

## Pharmacy Specialty Overview by Prior Authorization Approval or Denial 1st Quarter 2025

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3951	FAMILY PRACTICE	ABIRATERONE	ONCOLOGY	APPROVED	1
3956	UROLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	ABIRATERONE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ABIRATERONE ACETATE 250MG OR TABS	ONCOLOGY	APPROVED	1
3956	RHEUMATOLOGY	ACTEMRA 200MG/10ML IV SOLN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	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	1
3951	NURSE PRACTITIONER, ADULT HEALTH	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	NURSE PRACTITIONER, ACUTE CARE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOINJECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	ACTHAR GEL	SEIZURE DISORDERS	DENIED	1
3961	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3965	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3962	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3961	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3970	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3965	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	15
3956	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	PEDIATRICS	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3964	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	8
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	4
3970	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	5
3965	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3951	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3965	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3970	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3965	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1

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3965	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ 40MG/0.4ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ 40MG/0.4ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3951	ALLERGY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3951	ALLERGY	ADBRY	ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	DENIED	1
3969	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	DENIED	2
3965	HEMATOLOGY & ONCOLOGY	ALUNBRIG	ONCOLOGY	APPROVED	1
3956	CARDIOLOGY	AMBRISANTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	AMBRISANTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	AMBRISANTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	INTERNAL MEDICINE	AMBRISANTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	NEUROLOGY	AUSTEDO	MOVEMENT DISORDERS	APPROVED	1
3965	NEUROLOGY	AVONEX PEN	MULTIPLE SCLEROSIS	APPROVED	1
3961	NEUROLOGY	AVONEX PFS	MULTIPLE SCLEROSIS	DENIED	1
3969	FAMILY PRACTICE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3965	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	DENIED	1
3964	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	DENIED	1
3968	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	BESREMI	ONCOLOGY	DENIED	1
3951	NEUROLOGY	BETASERON	MULTIPLE SCLEROSIS	DENIED	1
3963	DERMATOLOGY	BEXAROTENE CAPSULE	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	BRAFTOVI	ONCOLOGY	DENIED	3
3964	HEMATOLOGY & ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	BRUKINSA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3956	FAMILY PRACTICE	CABENUVA	HIV	APPROVED	1
3956	INTERNAL MEDICINE	CABENUVA	HIV	APPROVED	1
3956	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3956	FAMILY PRACTICE	CABENUVA	HIV	DENIED	1
3951	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3956	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3964	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	2
3970	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	CALQUENCE TABLET	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CAMZYOS	CARDIAC DISORDERS	DENIED	1
3963	CARDIOLOGY	CAMZYOS	CARDIAC DISORDERS	DENIED	3
3963	UNSPECIFIED SPECIALTY	CAMZYOS	CARDIAC DISORDERS	APPROVED	1
3963	INTERNAL MEDICINE	CAMZYOS	CARDIAC DISORDERS	APPROVED	1
3963	CARDIOLOGY	CAMZYOS	CARDIAC DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3970	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	5
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	4
3963	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	3
3963	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	DENIED	2
3956	INTERNAL MEDICINE	CAYSTON	CYSTIC FIBROSIS	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	CIBINQO	ATOPIC DERMATITIS	APPROVED	1
3969	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3965	INTERNAL MEDICINE	CINACALCET	RENAL	DENIED	1
3964	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

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3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3965	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3968	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	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)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3

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3964	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	RHEUMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3962	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	CRYSVITA	BONE DISORDERS - OTHER	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	CUTAQUIG	IMMUNE THERAPIES	APPROVED	1
3970	NEUROLOGY, PEDIATRIC	CUVITRU	IMMUNE THERAPIES	DENIED	1
3956	ALLERGY & IMMUNOLOGY	CUVITRU	IMMUNE THERAPIES	APPROVED	1
3956	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	3
3970	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3961	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	2
3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	DEFERASIROX	IRON OVERLOAD	DENIED	1
3969	HEMATOLOGY & ONCOLOGY	DEFERASIROX	IRON OVERLOAD	APPROVED	1
3963	FAMILY PRACTICE	DICHLORPHENAMIDE	OTHER DRUGS	APPROVED	1
3963	FAMILY PRACTICE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3956	INTERNAL MEDICINE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3956	INTERNAL MEDICINE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	2
3963	INTERNAL MEDICINE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	FAMILY PRACTICE	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3965	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	DENIED	1
3956	NEUROLOGY	DIMETHYL FUMARATE 120MG DR CAP	POST LIMIT	APPROVED	1
3964	LEGAL MEDICINE	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	FAMILY PRACTICE	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	2
3956	UNSPECIFIED SPECIALTY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3965	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	2
3951	NEUROLOGY	DUOPA	MOVEMENT DISORDERS	APPROVED	1
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	30
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3968	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3969	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3968	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	11
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3951	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3961	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	13
3962	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	5
3970	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3956	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	13

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3969	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	8
3965	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3968	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3965	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	7
3956	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3969	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3970	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3951	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	29
3969	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	13
3968	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3964	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	11
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	9
3963	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2



Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3967	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	9
3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	FAMILY PRACTICE	DUPIXENT 200/1.14 INJ	POST LIMIT	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	INTERNAL MEDICINE	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3961	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	14
3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	1
3961	INTERNAL MEDICINE	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 25MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3964	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3968	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	15
3970	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	DERMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3969	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PEDIATRICS	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3963	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3968	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3965	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	INTERNAL MEDICINE	ENBREL MINI 50MG/ML SC SOCT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL SURECLICK 50MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	5
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3951	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	8
3970	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	2
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	3
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	6
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	4
3963	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	3
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	4
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	2
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	15
3951	GENERAL PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	4
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	1
3965	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	4
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	16
3970	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3963	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	2
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	2
3956	GENERAL PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3963	UNSPECIFIED SPECIALTY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3969	UNSPECIFIED SPECIALTY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	NEUROLOGY	EPIDIOLEX	SEIZURE DISORDERS	APPROVED	1
3963	NEUROLOGY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3956	UNSPECIFIED SPECIALTY	ERIVEDGE	ONCOLOGY	APPROVED	1
3963	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3951	UROLOGY	ERLEADA	ONCOLOGY	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ERLEADA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	EVEROLIMUS	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	3
3951	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	2
3965	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	DENIED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	2
3956	INFECTIOUS DISEASES	FASENRA	ASTHMA	DENIED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	1
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	4
3951	FAMILY PRACTICE	FASENRA	ASTHMA	APPROVED	1
3963	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	FINGOLIMOD	MULTIPLE SCLEROSIS	DENIED	1
3964	FAMILY PRACTICE	FORTEO	OSTEOPOROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	FULVESTRANT	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	FYLNETRA	NEUTROPENIA	APPROVED	1
3956	ENDOCRINOLOGY, PEDIATRIC	GENOTROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	GLATOPA	MULTIPLE SCLEROSIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	NURSE PRACTITIONER, ACUTE CARE	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	3
3951	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HARVONI	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HARVONI 90-400MG OR TABS	HEPATITIS C	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE THERAPIES	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	HUMATROPE	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	HUMATROPE	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3970	PEDIATRICS	HUMIRA 20 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	HUMIRA 20 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	HUMIRA 20 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3964	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	DERMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3969	INTERNAL MEDICINE	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	RHEUMATOLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	HUMIRA CROHNS/UC/HS STARTER PACK + HUMIRA 80 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	3
3970	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3965	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3964	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3961	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3970	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	5
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	5
3969	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	10
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	8
3956	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	7
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	IBRANCE	ONCOLOGY	APPROVED	2
3969	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	IDHIFA	ONCOLOGY	APPROVED	1
3965	INTERNAL MEDICINE	ILARIS	CAPS/GOUT	APPROVED	1
3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	IMBRUVICA	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	INBRIJA	MOVEMENT DISORDERS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	INCRELEX	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	INTERNAL MEDICINE	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	NEUROLOGY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	INFLIXIMAB	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	INGREZZA	MOVEMENT DISORDERS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	INGREZZA	MOVEMENT DISORDERS	APPROVED	1
3965	PSYCHIATRY	INGREZZA	MOVEMENT DISORDERS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	INQOVI	ONCOLOGY	APPROVED	1
3968	UNSPECIFIED SPECIALTY	INQOVI 35-100MG OR TABS	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3956	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3963	PEDIATRICS	JAVYGTOR	PHENYLKETONURIA (PKU)	APPROVED	1
3956	PEDIATRICS	KALYDECO	CYSTIC FIBROSIS	APPROVED	2
3970	INTERNAL MEDICINE	KALYDECO	CYSTIC FIBROSIS	APPROVED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	4
3970	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	FAMILY PRACTICE	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	2
3961	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	INTERNAL MEDICINE	KESIMPTA	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	4
3965	NEUROLOGY	KESIMPTA 20MG/0.4ML SC SOAJ	MULTIPLE SCLEROSIS	APPROVED	2
3963	FAMILY PRACTICE	KEVEYIS	OTHER DRUGS	DENIED	1
3969	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	NURSE PRACTITIONER, ACUTE CARE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	HOSPITALIST	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	KEVZARA 200MG/1.14ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1



Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	MEDICAL ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	4
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	6
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	DENIED	1
3964	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	3
3969	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	DENIED	1
3956	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	3
3964	SLEEP MEDICINE	KITABIS PAK	CYSTIC FIBROSIS	DENIED	1
3951	HEMATOLOGY & ONCOLOGY	LANREOTIDE INJECTION	ACROMEGALY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LANREOTIDE INJECTION	ACROMEGALY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	LAPATINIB	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	2
3964	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	1
3963	SLEEP MEDICINE	LUMRYZ	SLEEP DISORDERS	APPROVED	1
3963	SLEEP MEDICINE	LUMRYZ	SLEEP DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	LUPRON DEPOT PED-6 MONTH 45MG	HORMONAL THERAPIES/ CPP	APPROVED	1
3970	MEDICAL ONCOLOGY	LUPRON DEPOT-3 MONTH 22.5MG	HORMONAL THERAPIES/ CPP	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	DENIED	1
3970	NEUROLOGY	MAVENCLAD	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	MAVENCLAD	MULTIPLE SCLEROSIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	MEKINIST	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	MEKTOVI	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	MEKTOVI	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3964	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	DENIED	1
3969	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3970	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	2
3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	2
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	4
3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3956	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	2
3967	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3969	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	5
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	2
3963	INTERNAL MEDICINE	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NUBEQA	ONCOLOGY	APPROVED	2
3970	UNSPECIFIED SPECIALTY	NUBEQA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	2
3956	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	APPROVED	2
3963	FAMILY PRACTICE	NUCALA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	NUCALA	ASTHMA	APPROVED	1
3969	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	2
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3965	RHEUMATOLOGY	NUCALA	ASTHMA	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	NUCALA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	2
3951	UNSPECIFIED SPECIALTY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3970	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3963	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	3
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	5
3965	UNSPECIFIED SPECIALTY	OCALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OCALIVA	GASTROINTESTINAL DISORDERS - OTHER	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OCALIVA	GASTROINTESTINAL DISORDERS - OTHER	DENIED	1
3964	UNSPECIFIED SPECIALTY	OCREVUS 300MG/10ML IV SOLN	MULTIPLE SCLEROSIS	APPROVED	1
3963	DERMATOLOGY	ODOMZO	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ODOMZO	ONCOLOGY	APPROVED	1
3970	DERMATOLOGY	ODOMZO	ONCOLOGY	APPROVED	1
3963	FAMILY PRACTICE	OFEV	PULMONARY DISORDERS	APPROVED	1
3970	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	DENIED	1
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	DENIED	1
3968	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3970	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	3
3969	NURSE PRACTITIONER, ACUTE CARE	OFEV	PULMONARY DISORDERS	APPROVED	1
3951	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	SLEEP MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3956	FAMILY PRACTICE	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	INTERNAL MEDICINE, CRITICAL CARE	OFEV 150MG OR CAPS	PULMONARY DISORDERS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	4
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3970	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	INTERNAL MEDICINE, CRITICAL CARE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	UNSPECIFIED SPECIALTY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	ORENCIA CLICKJECT 125MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	RHEUMATOLOGY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	CARDIOLOGY	ORENITRAM	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3951	FAMILY PRACTICE	ORGOVYX	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 10 & 20 & 30MG OR TBPK	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3963	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	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	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3968	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	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
3956	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3964	INTERNAL MEDICINE	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
3964	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970	DERMATOLOGY	OTEZLA 30MG OR TABS	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	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
3963	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	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)	APPROVED	1
3964	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	HEMATOLOGY & ONCOLOGY	PADCEV	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3963	DERMATOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3963	MEDICAL ONCOLOGY	PEGASYS	HEPATITIS C	APPROVED	1
3956	INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3965	NEUROLOGY	PLEGRIDY	MULTIPLE SCLEROSIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	1
3970	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	2
3970	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	2
3970	ENDOCRINOLOGY, DIABETES & METABOLISM	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	6
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	RHEUMATOLOGY	PROLIA	OSTEOPOROSIS	DENIED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	6
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	4
3964	LEGAL MEDICINE	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	DENIED	1
3963	MEDICAL ONCOLOGY	PROMACTA 25MG OR TABS	THROMBOCYTOPENIA	APPROVED	1
3965	UNSPECIFIED SPECIALTY	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	REBIF INJ	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	REBIF REBIDOSE	MULTIPLE SCLEROSIS	DENIED	1
3951	GASTROENTEROLOGY	REMICADE 100MG IV SOLR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	REMICADE 100MG IV SOLR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	RETACRIT	ANEMIA	DENIED	1
3963	INTERNAL MEDICINE	REVATIO 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	REVATIO TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	4
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3963	UNSPECIFIED SPECIALTY	REVLIMID	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	DENIED	1
3956	FAMILY PRACTICE	REVLIMID	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	2
3970	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3956	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3969	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3961	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3956	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	7
3969	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3970	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3969	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3970	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3969	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3965	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3962	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3968	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3962	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3964	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
3970	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3961	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3963	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3970	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3951	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3969	NURSE PRACTITIONER, ACUTE CARE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3951	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3951	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	4
3956	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3970	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3956	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ 30MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	FAMILY PRACTICE	RITUXAN	AUTO IMMUNE (RA/PSOR/IBD)/ONCOLOGY	DENIED	1
3956	RHEUMATOLOGY	RUXIENCE	AUTO IMMUNE (RA/PSOR/IBD)/ONCOLOGY	APPROVED	1
3961	UNSPECIFIED SPECIALTY	SAPROPTERIN	PHENYLKETONURIA (PKU)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3962	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3964	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3962	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	CARDIOLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3969	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	RHEUMATOLOGY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	5
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	CARDIOLOGY, INTERVENTIONAL	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3970	ENDOCRINOLOGY, DIABETES & METABOLISM	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	4



Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3970	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	8
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	CARDIOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3951	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	PULMONARY DISEASES	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL SUSPENSION	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SIMPONI 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	28
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	20
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	33
3970	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	13
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3964	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3969	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3970	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3968	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3968	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3965	INTERNAL MEDICINE	SKYRIZI 150MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3963	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3965	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3964	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 360MG/2.4ML SC SOCT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	SKYRIZI PEN 150MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NEUROLOGY	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3951	INTERNAL MEDICINE	SODIUM OXYBATE	SLEEP DISORDERS	APPROVED	1
3964	PEDIATRICS	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	SOMATULINE DEPOT	ACROMEGALY	DENIED	1
3963	DERMATOLOGY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3968	DERMATOLOGY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3963	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	EMERGENCY MEDICINE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3968	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3970	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3970	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3951	PEDIATRICS	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	EMERGENCY MEDICINE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5
3970	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	5
3951	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	11
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	19
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	8
3970	EMERGENCY MEDICINE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	17
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	4
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	5
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	5
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	14
3964	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	40
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3951	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	8
3963	UNSPECIFIED SPECIALTY	SPRAVATO (84 MG DOSE) 28MG/DEVICE NA SOPK	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	SPRYCEL	ONCOLOGY	APPROVED	1
3970	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	GASTROENTEROLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3964	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	STIVARGA	ONCOLOGY	APPROVED	1
3951	ENDOCRINOLOGY, PEDIATRIC	SUPPRELIN LA	HORMONAL THERAPIES/CPP	APPROVED	1
3951	ENDOCRINOLOGY, PEDIATRIC	SUPPRELIN LA	HORMONAL THERAPIES/CPP	DENIED	2
3970	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	4
3969	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3951	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3951	FAMILY PRACTICE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	TAFINLAR	ONCOLOGY	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	TAGRISSO	ONCOLOGY	APPROVED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	5
3970	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	10
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	26
3956	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3961	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	UNSPECIFIED SPECIALTY	TALTZ 80MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TALTZ 80MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TASIMELTEON	SLEEP DISORDERS	DENIED	1
3951	INTERNAL MEDICINE	TASIMELTEON	SLEEP DISORDERS	DENIED	1
3951	UNSPECIFIED SPECIALTY	TASIMELTEON	SLEEP DISORDERS	DENIED	1
3963	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3951	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	2
3963	MEDICAL ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3962	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3970	FAMILY PRACTICE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3963	FAMILY PRACTICE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3970	FAMILY PRACTICE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	DENIED	1
3963	EMERGENCY MEDICINE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	TERIPARATIDE [GENERIC]	OSTEOPOROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TETRABENAZINE	MOVEMENT DISORDERS	DENIED	1
3962	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	APPROVED	1
3969	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	TEZSPIRE	ASTHMA	DENIED	1
3951	ALLERGY	TEZSPIRE	ASTHMA	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	THALOMID	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	THALOMID	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	SLEEP MEDICINE	TOBRAMYCIN 300MG/5ML IN NEBU	CYSTIC FIBROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3951	INTERNAL MEDICINE	TOBRAMYCIN INHALATION SOLUTION	CYSTIC FIBROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3970	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3968	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	PSYCHIATRY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	17
3956	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	INTERNAL MEDICINE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3967	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956	INTERNAL MEDICINE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	GASTROENTEROLOGY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3967	FAMILY PRACTICE	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	GASTROENTEROLOGY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	2
3951	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	3
3951	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3961	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3951	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3967	INTERNAL MEDICINE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	INTERNAL MEDICINE, CRITICAL CARE	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TYKERB	ONCOLOGY	DENIED	1
3963	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	DENIED	1
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	2
3951	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3969	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	DENIED	1
3970	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	DENIED	1
3964	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	DENIED	1
3970	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	5
3956	CARDIOLOGY	TYVASO 0.6MG/ML IN SOLN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	TYVASO DRY POWDER INHALER (DPI)	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	INTERNAL MEDICINE	TYVASO INHALATION SOLUTION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	CARDIOLOGY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	INTERNAL MEDICINE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2



Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	UNSPECIFIED SPECIALTY	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	UPTRAVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	NEPHROLOGY / RENAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	DENIED	1
3970	INTERNAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3970	MEDICAL ONCOLOGY	VENCLEXTA	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	5
3965	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA 100MG OR TABS	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3970	NEUROLOGY	VERZENIO	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3956	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	DENIED	2
3964	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	NEUROLOGY	VERZENIO	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3970	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3951	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	APPROVED	1
3965	NEUROLOGY	VIGABATRIN POWDER FOR SOLUTION	SEIZURE DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VIGABATRIN TABLETS	SEIZURE DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	VORANIGO	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	VORANIGO	ONCOLOGY	DENIED	1
3956	FAMILY PRACTICE	VOSEVI	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	VOSEVI	HEPATITIS C	DENIED	2
3956	FAMILY PRACTICE	VOSEVI + RIBAVIRIN	HEPATITIS C	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VOWST	INFECTIOUS DISEASE	APPROVED	1
3969	GASTROENTEROLOGY	VOWST	INFECTIOUS DISEASE	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VOWST	INFECTIOUS DISEASE	DENIED	1
3963	GASTROENTEROLOGY	VOWST	INFECTIOUS DISEASE	APPROVED	1
3963	UNSPECIFIED SPECIALTY	WAKIX	SLEEP DISORDERS	DENIED	1
3963	UNSPECIFIED SPECIALTY	WAKIX	SLEEP DISORDERS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	FAMILY PRACTICE	WAKIX	SLEEP DISORDERS	APPROVED	1
3951	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	DENIED	1
3963	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	DENIED	1
3963	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	APPROVED	1
3956	PSYCHIATRY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	HEMATOLOGY & ONCOLOGY, PEDIATRIC	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3965	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	INTERNAL MEDICINE	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
3956	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3956	PSYCHIATRY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	XELODA	ONCOLOGY	APPROVED	2
3963	GENERAL SURGERY	XGEVA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	XGEVA	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	XGEVA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	XGEVA	ONCOLOGY	APPROVED	1
3967	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	3
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	3
3964	FAMILY PRACTICE	XOLAIR	ASTHMA	APPROVED	1
3970	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	1
3956	PEDIATRICS	XOLAIR	ASTHMA	DENIED	1
3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	2
3956	DERMATOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	PULMONARY DISEASES	XOLAIR	ASTHMA	APPROVED	2
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	4
3956	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	3
3970	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3951	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3956	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	2
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	DENIED	2
3963	INTERNAL MEDICINE, CRITICAL CARE	XOLAIR	ASTHMA	APPROVED	1
3956	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	8
3963	PEDIATRICS	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	7
3964	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	2
3965	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3951	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3970	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	2
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	1
3967	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	6
3951	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3956	DERMATOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3969	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	XTANDI	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	2
3963	FAMILY PRACTICE	XTANDI	ONCOLOGY	APPROVED	1
3964	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3970	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XTANDI	ONCOLOGY	APPROVED	1
3963	UROLOGY	XTANDI	ONCOLOGY	APPROVED	4
3970	UROLOGY	XTANDI	ONCOLOGY	APPROVED	1
3951	UNSPECIFIED SPECIALTY	XTANDI 40MG OR TABS	ONCOLOGY	APPROVED	1
3969	FAMILY PRACTICE	XYWAV	SLEEP DISORDERS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	PULMONARY DISEASES	XYWAV	SLEEP DISORDERS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	DENIED	1
3963	SLEEP MEDICINE	XYWAV	SLEEP DISORDERS	APPROVED	1
3963	FAMILY PRACTICE	XYWAV	SLEEP DISORDERS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	APPROVED	1
3969	NURSE PRACTITIONER, ACUTE CARE	XYWAV	SLEEP DISORDERS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ZEJULA	ONCOLOGY	APPROVED	1
3965	NEUROLOGY	ZEPOSIA	AUTO IMMUNE (MS/UC)	APPROVED	1
3963	GASTROENTEROLOGY	ZEPOSIA	AUTO IMMUNE (MS/UC)	APPROVED	1
3963	NEUROLOGY	ZEPOSIA STARTER KIT	AUTO IMMUNE (MS/UC)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ZURZUVAE 25MG OR CAPS	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ZURZUVAE 25MG OR CAPS	MENTAL HEALTH CONDITIONS	APPROVED	1