

Pharmacy Specialty Overview by Prior Authorization Approval or Denial 4th Quarter 2024

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	ACTHAR GEL	SEIZURE DISORDERS	DENIED	1
3963	FAMILY PRACTICE	ACTHAR GEL	SEIZURE DISORDERS	DENIED	1
3970	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3969	PEDIATRICS	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	5
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3964	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3969	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3969	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3951	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3962	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3964	INTERNAL MEDICINE	ADBRY	ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	DENIED	3
3951	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	DENIED	1
3962	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3951	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	ALECENSA	ONCOLOGY	APPROVED	1
3963	CARDIOLOGY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ARANESP	ANEMIA	APPROVED	1
3951	UNSPECIFIED SPECIALTY	ARANESP	ANEMIA	APPROVED	1
3969	NEUROLOGY	AUSTEDO	MOVEMENT DISORDERS	APPROVED	1
3963	NEUROLOGY	AUSTEDO XR	MOVEMENT DISORDERS	APPROVED	1
3963	NEUROLOGY	AVONEX PEN	MULTIPLE SCLEROSIS	APPROVED	1
3969	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	2
3963	NURSE PRACTITIONER, ACUTE CARE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	3
3963	MEDICAL ONCOLOGY	BEXAROTENE CAPSULE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3956	PEDIATRICS	CABENUVA	HIV	APPROVED	1
3956	FAMILY PRACTICE	CABENUVA	HIV	APPROVED	1
3970	NURSE PRACTITIONER, ACUTE CARE	CABENUVA	HIV	APPROVED	2
3956	GENERAL PRACTICE	CABENUVA	HIV	APPROVED	1
3963	FAMILY PRACTICE	CABENUVA 600 & 900MG/3ML IM SUER	HIV	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CABOMETYX	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3951	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3963	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	2
3964	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	CIBINQO	ATOPIC DERMATITIS	DENIED	2
3964	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	DENIED	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	INTERNAL MEDICINE	CINACALCET	RENAL	DENIED	1
3963	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	1
3956	NEPHROLOGY / RENAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3961	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	RENAL	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	RENAL	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3969	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3961	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3963	INTERNAL MEDICINE	CINACALCET	RENAL	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	CINACALCET	RENAL	APPROVED	1
3963	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3956	RHEUMATOLOGY	COSENTYX	POST LIMIT	DENIED	1
3969	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3969	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3969	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	COSENTYX SENSOREADY PEN 150MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3964	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
3956	INTERNAL MEDICINE	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3961	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	DASATINIB	ONCOLOGY	DENIED	1
3956	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3963	NEUROLOGY	DIMETHYL FUMARATE	POST LIMIT	APPROVED	1

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3970	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	CARDIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	2
3956	CARDIAC ELECTROPHYSIOLOGY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	DOFETILIDE	CARDIAC DISORDERS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	2
3956	UNSPECIFIED SPECIALTY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3969	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	9
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3964	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3970	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	22
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3962	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3961	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	INTERNAL MEDICINE	DUPIXENT	POST LIMIT	APPROVED	1

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3951	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3964	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	14
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3970	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	6
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	6
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	6
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3961	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	33
3961	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3964	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3962	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	19
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	9
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	19
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1

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3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3969	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3962	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	32
3970	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3969	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	9
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3964	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	PEDIATRICS	DUPIXENT 200MG/1.14ML SC SOAJ	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT 300MG/2ML SC SOAJ	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	DUPIXENT 300MG/2ML SC SOSY	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	UROLOGY	ELIGARD 22.5MG	HORMONAL THERAPIES	APPROVED	1
3963	INTERNAL MEDICINE	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	INTERNAL MEDICINE	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NEPHROLOGY / RENAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3969	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3967	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	ALLERGY & IMMUNOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	NURSE PRACTITIONER, ACUTE CARE	ENTECAVIR	HEPATITIS B	APPROVED	1
3951	FAMILY PRACTICE	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	GASTROENTEROLOGY	ENTECAVIR	HEPATITIS B	APPROVED	2
3956	FAMILY PRACTICE	ENTECAVIR	HEPATITIS B	DENIED	1
3956	UNSPECIFIED SPECIALTY	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	ENTECAVIR	HEPATITIS B	APPROVED	1
3956	FAMILY PRACTICE	ENTECAVIR 0.5MG OR TABS	HEPATITIS B	APPROVED	2
3956	GENERAL PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	2
3970	NURSE PRACTITIONER, GERONTOLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	3
3970	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	2
3951	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	DENIED	1
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	11
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	7
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	5
3964	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	4
3951	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	3
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	2
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	6
3951	NURSE PRACTITIONER, ADULT HEALTH	EPCLUSA	HEPATITIS C	APPROVED	1
3970	GYNECOLOGY	EPCLUSA	HEPATITIS C	DENIED	1
3970	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	1
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	11
3951	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	20
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	1
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	10
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3956	FAMILY PRACTICE	EPCLUSA 400-100MG OR TABS	HEPATITIS C	APPROVED	1
3963	NEUROLOGY, PEDIATRIC	EPIDIOLEX	SEIZURE DISORDERS	APPROVED	1
3969	NEUROLOGY, PEDIATRIC	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3956	UNSPECIFIED SPECIALTY	ERIVEDGE	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	ERLEADA	ONCOLOGY	APPROVED	1
3956	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	1
3951	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	2
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3970	SLEEP MEDICINE	FASENRA	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	FASENRA	ASTHMA	APPROVED	2
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3963	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	DENIED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	6
3964	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3963	PULMONARY DISEASES	FASENRA	ASTHMA	DENIED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	FAMILY PRACTICE	FASENRA	ASTHMA	DENIED	2
3963	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	3
3963	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3961	NURSE PRACTITIONER, ADULT HEALTH	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	2
3956	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3962	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	5
3956	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3956	GENERAL PRACTICE	HARVONI	HEPATITIS C	APPROVED	1
3970	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	HEMLIBRA	HEMOPHILIA	APPROVED	1
3956	RHEUMATOLOGY	HUMIRA (2 PEN) 40MG/0.8ML SC AJKT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3968	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3970	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3951	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3970	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	PSYCHIATRY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	FAMILY PRACTICE	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HUMIRA PSO/UV/ADOLESCENT HS + HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HYQVIA	IMMUNE THERAPIES	DENIED	1
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	10
3964	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	PSYCHIATRY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3968	NURSE PRACTITIONER, ACUTE CARE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3968	NURSE PRACTITIONER, ACUTE CARE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3969	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3962	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3961	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	4
3965	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	6
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	5
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3963	PEDIATRICS	ILARIS	CAPS/GOUT	APPROVED	1
3964	ALLERGY & IMMUNOLOGY	ILARIS	CAPS/GOUT	DENIED	1
3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3951	INTERNAL MEDICINE	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3956	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	DENIED	1
3956	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	IMBRUVICA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IMBRUVICA	ONCOLOGY	APPROVED	2
3963	INTERNAL MEDICINE	INFLECTRA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ADULT HEALTH	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	DENIED	1
3963	MEDICAL ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	INQOVI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3963	UNSPECIFIED SPECIALTY	JAKAFI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	DENIED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3951	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3956	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3956	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3964	FAMILY PRACTICE	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3965	FAMILY PRACTICE	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	NEUROLOGY	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	1
3951	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	2
3961	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	5
3970	MEDICAL ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	6
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA 100MG/4ML IV SOLN	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	KISQALI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	3
3969	UNSPECIFIED SPECIALTY	KISQALI	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LENVIMA	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	2
3961	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	CARDIOLOGY	LETAIRIS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3965	UNSPECIFIED SPECIALTY	LEUPROLIDE ACETATE KIT	HORMONAL THERAPIES	DENIED	1
3963	MEDICAL ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	1
3963	FAMILY PRACTICE	LUMRYZ	SLEEP DISORDERS	DENIED	2
3956	UNSPECIFIED SPECIALTY	LUPRON DEPOT-3 MONTH 11.25MG	HORMONAL THERAPIES/PPP	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LYNPARZA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	LYNPARZA	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	MAVYRET 100-40MG OR TABS	HEPATITIS C	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	MEKINIST	ONCOLOGY	APPROVED	1
3964	MEDICAL ONCOLOGY	NERLYNX 40MG OR TABS	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	NEULASTA ONPRO 6 MG/0.6 ML WITH WEARABLE SUBCUTANEOUS INJECTOR	NEUTROPENIA	DENIED	1
3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	3
3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3964	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	3
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	2
3963	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3964	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3965	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	4
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	FAMILY PRACTICE	NUBEQA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	UROLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	NUBEQA	ONCOLOGY	APPROVED	1
3970	UROLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	3
3964	ALLERGY & IMMUNOLOGY	NUCALA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	3
3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	DENIED	3
3969	UNSPECIFIED SPECIALTY	NUTROPIN AQ NUSPIN 5 5MG/2ML SC SOPN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	2
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	2
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	7
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	11
3956	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA 6MG/0.6ML SC SOSY	NEUTROPENIA	APPROVED	1
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3963	GASTROENTEROLOGY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	DENIED	1
3964	UNSPECIFIED SPECIALTY	OALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OCTREOTIDE ACETATE	ACROMEGALY	DENIED	1
3963	UNSPECIFIED SPECIALTY	OCTREOTIDE ACETATE	ACROMEGALY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	DENIED	1
3956	FAMILY PRACTICE	OFEV	PULMONARY DISORDERS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	FAMILY PRACTICE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	3
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	RHEUMATOLOGY	ORENCIA CLICKJECT 125 MG/ML	POST LIMIT	DENIED	1
3964	INTERNAL MEDICINE, CRITICAL CARE	ORENITRAM 0.125MG OR TBCR	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ORGOVYX	ONCOLOGY	APPROVED	1
3969	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	FAMILY PRACTICE	ORGOVYX	ONCOLOGY	APPROVED	1
3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3961	UNSPECIFIED SPECIALTY	OTEZLA 10 & 20 & 30MG OR TBPK	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3970	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	NURSE PRACTITIONER, ACUTE CARE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	PAZOPANIB	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PEGASYS	HEPATITIS C	APPROVED	2
3970	INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PIRFENIDONE	PULMONARY DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	DENIED	1
3951	HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3951	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	3
3961	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	PROLIA	OSTEOPOROSIS	APPROVED	1
3970	RHEUMATOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	RHEUMATOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	2
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	7
3961	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	DENIED	1
3961	PEDIATRICS	PROLIA	OSTEOPOROSIS	DENIED	1
3951	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	1
3956	EMERGENCY MEDICINE	PROLIA	OSTEOPOROSIS	DENIED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	11
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	2
3963	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	GENERAL SURGERY	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	2
3963	UNSPECIFIED SPECIALTY	PROMACTA	THROMBOCYTOPENIA	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3951	UNSPECIFIED SPECIALTY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	LEGAL MEDICINE	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PULMOZYME	CYSTIC FIBROSIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	RASUVO	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	NEUROLOGY	REBIF INJ	MULTIPLE SCLEROSIS	APPROVED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	REBIF REBIDOSE	MULTIPLE SCLEROSIS	APPROVED	1
3951	MEDICAL ONCOLOGY	RETACRIT	ANEMIA	DENIED	1
3965	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	REVLIMID	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	4
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3969	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	PEDIATRICS	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3962	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	11
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3961	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3969	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3970	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3961	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3964	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	8
3965	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	7
3962	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3970	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3970	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3961	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3963	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	RINVOQ 15MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 15MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3962	INTERNAL MEDICINE	RINVOQ 15MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	RYDAPT	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	RYDAPT	ONCOLOGY	APPROVED	1
3963	PEDIATRICS	SAPROPTERIN	PHENYLKETONURIA (PKU)	DENIED	1
3951	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3964	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3965	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3964	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	7

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UROLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3956	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	NURSE PRACTITIONER, ACUTE CARE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	11
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3970	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
3965	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	16
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3969	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3962	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3961	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG/ML PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG/ML PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG/2.4ML SC SOCT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3970	INTERNAL MEDICINE	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SOMATULINE DEPOT 120MG/0.5ML SC SOLN	ACROMEGALY	APPROVED	1
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	4
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3970	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	18
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3970	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3951	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	15
3951	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	7
3964	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	SPRAVATO (84 MG DOSE) 28MG/DEVICE NA SOPK	MENTAL HEALTH CONDITIONS	APPROVED	2
3963	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	2
3956	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3956	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	RHEUMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3951	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	STIVARGA	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	STIVARGA	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	SUNITINIB	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3964	INTERNAL MEDICINE, CRITICAL CARE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3968	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	UNSPECIFIED SPECIALTY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TAFINLAR	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TAGRISSO	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TAGRISSO	ONCOLOGY	DENIED	1
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3961	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	14
3963	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	DERMATOLOGY	TALTZ 80MG/ML CF AUTOINJ 3X1ML	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TASIMELTEON	SLEEP DISORDERS	DENIED	1
3956	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3970	UNSPECIFIED SPECIALTY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	3
3956	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	FAMILY PRACTICE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3964	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3965	INTERNAL MEDICINE	TERIPARATIDE (GENERIC)	OSTEOPOROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TERIPARATIDE (GENERIC)	OSTEOPOROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TERIPARATIDE (GENERIC)	OSTEOPOROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	TERIPARATIDE (GENERIC)	OSTEOPOROSIS	DENIED	1
3956	NEUROLOGY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	2
3956	PSYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	1
3956	PSYCHIATRY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	1
3956	UNSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	APPROVED	2
3956	PSYCHIATRY	TETRABENAZINE 25MG TAB	POST LIMIT	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	DENIED	3
3965	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3956	FAMILY PRACTICE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3956	FAMILY PRACTICE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	DENIED	1
3956	INTERNAL MEDICINE, CRITICAL CARE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	DENIED	1
3956	INTERNAL MEDICINE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	2
3964	UROLOGY	TRELSTAR MIXJECT	HORMONAL THERAPIES	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3961	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3961	DERMATOLOGY	TREMFYA 100MG/ML INJ	POST LIMIT	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA 100MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	TREMFYA 100MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	UNSPECIFIED SPECIALTY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	DERMATOLOGY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	INTERNAL MEDICINE	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	FAMILY PRACTICE	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	DERMATOLOGY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	DERMATOLOGY	TREMFYA AUTO-INJ 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3968	DERMATOLOGY	TREMFYA PFS 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	3
3963	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3963	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	DENIED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	3
3956	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	TYMLOS 3120MCG/1.56ML SC SOPN	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TYSABRI	AUTO IMMUNE (CD/MS)	APPROVED	1
3963	CARDIOLOGY	TYVASO DRY POWDER INHALER (DPI)	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	INTERNAL MEDICINE	TYVASO DRY POWDER INHALER (DPI)	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3961	UNSPECIFIED SPECIALTY	TYVASO INHALATION SOLUTION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	GASTROENTEROLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3956	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3961	GASTROENTEROLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3956	FAMILY PRACTICE	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	2
3956	GASTROENTEROLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	INFECTIOUS DISEASES	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	2
3963	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	2
3961	NURSE PRACTITIONER, ACUTE CARE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3951	INTERNAL MEDICINE	VEMLIDY	HEPATITIS B	DENIED	1
3970	FAMILY PRACTICE	VEMLIDY	HEPATITIS B	DENIED	1
3963	UNSPECIFIED SPECIALTY	VENCLEXTA	ONCOLOGY	APPROVED	3
3970	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	VENCLEXTA	ONCOLOGY	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	VENCLEXTA 100MG OR TABS	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	VOTRIENT	ONCOLOGY	APPROVED	1
3963	GASTROENTEROLOGY	VOWST	INFECTIOUS DISEASE	DENIED	1
3951	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	DENIED	1
3951	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	APPROVED	1
3963	FAMILY PRACTICE	WAKIX	SLEEP DISORDERS	APPROVED	2
3963	NEUROLOGY	WAKIX	SLEEP DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	WAKIX	SLEEP DISORDERS	DENIED	1
3963	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	PEDIATRICS	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3961	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	PEDIATRICS	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	XELJANZ XR 11MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	MEDICAL ONCOLOGY	XGEVA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XGEVA	ONCOLOGY	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	12
3965	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3956	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3962	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3965	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	2
3964	DERMATOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	INTERNAL MEDICINE	XOLAIR	ASTHMA	DENIED	1
3956	FAMILY PRACTICE	XOLAIR	ASTHMA	APPROVED	1
3951	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	9
3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	5
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	8
3963	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	3
3969	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	9
3970	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3956	ALLERGY	XOLAIR	ASTHMA	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	4
3969	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3970	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	2
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	5
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	4
3963	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3963	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1
3963	ALLERGY	XOLAIR	ASTHMA	DENIED	1
3965	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1
3963	PEDIATRICS	XOLAIR	ASTHMA	DENIED	2
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1
3964	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3964	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3956	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	3
3963	ALLERGY	XOLAIR	ASTHMA	APPROVED	1
3956	FAMILY PRACTICE	XTANDI	ONCOLOGY	DENIED	1
3956	UROLOGY	XTANDI	ONCOLOGY	APPROVED	2
3956	FAMILY PRACTICE	XTANDI	ONCOLOGY	APPROVED	1
3969	NURSE PRACTITIONER, ACUTE CARE	XYWAV	SLEEP DISORDERS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	APPROVED	1
3963	NEUROLOGY	XYWAV	SLEEP DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ZARXIO	NEUTROPENIA	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	ZARXIO	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	ZEJULA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ZEPOSIA	AUTO IMMUNE (MS/UC)	APPROVED	2
3956	INTERNAL MEDICINE	ZOLEDRONIC ACID 5MG	OSTEOPOROSIS	APPROVED	1
3969	OBSTETRICS & GYNECOLOGY	ZURZUVAE	MENTAL HEALTH CONDITIONS	DENIED	1
3951	UNSPECIFIED SPECIALTY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	1
3965	OBSTETRICS & GYNECOLOGY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	2
3962	UNSPECIFIED SPECIALTY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	1