITIS C	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HARVONI	HEPATITIS C	APPROVED	2
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	HARVONI	HEPATITIS C	DENIED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	GASTROENTEROLOGY	HARVONI	HEPATITIS C	DENIED	1
3963	UNSPECIFIED	HEMLIBRA	HEMOPHILIA	DENIED	2
3963	UNSPECIFIED	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	UNSPECIFIED	HEMLIBRA	HEMOPHILIA AGENT	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	PEDIATRICS	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE THERAPIES	APPROVED	1
3963	UNSPECIFIED	HIZENTRA	BIOLOGICALS	APPROVED	2
3963	ENDOCRINOLOGY, PEDIATRIC	HUMATROPE	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	PEDIATRICS	HUMATROPE	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3956	FAMILY PRACTICE	HUMIRA 10 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED	HUMIRA 20 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	HUMIRA 20 MG	ANTIRHEUMATIC	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 20 MG	ANTIRHEUMATIC	APPROVED	1
3956	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3951	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	8
3963	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	10
3963	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	14
3970	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	7
3970	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	6
3964	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3964	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3964	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	5
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	3
3963	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3961	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	NEPHROLOGY / RENAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3969	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3951	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY, PEDIATRIC	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY, PEDIATRIC	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	GASTROENTEROLOGY, PEDIATRIC	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY, PEDIATRIC	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	14
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	7
3951	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	20
3961	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3961	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	3
3965	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3965	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	3
3951	UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3963	PEDIATRICS	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	PEDIATRICS	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3969	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3964	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3970	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	GASTROENTEROLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3956	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3951	UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED	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	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	GASTROENTEROLOGY, PEDIATRIC	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	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	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3965	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	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 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1



Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	GASTROENTEROLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	INTERNAL MEDICINE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA PEN-CD/UC/HS STARTER CD/UC/HS KIT	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3951	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3969	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HYRIMOZ 40MG/0.8ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED	IBRANCE	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED	IBRANCE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	IBRANCE	ANTINEOPLASTICS	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	IBRANCE	ANTINEOPLASTICS	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3951	INTERNAL MEDICINE	IBRANCE	ANTINEOPLASTICS	DENIED	1
3965	RHEUMATOLOGY	ILARIS	ANTIRHEUMATIC	DENIED	1
3965	RHEUMATOLOGY	ILARIS	CAPS/GOUT	APPROVED	1
3965	UNSPECIFIED	IMATINIB MESYLATE	ANTINEOPLASTICS	APPROVED	1
3956	UNSPECIFIED	IMATINIB MESYLATE	ONCOLOGY	DENIED	1
3951	UNSPECIFIED	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	4
3963	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ANTINEOPLASTICS	DENIED	1
3963	INTERNAL MEDICINE	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3970	NURSE PRACTITIONER, FAMILY HEALTH	INFLECTRA 100MG IV SOLR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	NURSE PRACTITIONER, ACUTE CARE	INFLIXIMAB	ANTIRHEUMATIC	DENIED	1
3970	NURSE PRACTITIONER, FAMILY HEALTH	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	INFLIXIMAB	ANTIRHEUMATIC	DENIED	1
3956	UNSPECIFIED	INFLIXIMAB	ANTIRHEUMATIC	APPROVED	1
3963	UNSPECIFIED	INFLIXIMAB	ANTIRHEUMATIC	DENIED	1
3963	NEUROLOGY	INGREZZA	PSYCHOTHERAPEUTIC	APPROVED	1
3965	PSYCHIATRY	INGREZZA	MOVEMENT DISORDERS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3965	INTERNAL MEDICINE	JAKAFI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3951	PULMONOLOGY, PEDIATRIC	KALYDECO	CYSTIC FIBROSIS	APPROVED	1
3965	UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3956	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	DENIED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3964	UNSPECIFIED	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	NURSE PRACTITIONER, UNSPECIFIED	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3963	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3956	UNSPECIFIED	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3970	RHEUMATOLOGY	KEVZARA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	KEYTRUDA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	KEYTRUDA	ONCOLOGY	APPROVED	2
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	1
3956	UNSPECIFIED	KISQALI	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED	KISQALI	ANTINEOPLASTICS	APPROVED	1
3964	UNSPECIFIED	KISQALI	ANTINEOPLASTICS	APPROVED	1
3956	INTERNAL MEDICINE	KISQALI	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	KISQALI	ANTINEOPLASTICS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ANTINEOPLASTICS	APPROVED	1
3965	UNSPECIFIED	KRAZATI	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	LAPATINIB	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ANTINEOPLASTICS	APPROVED	1
3963	PHYSICIAN, ONCOLOGY, MEDICAL	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3970	UNSPECIFIED	LENVIMA	ONCOLOGY	APPROVED	1
3951	UNSPECIFIED	LENVIMA	ANTINEOPLASTICS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ANTINEOPLASTICS	APPROVED	1
3963	INTERNAL MEDICINE	LENVIMA	ONCOLOGY	DENIED	1
3951	PHYSICIAN, ONCOLOGY, MEDICAL	LENVIMA	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	LUMAKRAS	ONCOLOGY	APPROVED	1
3963	OTOLARYNGOLOGY	LUMRYZ 9GM OR PACK	SLEEP DISORDERS	DENIED	1
3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONES/HORMONE MODIFIERS	APPROVED	1
3956	OBSTETRICS & GYNECOLOGY	LUPRON DEPOT 3.75 MG	HORMONAL THERAPIES/PPP	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	LUPRON DEPOT-4 MONTH 30 MG	HORMONAL THERAPIES/PPP	DENIED	1
3963	HEMATOLOGY	LYNPARZA	ANTINEOPLASTICS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	2
3970	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ANTINEOPLASTICS	APPROVED	1
3963	UNSPECIFIED	LYNPARZA	ANTINEOPLASTICS	DENIED	1
3963	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS AGENT	DENIED	1
3963	UNSPECIFIED	MAVENCLAD	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	MAVENCLAD	MULTIPLE SCLEROSIS	DENIED	1
3956	MEDICAL ONCOLOGY	MEKINIST	ANTINEOPLASTICS	APPROVED	1
3956	INTERNAL MEDICINE	MEKINIST	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	MEKTOVI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NEULASTA ONPRO 6MG/0.6ML SC PSKT	NEUTROPENIA	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3951	HEMATOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	UNSPECIFIED	NIVESTYM	COLONY STIMULATING FACTORS	APPROVED	1
3956	UNSPECIFIED	NIVESTYM	COLONY STIMULATING FACTORS	DENIED	1
3964	UNSPECIFIED	NORDITROPIN	HORMONES	APPROVED	2
3951	UNSPECIFIED	NORDITROPIN	HORMONES	APPROVED	2
3963	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	UNSPECIFIED	NORDITROPIN	HORMONES	APPROVED	4
3963	UNSPECIFIED	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3961	UNSPECIFIED	NORDITROPIN	HORMONES	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	HORMONES	APPROVED	4
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	HORMONES	DENIED	1
3969	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3967	PEDIATRICS	NORDITROPIN	HORMONES	APPROVED	1

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3951	PEDIATRICS	NORDITROPIN	HORMONES	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	NUCALA	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	NUCALA	MISCELLANEOUS	APPROVED	1
3963	PULMONARY DISEASES	NUCALA	ASTHMA	APPROVED	1
3956	UNSPECIFIED	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	UNSPECIFIED	NYVEPRIA	NEUTROPENIA	APPROVED	1
3970	UNSPECIFIED	NYVEPRIA	COLONY STIMULATING FACTORS	APPROVED	1
3951	UNSPECIFIED	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	6
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	COLONY STIMULATING FACTORS	APPROVED	4
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3963	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	COLONY STIMULATING FACTORS	DENIED	1
3956	INTERNAL MEDICINE	NYVEPRIA	NEUTROPENIA	APPROVED	2
3956	PHYSICIAN, ONCOLOGY, MEDICAL	NYVEPRIA	NEUTROPENIA	DENIED	1
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	DENIED	1
3961	UNSPECIFIED	OCTREOTIDE ACETATE	ACROMEGALY	DENIED	1
3961	UNSPECIFIED	OCTREOTIDE ACETATE	ACROMEGALY	APPROVED	1
3963	UNSPECIFIED	OCTREOTIDE ACETATE	HORMONES	APPROVED	1
3951	UNSPECIFIED	OFEV	PULMONARY DISORDERS	APPROVED	1
3965	UNSPECIFIED	OFEV	PULMONARY DISORDERS	APPROVED	1
3965	UNSPECIFIED	OFEV	PULMONARY DISORDERS	DENIED	1
3956	UNSPECIFIED	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OFEV	PULMONARY DISORDERS	APPROVED	1
3956	PULMONARY DISEASES	OFEV	TYROSINE KINASE INHIBITOR	APPROVED	1
3963	PULMONARY DISEASES	OFEV	TYROSINE KINASE INHIBITOR	DENIED	1
3963	PULMONARY DISEASES	OFEV	TYROSINE KINASE INHIBITOR	APPROVED	1
3956	PULMONARY DISEASES	OFEV	PULMONARY DISORDERS	DENIED	1
3956	PULMONARY DISEASES	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	INTERNAL MEDICINE	OPSUMIT	TYROSINE KINASE INHIBITOR	APPROVED	1
3956	INTERNAL MEDICINE	OPSUMIT	TYROSINE KINASE INHIBITOR	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PULMONARY DISEASES	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	PULMONARY DISEASES	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ORGOVYX	ANTINEOPLASTICS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ORGOVYX	ONCOLOGY	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30 MG TABLET	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3962	UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3968	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	DERMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3970	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	INTERNAL MEDICINE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	INTERNAL MEDICINE	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	5
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3964	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3963	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3961	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	RHEUMATOLOGY	OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OTEZLA STARTER PACK + OTEZLA 30MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OTEZLA STARTER PACK + OTEZLA 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	PEGASYS	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3956	PULMONARY DISEASES	PIRFENIDONE	ANTIFIBROTIC AGENT	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	PROLIA	OSTEOPOROSIS	APPROVED	6
3963	UNSPECIFIED	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	7
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	DENIED	1
3956	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	APPROVED	1
3951	FAMILY PRACTICE	PROLIA	BONE-MODIFYING AGENT	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PROLIA	BONE-MODIFYING AGENT	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	OSTEOPOROSIS	DENIED	1
3963	INTERNAL MEDICINE	PROLIA	BONE-MODIFYING AGENT	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	PROLIA	BONE-MODIFYING AGENT	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	3
3951	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	1
3964	UROLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	APPROVED	1
3963	UNSPECIFIED	PROLIA	BONE-MODIFYING AGENT	APPROVED	1
3963	PEDIATRICS	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	OBSTETRICS & GYNECOLOGY	PROLIA	OSTEOPOROSIS	DENIED	1
3961	NURSE PRACTITIONER, UNSPECIFIED	PROLIA	OSTEOPOROSIS	DENIED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PROLIA 60MG/ML SC SOSY	BONE-MODIFYING AGENT	APPROVED	1
3963	UNSPECIFIED	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	UNSPECIFIED	PROMACTA	HEMOSTATICS	DENIED	2
3964	UNSPECIFIED	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3969	NEUROLOGY	REBIF	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3956	GASTROENTEROLOGY	REMICADE 100MG IV SOLR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	REMICADE 100MG IV SOLR	ANTIRHEUMATIC	APPROVED	1
3963	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	23
3970	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	3
3956	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	16
3963	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	7
3969	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3956	UNSPECIFIED	REPATHA	LIPOTROPICS	APPROVED	3
3963	UNSPECIFIED	REPATHA	LIPOTROPICS	APPROVED	3
3956	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	7
3951	UNSPECIFIED	REPATHA	LIPOTROPICS	APPROVED	1
3964	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3964	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPOTROPICS	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPOTROPICS	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	6
3964	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	6
3963	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPOTROPICS	DENIED	2
3963	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3963	FAMILY PRACTICE	REPATHA	LIPOTROPICS	APPROVED	2
3963	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2



Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	8
3963	FAMILY PRACTICE	REPATHA	LIPOTROPICS	DENIED	4
3956	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	4
3961	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3956	FAMILY PRACTICE	REPATHA	LIPOTROPICS	DENIED	5
3964	FAMILY PRACTICE	REPATHA	LIPOTROPICS	DENIED	1
3963	CARDIOLOGY	REPATHA	LIPOTROPICS	APPROVED	7
3956	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	4
3965	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	REPATHA	LIPOTROPICS	APPROVED	1
3951	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	FAMILY PRACTICE	REPATHA	LIPOTROPICS	APPROVED	1
3965	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	4
3951	FAMILY PRACTICE	REPATHA	LIPOTROPICS	DENIED	1
3964	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	6
3963	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	3
3956	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	10
3956	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	8
3963	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	7
3951	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	3
3964	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3963	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	11
3956	CARDIOLOGY	REPATHA	LIPOTROPICS	APPROVED	4
3951	CARDIOLOGY	REPATHA	LIPOTROPICS	APPROVED	1
3965	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	3
3963	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	3
3963	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	9
3956	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	5
3963	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	REPATHA	LIPOTROPICS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	REPATHA	LIPOTROPICS	DENIED	4
3970	HOSPITALIST	REPATHA	LIPOTROPICS	DENIED	1
3963	HOSPITALIST	REPATHA	LIPOTROPICS	APPROVED	1
3963	HOSPITALIST	REPATHA	LIPOTROPICS	DENIED	1
3963	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	DENIED	1
3963	HOSPITALIST	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	HOSPITALIST	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3970	FAMILY PRACTICE	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3951	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	DENIED	2
3951	INTERNAL MEDICINE	REPATHA	LIPOTROPICS	APPROVED	1
3956	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	2
3963	INTERNAL MEDICINE	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3963	CARDIOLOGY	REPATHA	LIPOTROPICS	DENIED	5
3956	CARDIOLOGY	REPATHA	LIPOTROPICS	DENIED	6
3951	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3956	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	DENIED	1
3961	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	DENIED	1
3961	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	APPROVED	1
3951	CARDIOLOGY, INTERVENTIONAL	REPATHA	LIPOTROPICS	DENIED	2
3956	ALLERGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3965	CARDIOLOGY	REPATHA	LIPOTROPICS	DENIED	1
3969	CARDIOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	CARDIOLOGY	REPATHA	LIPOTROPICS	DENIED	2
3969	CARDIOLOGY	REPATHA	LIPOTROPICS	DENIED	1
3964	CLINICAL NURSE SPECIALIST, ADULT HEALTH	REPATHA	LIPOTROPICS	DENIED	1
3963	UNSPECIFIED	REPATHA	LIPOTROPICS	DENIED	3
3956	UNSPECIFIED	REPATHA	LIPOTROPICS	DENIED	10
3951	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3970	UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3951	UNSPECIFIED	REPATHA	LIPOTROPICS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PEDIATRICS	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	2
3956	PEDIATRICS	REPATHA	LIPOTROPICS	DENIED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3970	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPID DISORDERS - PCSK9I	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	REPATHA	LIPOTROPICS	APPROVED	1
3956	PHYSICIAN, ENDOCRINOLOGY	REPATHA	LIPID DISORDERS - PCSK9I	DENIED	1
3963	UNSPECIFIED	RETACRIT	ANEMIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	HEMATOPOIETIC AGENT	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	RETACRIT	ANEMIA	APPROVED	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	RETACRIT	ANEMIA	DENIED	1
3956	UNSPECIFIED	REVLIMID	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3956	UNSPECIFIED	REVLIMID	ANTINEOPLASTICS	APPROVED	1
3961	UNSPECIFIED	REVLIMID	ANTINEOPLASTICS	APPROVED	1
3963	PEDIATRICS	REVLIMID	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	REVLIMID 10MG OR CAPS	ANTINEOPLASTICS	APPROVED	1
3963	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3961	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	7
3963	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3951	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3965	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	GASTROENTEROLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	DERMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3951	INTERNAL MEDICINE	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3964	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3963	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	4
3951	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3956	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3963	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3956	RHEUMATOLOGY	RINVOQ 15MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3969	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3965	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 15MG OR TB24	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ 15MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	NURSE PRACTITIONER, UNSPECIFIED	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3969	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3961	GASTROENTEROLOGY	RINVOQ 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	UNSPECIFIED	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	DENIED	1
3963	GASTROENTEROLOGY	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	UNSPECIFIED	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED	RINVOQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	RHEUMATOLOGY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	UNSPECIFIED	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	INTERNAL MEDICINE	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG + 30MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	RINVOQ 45MG + 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED	SENSIPAR	RENAL	APPROVED	1
3963	UNSPECIFIED	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	DENIED	3
3964	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	VASODILATORS	DENIED	1
3962	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	VASODILATORS	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SILDENAFIL 20MG TABLET	VASODILATORS	DENIED	1
3951	UNSPECIFIED	SILDENAFIL 20MG TABLET	VASODILATORS	DENIED	1
3963	UROLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	UNSPECIFIED	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	APPROVED	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	CARDIOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	UROLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3961	UNSPECIFIED	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	UROLOGY	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3951	UROLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	UNSPECIFIED	SILDENAFIL 20MG TABLETS	VASODILATORS	DENIED	1
3963	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	PULMONARY DISEASES	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI 50MG	ANTIARTHRITICS	DENIED	1
3970	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3965	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3963	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	7
3956	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	EMERGENCY MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	EMERGENCY MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	DENIED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3951	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	2
3951	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3969	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3963	GENERAL PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	3
3961	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3963	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	DENIED	4
3956	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3969	DERMATOLOGY	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3961	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	NURSE PRACTITIONER, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3961	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3956	UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	DENIED	1
3961	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	4
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SKYRIZI 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	2
3963	PEDIATRICS	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PSYCHIATRY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	SKYRIZI 150MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	DENIED	1
3956	INTERNAL MEDICINE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	APPROVED	1
3963	UNSPECIFIED	SKYRIZI 360MG + 150MG	SYSTEMIC ANTIPSORIASIS AGENTS	DENIED	1
3963	UNSPECIFIED	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3963	PULMONARY DISEASES	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3964	PEDIATRICS	SOGROYA	GROWTH HORMONE THERAPY	APPROVED	1
3963	UNSPECIFIED	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	4
3963	UNSPECIFIED	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	6
3965	UNSPECIFIED	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3969	UNSPECIFIED	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	DENIED	2
3963	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	APPROVED	3
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	DENIED	1
3964	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	APPROVED	2
3967	UNSPECIFIED	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3965	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	APPROVED	1
3951	UNSPECIFIED	SPRAVATO	ANTIDEPRESSANTS	APPROVED	1
3951	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	PEDIATRICS	SPRAVATO	ANTIDEPRESSANTS	APPROVED	1
3951	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	SPRAVATO	ANTIDEPRESSANTS	APPROVED	1
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANTS	APPROVED	1
3951	PSYCHIATRY	SPRAVATO	ANTIDEPRESSANTS	DENIED	1
3951	UNSPECIFIED	SPRYCEL	ONCOLOGY	DENIED	1
3951	UNSPECIFIED	SPRYCEL	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	2



Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	SPRYCEL	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	SPRYCEL	ANTINEOPLASTICS	APPROVED	1
3956	UNSPECIFIED	STELARA 45 MG	POST LIMIT	DENIED	1
3968	GASTROENTEROLOGY	STELARA IV + STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	UNSPECIFIED	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3968	GASTROENTEROLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	RHEUMATOLOGY	STELARA SQ 45MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3961	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3964	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3970	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3964	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	4
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3964	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3961	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2
3951	DERMATOLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3967	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3969	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3964	UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	STELARA SQ 90MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	RHEUMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	TADALAFIL 20MG	VASODILATORS	APPROVED	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UROLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	UNSPECIFIED	TADALAFIL 20MG	VASODILATORS	DENIED	1
3956	PULMONARY DISEASES	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED	TADLIQ	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	MEDICAL ONCOLOGY	TAFINLAR	ANTINEOPLASTICS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	TAFINLAR	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	11

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3963	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3956	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	3
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3961	DERMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3961	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	EMERGENCY MEDICINE	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3961	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	1
3951	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3963	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	2
3970	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	1
3970	UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	7
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	APPROVED	1
3963	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	TALTZ	ALL OTHER DERMATOLOGICALS	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ 80MG/ML INJ	POST LIMIT	APPROVED	1
3956	UNSPECIFIED	TALTZ 80MG/ML SC SOAJ	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3964	UNSPECIFIED	TARGRETIN CAPSULE	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	TAVNEOS	RARE DISORDERS	APPROVED	1
3963	INTERNAL MEDICINE	TAVNEOS	RARE DISORDERS	DENIED	1
3963	UNSPECIFIED	TECFIDERA	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	APPROVED	1
3970	UNSPECIFIED	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	TEMOZOLOMIDE	ANTINEOPLASTICS	APPROVED	1
3963	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3970	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3956	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED	TERIFLUNOMIDE	MULTIPLE SCLEROSIS AGENT	DENIED	1
3961	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	DENIED	1
3956	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS AGENT	APPROVED	1
3963	UNSPECIFIED	TERIPARATIDE	OSTEOPOROSIS	APPROVED	1
3964	FAMILY PRACTICE	TERIPARATIDE	OSTEOPOROSIS	APPROVED	1
3970	UNSPECIFIED	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3951	UNSPECIFIED	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3970	NEUROLOGY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIB- ITOR	DENIED	1
3951	NEUROLOGY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIB- ITOR	APPROVED	2
3956	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3970	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3951	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3956	PSYCHIATRY	TETRABENAZINE	VESICULAR MONOAMINE TRANSPORTER 2 INHIB- ITOR	DENIED	1
3969	UNSPECIFIED	TEZSPIRE	ASTHMA	APPROVED	1
3964	UNSPECIFIED	TEZSPIRE	ASTHMA	APPROVED	1
3964	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	TEZSPIRE	ASTHMA	DENIED	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	HEMATOLOGY	THALOMID	ANTINEOPLASTICS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	THALOMID	ANTINEOPLASTICS	APPROVED	1
3956	HEMATOLOGY	THALOMID	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	THALOMID	ANTINEOPLASTICS	APPROVED	1
3963	UROLOGY	THIOLA EC	RENAL	DENIED	1
3951	PULMONARY DISEASES	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3956	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3965	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	4
3956	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3956	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	3
3965	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	DERMATOLOGY	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	EMERGENCY MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	INTERNAL MEDICINE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3951	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3964	UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	PHYSICIAN ASSISTANT, UNSPECIFIED	TREMFYA	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	DERMATOLOGY	TREMFYA 100MG/ML SC SOSY	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UNSPECIFIED	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3961	NURSE PRACTITIONER, PEDIATRIC CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3961	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS AGENTS	APPROVED	1
3956	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	APPROVED	1
3963	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS AGENTS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TUKYSA	ANTINEOPLASTICS	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	TUKYSA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	APPROVED	1
3969	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	APPROVED	1
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS AGENTS	APPROVED	1
3963	UNSPECIFIED	TYMLOS	OSTEOPOROSIS	APPROVED	3
3956	UNSPECIFIED	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TYMLOS	OSTEOPOROSIS	DENIED	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED	TYVASO	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	CARDIOLOGY	TYVASO INHALATION SOLUTION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	PULMONARY DISEASES	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	PULMONARY DISEASES	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	2
3963	UNSPECIFIED	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	VALGANCICLOVIR	ANTIVIRALS	APPROVED	1
3956	GENERAL PRACTICE	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	VALGANCICLOVIR	ANTIVIRALS	APPROVED	1
3951	UNSPECIFIED	VALGANCICLOVIR	ANTIVIRALS	DENIED	1
3956	UNSPECIFIED	VEMLIDY	HEPATITIS B	DENIED	1
3956	UNSPECIFIED	VEMLIDY	HEPATITIS B	APPROVED	1
3963	UNSPECIFIED	VEMLIDY	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	VEMLIDY	HEPATITIS B	APPROVED	1
3956	INTERNAL MEDICINE	VEMLIDY	HEPATITIS B	APPROVED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	VEMLIDY	HEPATITIS B	DENIED	1
3956	GASTROENTEROLOGY	VEMLIDY	ANTIVIRALS	APPROVED	2
3963	UNSPECIFIED	VENCLEXTA	ANTINEOPLASTICS	APPROVED	1
3963	UNSPECIFIED	VENCLEXTA	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	APPROVED	1
3963	INTERNAL MEDICINE	VENCLEXTA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ANTINEOPLASTICS	APPROVED	1
3956	INTERNAL MEDICINE	VENCLEXTA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED	VERZENIO	ONCOLOGY	DENIED	1
3970	UNSPECIFIED	VERZENIO	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	VERZENIO	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED	VERZENIO	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED	VERZENIO	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ANTINEOPLASTICS	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3970	PHYSICIAN, ONCOLOGY, MEDICAL	VERZENIO	ANTINEOPLASTICS	APPROVED	1
3956	UNSPECIFIED	VIGADRONE 500MG OR PACK	SEIZURE DISORDERS	APPROVED	1
3964	GASTROENTEROLOGY	VOWST	INFECTIOUS DISEASE	DENIED	1
3963	UNSPECIFIED	VUMERITY	MULTIPLE SCLEROSIS AGENT	APPROVED	2
3963	UNSPECIFIED	VUMERITY	MULTIPLE SCLEROSIS	DENIED	1
3956	UNSPECIFIED	XELJANZ 10 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ 10 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	XELJANZ 5 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	UNSPECIFIED	XELJANZ 5MG OR TABS	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3965	UNSPECIFIED	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	GASTROENTEROLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	DENIED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	PEDIATRICS	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3967	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	XELJANZ XR 11 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	XELJANZ XR 22 MG	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3956	GASTROENTEROLOGY	XELJANZ XR 22MG OR TB24	IMMUNOSUPPRESSIVES/DMARDS	APPROVED	1
3963	UROLOGY	XGEVA	ONCOLOGY	DENIED	1
3963	UROLOGY	XGEVA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	6
3965	UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	1
3951	UNSPECIFIED	XOLAIR	ASTHMA	DENIED	2
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	APPROVED	2
3970	UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	1
3970	UNSPECIFIED	XOLAIR	ASTHMA	DENIED	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3970	NURSE PRACTITIONER, UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	1
3970	NURSE PRACTITIONER, UNSPECIFIED	XOLAIR	ASTHMA	DENIED	1
3970	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	APPROVED	3



Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	4
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3963	FAMILY PRACTICE	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3970	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3967	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	3
3951	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XOLAIR	ASTHMA	APPROVED	1
3970	INTERNAL MEDICINE	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3963	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	1
3956	ALLERGY	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3964	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	UNSPECIFIED	XOLAIR	ASTHMA	DENIED	1
3956	UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	1
3956	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3963	UNSPECIFIED	XOLAIR	RESPIRATORY AGENTS	DENIED	1
3963	UNSPECIFIED	XOLAIR	ASTHMA	DENIED	1
3963	PEDIATRICS	XOLAIR	ASTHMA	DENIED	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	ASTHMA	DENIED	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	2
3956	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3963	PEDIATRICS	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	ASTHMA	APPROVED	2
3963	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	XOLAIR	ASTHMA	DENIED	1
3963	PULMONARY DISEASES	XOLAIR	RESPIRATORY AGENTS	APPROVED	1
3963	REGISTERED NURSE, UNSPECIFIED	XOLAIR	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	XOLAIR	ASTHMA	APPROVED	5
3963	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	1
3951	PULMONARY DISEASES	XOLAIR	ASTHMA	APPROVED	1
3956	UNSPECIFIED	XTANDI	ONCOLOGY	APPROVED	2
3963	UNSPECIFIED	XTANDI	ONCOLOGY	DENIED	1
3963	UNSPECIFIED	XTANDI	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED	XTANDI	ANTINEOPLASTICS	APPROVED	2
3963	INTERNAL MEDICINE	XTANDI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	DENIED	1
3963	UROLOGY	XTANDI	ONCOLOGY	DENIED	1
3963	UROLOGY	XTANDI	ANTINEOPLASTICS	APPROVED	1
3951	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3965	PHYSICIAN, ONCOLOGY, MEDICAL	XTANDI	ANTINEOPLASTICS	APPROVED	1
3965	UNSPECIFIED	XYWAV	SLEEP DISORDERS	APPROVED	1
3963	UNSPECIFIED	XYWAV	CNS DEPRESSANTS	DENIED	1
3963	PULMONARY DISEASES	XYWAV	SLEEP DISORDERS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	ZARXIO	NEUTROPENIA	DENIED	1
3965	NEUROLOGY	ZEPOSIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	ZEPOSIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED	ZEPOSIA (ALL STRENGTHS)	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ZEPOSIA (ALL STRENGTHS)	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	APPROVED	1
3956	PHYSICIAN, ENDOCRINOLOGY	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	APPROVED	1