



## 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 AUTOIN- JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN- JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN- JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN- JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	NURSE PRACTITIONER, ADULT HEALTH	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN- JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	NURSE PRACTITIONER, ACUTE CARE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN- JECTOR	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

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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	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3956	INTERNAL MEDICINE	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	INTERNAL MEDICINE	AMBRISENTAN	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

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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

3988         RHEUMATOLOGY         OOSENTYX SC         AUTO IMMUNE (RAPSORIBD)         APPROVED         4           3961         DERMATOLOGY         OOSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3968         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         OPENDE         1           3968         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         OPENDE         1           3968         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3968         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3968         FREDMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         2           3961         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         2           3962         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         DENIED         4           3963         HEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         APPROVED         1           3964         HEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSORIBD)         APPROVED         2
3986         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         1           3986         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         2           3986         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         1           3986         DERNATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         1           3981         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         2           3981         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         2           3986         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         1           3986         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3986         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3987         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3986         DERNATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROV
3986         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           3961         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         2           3970         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3966         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         4           3967         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         4           3969         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         AP
3956         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3956         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3954         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3951         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3956         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3956         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3957         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3958         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3956         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3956         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3956         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPR
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         4           3966         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3966         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPR
3984         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           3966         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)
3951         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         2           3970         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3966         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           3966         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RA/P
3970         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         1           3966         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         DENIED         4           3965         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3956         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3956         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         2           3964         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3963         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX UNOREADY PEN         AUTO IMMUNE (RAPSOR/IBD)
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3965         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3970         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3956         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3970         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3956         DERMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3956         INTERNAL MEDICINE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         2           3964         FAMILY PRACTICE         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         1           3963         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         COSENTYX UNOREADY PEN         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         3           3988         INTERNAL MEDICINE         COSENTYX UNOREADY PEN         AUTO IMMUNE (R
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           3963         RHEUMATOLOGY         COSENTYX SC         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3970         UNSPECIFIED SPECIALTY         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
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SPECIFIED SPECIALTY   COSENTYX SC   AUTO IMMUNE (RA/PSOR/IBD)   APPROVED   3
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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

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
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

MITERIAN MERICINE   DUPRENT   AL FREGO AST-MANATOPIC DEPARTITIS   DENIED   4	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
Defination   Defination   Define   De	3963	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
1956   RYTERNAL INFOCINE   DUPRENT   ALLERGIC ASTHMANTOPIC DERMATTIS   DENED   9   9   9   9   9   9   9   9   9	3967	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
9886         FAMILY PRACTICE         DUPINENT         ALLERGIC AST-MANATOPIC DEFINATITIS         DENIED         \$           3981         OTICLARYNGOLOGY         DUPINENT         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         1           3950         ALLERGY & INMUNOLOGY         DUPINENT TRU 200         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         1           3981         ALLERGY & INMUNOLOGY         DUPINENT TRU 200         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         1           3983         ALLERGY & INMUNOLOGY         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         CENED         1           3980         OTEMATICA MEDICINE         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         CENED         1           3987         PEDIATRICS         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         2           3980         PEDIATRICS         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         2           3980         PEDIATRICS         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         2           3980         PEDIATRICS         DUPINENT SYN 300         ALLERGIC AST-MANATOPIC DEFINATITIS         APPROVED         2 <td< td=""><td>3956</td><td>DERMATOLOGY</td><td>DUPIXENT</td><td>ALLERGIC ASTHMA/ATOPIC DERMATITIS</td><td>DENIED</td><td>7</td></td<>	3956	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
9961         OTOLARYNIGOLOGY         DUPKENT         ALLERGIC ASTHMA/ATORIC DEMARTITIS         APPROVED         2           9961         FAMLY PPACTICE         DUPKENT DOUTH IN IN         POST LIMIT         APPROVED         1           9968         ALLERGY & IMMUNOLOGY         DUPKENT IN 200         ALLERGIC ASTHMA/ATORIC DERMATTIS         OENED         2           9963         ALLERGY & IMMUNOLOGY         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         1           9963         ALLERGY & IMMUNOLOGY         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         1           9963         DEMATOLOGY         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         1           9970         PEDIATRICS         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         2           9970         MAILE PROTECTE         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         1           9986         FEMALY PRACTICE         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         2           9986         FEMALY PRACTICE         DUPKENT SIN 300         ALLERGIC ASTHMA/ATORIC DERMATTIS         APPROVED         1           9986         FEMALY	3956	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	8
9581         FAMILY PRACTICE         DUPRENT 2001 14 INJ         POST LIMIT         APPROVED         1           3986         ALERGY & IMMUNDLOGY         DUPRENT INL 200         ALERGY & IMMUNDLO COPEMATITS         APPROVED         1           3981         N.TERRAL MEDICINE         DUPRENT INL 200         ALLERGY ASTHMANATORY DERMATITS         DENIED         2           9863         ALLERGY & IMMUNDLOGY         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         DENIED         1           3986         NITERRAL MEDICINE         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         1           3970         PEDIATRICS         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         2           3981         CRAINLY PRACTICE         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         2           3986         CRAINLY PRACTICE         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         2           3987         VILLERGY & IMMUNDLOGY         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         2           3986         PREDIATRICS         DUPRENT SYN 300         ALLERGY ASTHMANATORY DERMATITS         APPROVED         1           3987         PEDIATRICS<	3956	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	9
STATE	3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
8861         INTERNAL MEDICINE         DUPIXENT INU 200         ALLERGIC ASTHMANATOPIC DEFMATITIS         DENIED         2           3863         ALLERGY & IMMUNOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         1           3868         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         1           3863         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         2           3870         PEDATATICS         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         1           3870         UNSPECIFIED SPECIALTY         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         2           3866         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         2           3866         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         2           3866         FEDATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         1           3870         PEDATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMANATOPIC DEFMATITIS         APPROVED         1	3951	FAMILY PRACTICE	DUPIXENT 200/1.14 INJ	POST LIMIT	APPROVED	1
8883         ALERGY & IMMUNOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3966         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         DENIED         1           3970         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3961         PAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         UNSPECIFIED SPECIALTY         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3986         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3970         P	3956	ALLERGY & IMMUNOLOGY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         DENIED         1           3963         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3961         FEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3961         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3968         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3966         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3968         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3969         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3960         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3963         OTOLARYMOCLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3966	3951	INTERNAL MEDICINE	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3983         DERMATOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3970         PEDIATICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3981         FAMILY PRACTICE         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         4           3990         UNSPECIFIED SPECIALTY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3986         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3986         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3983         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3983         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3983         OTOLARYNGOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         1           3986         DERMATOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATTIS         APPROVED         2           3983         OTOLARYNGOLOGY	3963	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
9370         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3861         RAMILY PRACTICE         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3970         UNSPECIFIED SPECIALTY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3956         FAMILY PRACTICE         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3956         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3968         ALLERGY & IMMUNOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3969         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3960         PEDIATRICS         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3963         OTOLARYNGOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3963         DERMATOLOGY         DUPKENT SYN 300         ALLERGIC ASTHMAATOPIC DERMATITIS         DENIED         3           3962         <	3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
9861         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3970         UNSPECIFIED SPECIALTY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3966         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3966         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3968         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         APPROVED         1           3963         OTOLARYNGOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3966         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3967         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         2	3963	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970         UNSPECIFIED SPECIALITY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3886         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3986         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3986         ALLERGY & IMMUNOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3987         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3983         OTOLARYNGOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3986         INTERNAL IMEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3986         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3983         INTERNAL IMEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         3           3980         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         2	3970	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3966         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3968         ALLERGY & IMMUNDLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3963         PEDIATRICS         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         1           3963         OTOLARYNGOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3968         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3969         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3960         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         3           3961         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         2           3966         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         2 <td< td=""><td>3961</td><td>FAMILY PRACTICE</td><td>DUPIXENT SYN 300</td><td>ALLERGIC ASTHMA/ATOPIC DERMATITIS</td><td>APPROVED</td><td>1</td></td<>	3961	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
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         APPROVED         1           3963         OTOLARYNGOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3956         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3963         INTERNAL MEDICINE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3966         DERMATOLOGY         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         3           3967         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         1           3968         FAMILY PRACTICE         DUPIXENT SYN 300         ALLERGIC ASTHMA/ATOPIC DERMATITIS         DENIED         2	3970	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3956ALLERGY & IMMUNOLOGYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED13963PEDIATRICSDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED13970PEDIATRICSDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED13963OTOLARYNGOLOGYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED13966INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED23963INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED23964INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED33970FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED13966UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED23970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISAPPROVED23970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED33970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED33970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED33966UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMAATOPIC DERMATITISDENIED13961DENBATOLOGYDUPIXENT SYN 300ALLE	3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963PEDIATRICSDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13970PEDIATRICSDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13963OTOLARYNGOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13966INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13963IDERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23963INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13966UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13961DERMATOLOGYDUPIXENT SYN 300ALLE	3956	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
9370 PEDIATRICS DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 OTOLARYNGOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3966 INTERNAL MEDICINE DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3966 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 3966 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3966 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3963 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3970 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3960 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3962 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3963 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3964 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED	3956	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963OTOLARYNGOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13956INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13956DERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23963INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13956UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED143956FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23970INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23966UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13951DERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13951ALLERGY & IMMUNOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13970DERMATOLOGYDUPIXENT SYN 300<	3963	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956   INTERNAL MEDICINE   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1	3970	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956DERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23963INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13956UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED143956FAMILY PRACTICEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23970UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED33970INTERNAL MEDICINEDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED23963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13963UNSPECIFIED SPECIALTYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13951DERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13951ALLERGY & IMMUNOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISDENIED13950DERMATOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13951ALLERGY & IMMUNOLOGYDUPIXENT SYN 300ALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13970DERMATOLOGYDUPIXENT SYN 300<	3963	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
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   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   DENIED   1   3951   ALLERGY & IMMUNOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DERMATOLOGY   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1   3950   DUPIXENT SYN 300   ALLERGIC ASTHMA/ATOPIC DERMATITIS   APPROVED   1	3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
9970 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 DENIED 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 DENIED 1 3950 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3951 ALLERGY & IMMUNOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3950 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3950 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1	3956	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
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 DENIED 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 2  3963 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 ALLERGY & IMMUNOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1  3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1  3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1  3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1	3963	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3956 FAMILY PRACTICE DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 2 3963 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 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 DENIED 1 3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1	3970	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 3 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 DENIED 1 3951 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 3951 ALLERGY & IMMUNOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1	3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	14
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 DENIED 1 3961 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1	3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
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	3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956 UNSPECIFIED SPECIALTY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS DENIED 1 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	3970	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	3970	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
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	3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
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	3963	UNSPECIFIED SPECIALTY	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	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970 DERMATOLOGY DUPIXENT SYN 300 ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 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
3951 UNSPECIFIED SPECIALTY 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

	ITERNAL MEDICINE	ENDRE EN 10			
3970 RH		ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
	HEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956 UN	NSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3965 UN	NSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963 UN	NSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951 RH	HEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951 RH	HEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951 FA	AMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956 FA	AMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3956 IN	ITERNAL MEDICINE	ENBREL MINI 50MG/ML SC SOCT	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956 IN	ITERNAL MEDICINE	ENBREL SURECLICK 50MG/ML SC SOAJ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	5
3951 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3951 GA	ASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3956 GA	ASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	2
3970 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	8
3970 NL	URSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	2
3970 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	3
3963 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	6
3956 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	4
3963 GA	ASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956 IN	ITERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	3
3956 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	4
3951 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	2
3956 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	15
3951 GE	ENERAL PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3956 NL	URSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	4
3970 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	1
3965 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	4
3956 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	16
3970 GA	ASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3963 UN	NSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3970 FA	AMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	2
3956 IN	ITERNAL MEDICINE	EPCLUSA	HEPATITIS C	DENIED	2
3956 GE	ENERAL PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3963 UN	NSPECIFIED SPECIALTY	EPIDIOLEX	SEIZURE DISORDERS	DENIED	1
3969 UN	NSPECIFIED 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	IMMUNETHERAPIES	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
Series   Cemmic Losy   Series   Hyrimoz   Auto Immune Rappsor Redux   Denied   1	3956	UNSPECIFIED SPECIALTY		AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
APPROVED   1   1   1   1   1   1   1   1   1	3956	DERMATOLOGY		AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
DEFINATOLOGY	3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	3
PRILIMATOLOGY	3970	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
PEDIATRICS	3970	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
Page	3970	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
AUTO IMMUNE (RA/PSOR/BDI/AA   APPROVED   1   1   1   1   1   1   1   1   1	3963	PEDIATRICS	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
INTERNAL MEDICINE	3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
APPROVED   9   3995   APPROVED   9   3995   APPROVED   9   3995   APPROVED   9   3995   APPROVED   1   3995   APPROVED   2   3995   APPROVED   2   3995   APPROVED   4   3995	3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
PAMILY PRACTICE	3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
INTERNAL MEDICINE	3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
APPROVED   1	3965	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
PYRIMOZ   AUTO IMMUNE (RA/PSOR/IBD)/AA   DENIED   1	3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
1	3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
DERMATOLOGY	3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
AUTO IMMUNE (RA/PSOR/IBD)   DENIED   1	3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
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)/AA APPROVED 2  3965 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  3956 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  3956 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1  APPROVED 1  APPROVED 1  APPROVED 1  APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 1  APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 2  AUTO IMMUNE (RA/PSOR/IBD) DENIED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 3  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 3  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 1  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 1  APPROVED 1  APPROVED 1  APPROVED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  APPROVED 2  AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1	3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
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) APPROVED 3 3951 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2 3965 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3356 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 3366 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 6 3363 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2 3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2 3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1 APPROVED 1	3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
RHEUMATOLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 1  RHEUMATOLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 3  GASTROENTEROLORE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 2  GASTROENTEROLORE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1	3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
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)/AA APPROVED 2 3965 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1 3956 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6 3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2 3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2 3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2 3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
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)/AA APPROVED 6  3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2  3963 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2  3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
FAMILY PRACTICE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 3  3963 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	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
AUTO IMMUNE (RA/PSOR/IBD)  APPROVED 2  INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 1  INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2  INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
APPROVED 1  INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA APPROVED 6  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	3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
AUTO IMMUNE (RA/PSOR/IBD)  APPROVED 6  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)  APPROVED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2  GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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	3965	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2 3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3970 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
	3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956 UNSPECIFIED SPECIALTY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 4	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	3964	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3965 GASTROENTEROLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD)/AA DENIED 1	3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3951 DERMATOLOGY HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2	3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963 INTERNAL MEDICINE HYRIMOZ AUTO IMMUNE (RA/PSOR/IBD) DENIED 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

398         MEMORDON'S ONGOLODY         NNESTYM         MEUTROPEIRA         APTROCED         1           3983         UNSPECIFIED SPECIALTY         NNESTYM         MEUTROPEIRA         APTROCED         1           3986         MEDICA, ONGOLODY         NNESTYM         MEUTROPEIRA         APTROCED         2           3987         MEDICA, ONGOLODY         NNESTYM         MUTROPEIRA         APTROCED         2           3970         HEMMILIOUY & ONGOLODY         NNESTYM         MUTROPEIRA         APTROCED         2           3931         UNSPECIFIES SPECIALTY         NUESTYM         MUTROPEIRA         MUTROPEIRA         APTROCED         2           3943         HEMOGENOUS PEDIATRIC         NUESTYM         MUSETYM         APTROPEIRA         APTROPEIRA         2           3949         HOCOCHNICOLY FEDIATRIC         NORDTOPRI         GROWTH HORMORE AND RELATED DISCORDES         CRIED         2           3949         ENDOCHNICOLY FEDIATRIC         NORDTOPRI         GROWTH HORMORE AND RELATED DISCORDES         CRIED         2           3949         ENDOCHNICOLY FEDIATRIC         NORDTOPRI         GROWTH HORMORE AND RELATED DISCORDES         APTROPEIRA         2           3940         ENDOCHNICOLY FEDIATRIC         NORDTOPRI         GROWTH HORMORE AND RELATED	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
988         UNIDECTED SPECIALLY         NYSTYM         NELLITORENIA         APPROVED         21           3856         MEDICAL DONCOLORY         NYSTYM         NELLITORENIA         APPROVED         2           3863         MEDICAL DONCOLORY         NYSTYM         NELLITORENIA         APPROVED         2           3870         HEARDOLORY & ONCOLORY         NYSTYM         NELLITORENIA         APPROVED         2           3883         MEDICAL DONCOLORY         NYSTYM         NELLITORENIA         APPROVED         2           3883         PRODCINICIO DONCY PEDIATRIC         NODD TROPRI         GROWN HORMONE AND RELATED DISORDERS         OFWIELD         4           3884         PRODCINICIO DONCY PEDIATRIC         NOBD TROPRI         GROWN HORMONE AND RELATED DISORDERS         APPROVED         1           3885         ENDOCINICIO DONCY PEDIATRIC         NOBD TROPRI         GROWN HORMONE AND RELATED DISORDERS         APPROVED         2           3886         ENDOCINICIO DONCY PEDIATRIC         NOBD TROPRI         GROWN HORMONE AND RELATED DISORDERS         APPROVED         2           3883         ENDOCINICIO DONCY PEDIATRIC         NOBD TROPRI         GROWN HORMONE AND RELATED DISORDERS         APPROVED         2           3883         ENDOCINICIO DONCY DISORDERS         NELLI DONCY	3956	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
9986         MEDICAL ONCOLOGY         NYESTYM         NELBURS         NELBURS         APPROVED         1           3883         MEDICAL ONCOLOGY         NYESTYM         NELBURS         APPROVED         2           3893         MEDICAL ONCOLOGY         NYESTYM         NELBURS         0         4           3893         UNFECCIFIED SPECIALTY         NYESTYM         NELBURS         0         4           3893         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELETED BISORDERS         DENIEC         1           3994         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELETED BISORDERS         DENIEC         1           3998         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELETED BISORDERS         DENIEC         1           3993         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELETED BISORDERS         APPROVED         1           3993         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELATED BISORDERS         APPROVED         1           3993         ENDOCRINOLOGY EDUTRIC         NORDITROPIN         GROWTH HORMONE AND RELATED BISORDERS         APPROVED         1           3993         ENDOCRINOLOGY EDUTRIC         NORDITROPIN	3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	DENIED	1
5833         MEDICAL ONCOLOGY         NIVESTYM         NEUTROPENIA         APPROVED         2           3970         HEMATOLOGY & ONCOLOGY         NIVESTYM         NEUTROPENIA         CENED         2           3973         HEMATOLOGY & ONCOLOGY         NIVESTYM         NEUTROPENIA         APPROVED         2           3983         LONGCRINOLOGY, DIABETES & METABOLISM         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         0 END.         1           3964         PINDOCRINOLOGY, PEDIATRIC         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         0 END.         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         0 END.         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         0 END.         1           3963         UNINECEFED STECALLY         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNINECEFED STECALLY         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDTROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDO	3969	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	1
9070         HEMATOLOGY & ONCOLOGY         NIVESTYM         NEUTROPENIA         NEUTROPENIA         PENIDOR         2           3833         UNSPECIFIED SPECIALTY         NIVESTYM         NEUTROPENIA         APPROVED         2           3838         ENDOCRINOLOGY CRUBETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         CENED         1           3840         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3851         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         OENED         2           3862         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         CENED         2           3863         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3861         EEDOATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3862         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1 </td <td>3956</td> <td>MEDICAL ONCOLOGY</td> <td>NIVESTYM</td> <td>NEUTROPENIA</td> <td>APPROVED</td> <td>1</td>	3956	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
8833         UNSPECIFIED SPECIALITY         NVESTYM         BELITROPENIA         APPROVED         2           3883         ENDOCRNOLOCY DIABETES & METABOLISM         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         4           3884         ENDOCRNOLOCY, PEDIATRIC         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3850         ENDOCRNOLOCY, PEDIATRIC         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3863         ENDOCRNOLOCY, PEDIATRIC         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3867         ENDOCRNOLOCY, PEDIATRIC         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3863         LUSSPECIFIES SECIALIY         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3863         LUSSPECIFIES SECIALIY         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3861         PEDIATRICS         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3862         ENDOCRINOLOCY, PEDIATRIC         NORDITAGONN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2 </td <td>3963</td> <td>MEDICAL ONCOLOGY</td> <td>NIVESTYM</td> <td>NEUTROPENIA</td> <td>APPROVED</td> <td>2</td>	3963	MEDICAL ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	2
3853         RNDOCRINGLOGY, DIABETES & METABOLISM         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         DENIED         4           3904         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         DENIED         1           3866         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         DENIED         2           3862         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         DENIED         2           3863         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         APPROVED         1           3863         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         APPROVED         1           3863         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         APPROVED         1           3864         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         APPROVED         1           3863         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS         APPROVED         1           3863         ENDOCRINGLOGY, PEDIATRIC         NORDITHOPN         GROWTH HORMONE AND RELATED DISCROERS<	3970	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	2
3884         ENDOCRINOLOGY, PEDIATRIC         ORBITROPIN         CROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3891         PEDIATRICS         NOBDITROPIN         CROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3896         ENDOCRINOLOGY, PEDIATRIC         NOBDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3897         ENDOCRINOLOGY, PEDIATRIC         NOBDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3893         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3893         ENDOCRINOLOGY, DEALETES METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3893         ENDOCRINOLOGY, DEALETES METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3893         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3893         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3893         UNSECORE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS	3963	UNSPECIFIED SPECIALTY	NIVESTYM	NEUTROPENIA	APPROVED	2
3851         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3856         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3867         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3861         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	4
3856         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         UNSPECIPIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, DIABETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3863         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3863         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS	3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3983         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3967         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNSPECIFIED SPECIALITY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3961         ENDOCRINOLOGY DIABETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3961         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         A	3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3967         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3963         ENDOCRINOLOGY, DABETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3961         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED </td <td>3956</td> <td>ENDOCRINOLOGY, PEDIATRIC</td> <td>NORDITROPIN</td> <td>GROWTH HORMONE AND RELATED DISORDERS</td> <td>DENIED</td> <td>1</td>	3956	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3963         ENDOCRINOLOGY, DIABETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3961         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3963         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         5           3963         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         5           3963         UNSPECIFIED SPECIALITY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3963         UNSPECIFIED SPECIALITY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         UNSPECIFIED SPECIALITY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         UNSPECIFIED SPECIALITY         NUBEGA         ONCOLOGY         APPROVED         1           3963         UNSPECIFIED SPECIALITY         NUBEGA         ONCOLOGY         APPROVED         1	3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	2
39863         ENDOCRINOLOGY, DIABETES & METABOLISM         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3981         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3989         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3983         INTERNAL MEDICINE         NORDITROPIN         ONCOLOGY         APPROVED         4	3967	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3951         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         1           3969         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         5           3963         ENDOCRINOLOGY, PEDIATRIC         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         5           3963         PEDIATRICS         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         UNSPECIFIED SPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         INTERNAL MEDICINE         NUBECIA         ONCOLOGY         APPROVED         2           3963         UNSPECIFIED SPECIALTY         NUBECIA         ONCOLOGY         APPROVED         2           3967         HEMATOLOGY & ONCOLOGY         NUBECIA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBECIA	3963	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	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         APPROVED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         2           3963         UNSPECIALTY         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NUBECA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBECA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY <td>3963</td> <td>ENDOCRINOLOGY, DIABETES &amp; METABOLISM</td> <td>NORDITROPIN</td> <td>GROWTH HORMONE AND RELATED DISORDERS</td> <td>APPROVED</td> <td>2</td>	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
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         DENIED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         DENIED         2           3963         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3963         INTERNAL MEDICINE         NORDITROPIN         ONCOLOGY         APPROVED         2           3970         INSPECIFIED SPECIALTY         NUBECA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBECA         ASTHMA         APPROVED         2           3963         FAMILY PRACTICE         NUCALA         A	3951	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
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         2           3963         UNSPECIFIED SPECIALTY         NUBEQA         ONCOLOGY         APPROVED         2           3970         HEMATOLOGY & ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY         NUCALA         ASTHMA         APPROVED         2           3963         FAMILY PRACTICE         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE	3969	ENDOCRINOLOGY, PEDIATRIC	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         NUBEOA         ONCOLOGY         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         2           3970         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         1           3970         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         2           3966         MEDICAL ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY         NUGELA         ASTHMA         APPROVED         1           3963         MEDICAL ONCOLOGY         NUCALA         ASTHMA         APPROVED         2           3963         PRAILE PRACTICE         NUCALA         ASTHMA         APPROVED         1           3969         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA	3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	5
3983         INTERNAL MEDICINE         NORDITROPIN         GROWTH HORMONE AND RELATED DISORDERS         APPROVED         1           3981         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           3986         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         1           3983         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         1           3983         MEDICAL ONCOLOGY         NUBEQA         ONCOLOGY         APPROVED         1           3983         MEDICAL ONCOLOGY         NUCALA         ASTHMA         APPROVED         2           3983         LLERGY & IMMUNOLOGY         NUCALA         ASTHMA         APPROVED         1           3989         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3983         INTERNAL MEDICINE         NUCALA         ASTHMA	3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
9951         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         2           3970         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         1           3970         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         2           3963         MEDICAL ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         UNSPECIFIED SPECIALTY         NUCALA         ASTHMA         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3965         RHEUMATOLOGY         NUCALA         ASTHMA         APPROVED         1 </td <td>3963</td> <td>UNSPECIFIED SPECIALTY</td> <td>NORDITROPIN</td> <td>GROWTH HORMONE AND RELATED DISORDERS</td> <td>DENIED</td> <td>2</td>	3963	UNSPECIFIED SPECIALTY	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	2
3963         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         2           3970         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         1           3970         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         2           3956         MEDICAL ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY         NUBEOA         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         APPROVED         1           3963         REUMATOLOGY         NUCALA         ASTHMA         APPROVED         1           3963         REUMATOLOGY         NUCALA         ASTHMA         APPROVED         1           3965         RHEUMATOLOGY         NUCALA         ASTHMA         APPROVED         1	3963	INTERNAL MEDICINE	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
9970         UNSPECIFIED SPECIALTY         NUBEOA         ONCOLOGY         APPROVED         1           3970         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         2           3956         MEDICAL ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY         NUBEOA         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         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3965         RHEUMATOLOGY         NUCALA         ASTHMA         APPROVED         1           3961         HEMATOLOGY & ONCOLOGY         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1 <td>3951</td> <td>HEMATOLOGY &amp; ONCOLOGY</td> <td>NUBEQA</td> <td>ONCOLOGY</td> <td>APPROVED</td> <td>1</td>	3951	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3970         HEMATOLOGY & ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         2           3956         MEDICAL ONCOLOGY         NUBEOA         ONCOLOGY         APPROVED         1           3963         MEDICAL ONCOLOGY         NUBEOA         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         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3965         RHEUMATOLOGY         NUCALA         ASTHMA         APPROVED         1           3961         HEMATOLOGY & ONCOLOGY         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1           3963         INTERNAL MEDICINE         NUCALA         ASTHMA         APPROVED         1	3963	UNSPECIFIED SPECIALTY	NUBEQA	ONCOLOGY	APPROVED	2
3956MEDICAL ONCOLOGYNUBEQAONCOLOGYAPPROVED13963MEDICAL ONCOLOGYNUBEQAONCOLOGYAPPROVED13963UNSPECIFIED SPECIALTYNUCALAASTHMAAPPROVED23963FAMILY PRACTICENUCALAASTHMAAPPROVED13963ALLERGY & IMMUNOLOGYNUCALAASTHMAAPPROVED13969INTERNAL MEDICINENUCALAASTHMADENIED23963INTERNAL MEDICINENUCALAASTHMAAPPROVED13965RHEUMATOLOGYNUCALAASTHMAAPPROVED13961HEMATOLOGY & ONCOLOGYNUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMADENIED23961UNSPECIFIED SPECIALTYNYVEPRIANEUTROPENIAAPPROVED1	3970	UNSPECIFIED SPECIALTY	NUBEQA	ONCOLOGY	APPROVED	1
3963MEDICAL ONCOLOGYNUBEQAONCOLOGYAPPROVED13963UNSPECIFIED SPECIALTYNUCALAASTHMAASTHMAAPPROVED23963FAMILY PRACTICENUCALAASTHMAAPPROVED13963ALLERGY & IMMUNOLOGYNUCALAASTHMAAPPROVED13969INTERNAL MEDICINENUCALAASTHMADENIED23963INTERNAL MEDICINENUCALAASTHMAAPPROVED13965RHEUMATOLOGYNUCALAASTHMAAPPROVED13961HEMATOLOGY & ONCOLOGYNUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMAAPPROVED13963INTERNAL MEDICINENUCALAASTHMADENIED23951UNSPECIFIED SPECIALTYNYVEPRIANEUTROPENIANEUTROPENIAAPPROVED1	3970	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	2
3963 UNSPECIFIED SPECIALTY NUCALA ASTHMA 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 3961 HEMATOLOGY NUCALA ASTHMA APPROVED 1 3961 HEMATOLOGY & ONCOLOGY NUCALA ASTHMA APPROVED 1 3963 INTERNAL MEDICINE NUCALA ASTHMA APPROVED 1 3964 DENIED 2 3965 RHEUMATOLOGY & NUCALA ASTHMA APPROVED 1 3966 NUCALA ASTHMA APPROVED 1 3967 UNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3956	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	1
3963 FAMILY PRACTICE NUCALA ASTHMA APPROVED 1 3963 ALLERGY & IMMUNOLOGY NUCALA ASTHMA 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 APPROVED 1 3964 INTERNAL MEDICINE NUCALA ASTHMA APPROVED 1 3965 RHEUMATOLOGY & ONCOLOGY NUCALA ASTHMA APPROVED 1 3966 INTERNAL MEDICINE NUCALA ASTHMA APPROVED 1 3967 UNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3963	MEDICAL ONCOLOGY	NUBEQA	ONCOLOGY	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 APPROVED 1 3964 STHMA APPROVED 1 3965 ASTHMA APPROVED 1 3965 INTERNAL MEDICINE NUCALA ASTHMA DENIED 2 3966 ASTHMA APPROVED 1	3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	APPROVED	2
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 APPROVED 1 3964 ASTHMA DENIED 2 3955 VUNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3963	FAMILY PRACTICE	NUCALA	ASTHMA	APPROVED	1
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	ALLERGY & IMMUNOLOGY	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	3969	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	2
3951 HEMATOLOGY & ONCOLOGY NUCALA ASTHMA APPROVED 1 3963 INTERNAL MEDICINE NUCALA ASTHMA DENIED 2 3951 UNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3963	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3963 INTERNAL MEDICINE NUCALA ASTHMA DENIED 2 3951 UNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3965	RHEUMATOLOGY	NUCALA	ASTHMA	APPROVED	1
3951 UNSPECIFIED SPECIALTY NYVEPRIA NEUTROPENIA APPROVED 1	3951	HEMATOLOGY & ONCOLOGY	NUCALA	ASTHMA	APPROVED	1
	3963	INTERNAL MEDICINE	NUCALA	ASTHMA	DENIED	2
3963 HEMATOLOGY & ONCOLOGY NYVEPRIA NEUTROPENIA DENIED 1	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

3805         REFLANZO LORY         OFFENDA SO 195 MG         ATTO INMAINE PARAGRAPHO         APPROVED         1           3851         INTERNAL MEDICINE         ORENCIA SO 125 MG         ALTO INMINIE PRAPSCRIPBIO         APPROVED         1           3851         ORENCIA SO 125 MG         ALTO INMINIE PRAPSCRIPBIO         APPROVED         1           3850         CARDIO COY         ORENCIA SO 125 MG         AVID INMINIE PRAPSCRIPBIO         APPROVED         1           3851         DEROCAL ONCOLOGY         OREGOTY         ONCOLOGY         APPROVED         1           3856         DEROCAL ONCOLOGY         ORECOTY         ONCOLOGY         APPROVED         1           3856         DERIVATIOLOGY         ORECOTY         APPROVED         APPROVED         1           3856         DERIVATIOLOGY         OTEZA 2004         APPROVED         APPROVED         APPROVED         1           3856         DERIVATO LORGY         OTEZA 2004         APPROVED         APPROVED         2         1           3856         DERIVATO LORGY         OTEZA 2004         APPROVED         APPROVED         2         1           3856         DERIVATO LORGY         OTEZA 2004         APPROVED         APPROVED         2         1	Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
9881         NTERNAL MEDICINE         ORNICIA SO 128 MG         AUTO IMMUNE IRAPSORRBO         APPROVED         1           3896         CARDIOLOGY         ORROTRAM         QUILLONARY AFTERIAL HYPERTENSION         APPROVED         1           3893         MEDICA ONCOLOGY         ORGONYX         ORCOLOGY         APPROVED         1           3893         MEDICA ONCOLOGY         ORGONYX         ORCOLOGY         APPROVED         1           3894         MINEPERIER SPECIALTY         ORGONYX         AUTO MINIMIP IRAPSORRBO)         APPROVED         1           3895         INEPECIFIED SPECIALTY         OTEZA 300K OTEZA 200K         AUTO MINIMIP IRAPSORRBO)         APPROVED         1           3896         DIENBECHER DISPECIALTY         OTEZA 300K OTEZA 200K         AUTO MINIMIP IRAPSORRBO)         DENIED         1           3893         DIERBECHER DISPECIALTY         OTEZA 300K OTEZA 200K         AUTO MINIMIP IRAPSORRBO)         DENIED         1           3893         DIERBECHER         OTEZA 300K OTEZA 200K         AUTO MINIMIP IRAPSORRBO)         DENIED         1           3893         HIELDINA DUESCHER SPECIALTY         OTEZA 300K OTEZA 200K         AUTO MINIMIP IRAPSORRBO)         APPROVED         3           3894         HIELDINA DUESCHER         OTEZA 300K OTEZA 200K	3965	RHEUMATOLOGY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
856         CARDICATORY         ORNITAMA         PULL MONARY ARTERIAL HYPERTUSION         APPROVIDED         1           303         URGLOGY         ORGOVYX         ORGOLOGY         APPROVED         1           363         MERICAL DOKOLOGYY         ORGOLOGY         APPROVED         1           361         MAIN YRPACHICY         ORGOLOGY         APPROVED         1           366         MAIN YRPACHICY         OFEZA 20 80 20 30MG ORTHIX         AUTO IMMUNE RAYSOR/RIDID         APPROVED         1           366         DERMAZIO GOY         OFEZA 20 80 20 30MG ORTHIX         AUTO IMMUNE RAYSOR/RIDID         OPPRIOR         1           368         UNSPECIFIED STECLALTY         OFEZA 20 80MG OTEZA 20 80MG         AUTO IMMUNE RAYSOR/RIDID         OPRIOR         1           3683         UNSPECIFIED STECLALTY         OFEZA 20 80MG OTEZA 20 80MG         AUTO IMMUNE RAYSOR/RIDID         OPRIOR         1           3683         DERMAZIO LOCY         OTEZA 20 80MG OTEZA 20 80MG         AUTO IMMUNE RAYSOR/RIDID         OPRIOR         2           3684         DERMAZIO LOCY         OTEZA 20 80MG OTEZA 20 80MG         AUTO IMMUNE RAYSOR/RIDID         APPROVED         2           3892         DERMAZIO LOCY         OTEZA 20 80MG OTEZA 20 80MG         AUTO IMMUNE RAYSOR/RIDID         APPROVED	3963	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
58G         URLOGY         ORGOVYX         ONCOLOGY         APPROVED         1           38G         MEDICAL ONCOLOGY         ORGOVYX         ONCOLOGY         APPROVED         1           38G         MEDICAL ONCOLOGY         ORGOVYX         ONCOLOGY         APPROVED         1           38G         MANILY PRACTICE         ORGOVYX         ONCOLOGY         APPROVED         1           38G         UNSPECIFIED SPECIALTY         OTEAL 30 MS - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         ORNEGO         1           38G         UNSPECIFIED SPECIALTY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         ORNEGO         1           38G         UNSPECIFIED SPECIALTY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         ORNEGO         1           38G         UNSPECIFIED SPECIALTY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         ORNEGO         1           38G         UNSPECIFIED SPECIALTY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         ORNEGO         2           38G         HELLMATOLOGY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)         APPROVED         2           38G         HELLMATOLOGY         OTEAL 30 MG - OTEAL 20 MG         AUTO MANURE (PARSORRIBO)<	3951	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
9833         MEDICAL ONCOLOGY         ORGOVYX         ONCOLOGY         APPROVED         1           351         FAMILY PRACTICE         ORGOVYX         ONCOLOGY         APPROVED         1           3561         CARLIN PRACTICE         ORGOVAX         ONCOLOGY         APPROVED         1           3560         DEFRATOLOGY         OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         APPROVED         1           3563         UNSPECIFIES SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         ONNEO         1           3563         UNSPECIFIES SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         ONNEO         1           3563         DEFRATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         ONNEO         1           3563         DEFRATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         ONNEO         1           3563         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         APPROVED         2           3563         HILLIANDOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSORIBO)         APPROVED         2           3563         HILLIANDOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO INMUNE (RAPSO	3956	CARDIOLOGY	ORENITRAM	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
8851         FAMILY PRACTICE         ORGOLYX         ONCOLOGY         APPROVED         1           3886         UNSPECIFIED SPECIALTY         OTERA 20 80 20 80 000 CPT CANDO         AUTO IMMUNE RAPPSORIBD)         APPROVED         1           3886         DERMATOLOGY         OTERA 20 80 20 80 000 CPT CANDO         AUTO IMMUNE RAPPSORIBD)         DENDED         1           3863         UNSPECIFIED SPECIALTY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         DENDED         1           3863         UNSPECIFIED SPECIALTY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         DENDED         1           3863         UNSPECIFIED SPECIALTY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         DENDED         1           3863         UNSPECIFIED SPECIALTY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         APPROVED         2           3863         UNSPECIFIED SPECIALTY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         APPROVED         2           3863         PREMATOLOGY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         APPROVED         3           3863         PREMATOLOGY         OTERA 2000G + OTERA 2000G         AUTO IMMUNE RAPPSORIBD)         APPROVED         3 <t< td=""><td>3963</td><td>UROLOGY</td><td>ORGOVYX</td><td>ONCOLOGY</td><td>APPROVED</td><td>1</td></t<>	3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3886         UNSPECIFIED SPECIALITY         OTEZA 20 NS SOMG O'TERRY         AUTO IMMUNE (RAPSONIBD)         APPROVED         1           3966         DERMATOLOGY         OTEZA 20 MS         AUTO IMMUNE (RAPSONIBD)         APPROVED         1           3866         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3863         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3863         INTERNAL MEDICINE         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3863         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         DENIED         1           3863         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         APPROVED         3           3863         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         APPROVED         3           3863         UNSPECIFIED SPECIALITY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         APPROVED         3           3864         PARMATOLOGY         OTEZA 20 MG - OTEZA 20 MG         AUTO IMMUNE (RAPSORIBD)         APPROVED         1	3963	MEDICAL ONCOLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3988         DERMATOLOCY         OTEZLA 20MG         AUTO IMMUNE BARPSORIBO         APPROVED         1           3988         UNSPECIFED SPECIALTY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         DENED         1           3983         UNSPECIFED SPECIALTY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         DENED         1           3983         INFENDA IMEDICINE         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         DENED         1           3983         UNSPECIFIED SPECIALTY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         DENED         1           3983         UNSPECIFIED SPECIALTY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         APROVED         2           3983         UNSPECIFIED SPECIALTY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         APROVED         2           3970         DERMATOLOGY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         APROVED         3           3961         FAMILY PRACTICE         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         APROVED         3           3962         DERMATOLOCY         OTEZLA 20MG - OTEZLA 20MG         AUTO IMMUNE BRAPSORIBO         APROVED         3           3963	3951	FAMILY PRACTICE	ORGOVYX	ONCOLOGY	APPROVED	1
3956         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         DENIED         1           3963         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         DENIED         4           3963         INTERRAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         DENIED         1           3963         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         DENIED         1           3963         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         DENIED         1           3963         RIFEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         APPROVED         2           3963         RIFEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         APPROVED         2           3963         RIFEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         APPROVED         3           3964         DEFMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         APPROVED         3           3965         DEFMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRAPSOR/86D)         APPROVED         3	3956	UNSPECIFIED SPECIALTY	OTEZLA 10 & 20 & 30MG OR TBPK	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3883         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         DENIED         4           3893         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         DENIED         1           3863         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         DENIED         1           3863         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3863         HIELMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           3863         HELMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           3863         HERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3861         FAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         1           3864         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3863         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2 <t< td=""><td>3956</td><td>DERMATOLOGY</td><td>OTEZLA 20MG</td><td>AUTO IMMUNE (RA/PSOR/IBD)</td><td>APPROVED</td><td>1</td></t<>	3956	DERMATOLOGY	OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3983         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3863         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3863         DERSCHIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         3           3863         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3893         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           3961         FAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3966         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3981         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3986         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2 <tr< td=""><td>3956</td><td>UNSPECIFIED SPECIALTY</td><td>OTEZLA 30MG + OTEZLA 20MG</td><td>AUTO IMMUNE (RA/PSOR/IBD)</td><td>DENIED</td><td>1</td></tr<>	3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963         DERMATOLOGY         CTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         DENIED         1           3965         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         DENIED         1           3963         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           3963         RHEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           3970         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3961         RAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         1           3966         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3968         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         3           3969         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           3969         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/RBD)         APPROVED         2           39	3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3966         UNSPECIFIED SPECIALITY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         DENIED         1           3963         UNSPECIFIED SPECIALITY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         2           3963         RIEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         2           3970         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         3           3961         FAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         DENIED         1           3966         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         3           3964         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         3           3965         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         3           3961         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         2           3963         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE IRA/PSOR/IBD)         APPROVED         2	3963	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         3           3983         RHEUMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         2           3970         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         3           3951         FAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         1           3956         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         3           3954         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         3           3954         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         3           3951         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         1           3963         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         1           3963         PRAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAYPSOR/IBD)         APPROVED         2	3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
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)         APPROVED         3           3964         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3966         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3961         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3963         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3963         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3963         FAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2	3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
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           3968         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3964         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3969         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         DENIED         1           3961         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           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         2           3964         DIESTRAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2	3963	UNSPECIFIED SPECIALTY	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           3966         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3961         UISPECIFIED 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         2           3963         PARMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3963         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3964         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2	3963	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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         ISAMILY PRACTICE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3963         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3966         NURSE PRACTITIONER, ACUTE CARE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2           3966         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         2 </td <td>3970</td> <td>DERMATOLOGY</td> <td>OTEZLA 30MG + OTEZLA 20MG</td> <td>AUTO IMMUNE (RA/PSOR/IBD)</td> <td>APPROVED</td> <td>3</td>	3970	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956         DERMATOLOGY         OTEZLA 20MG + 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           3964         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1<	3951	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964         DERMATOLOGY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         3           3996         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         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3964         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED	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)         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           3966         NURSE PRACTITIONER, ACUTE CARE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED         1           3966         INTERNAL MEDICINE         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         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RA/PSOR/IBD)         APPROVED	3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951         UNSPECIFIED SPECIALTY         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/IBD)         APPROVED         2           3968         INTERNAL MEDICINE         OTEZLA 30MG + OTEZLA 20MG         AUTO IMMUNE (RAPSOR/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	3964	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3968INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13963FAMILY PRACTICEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED23963DERMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED63956NURSE PRACTITIONER, ACUTE CAREOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13956INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED23956FAMILY PRACTICEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED23964INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13963INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13964RHEUMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13965UNSPECIFIED SPECIALTYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13970FAMILY PRACTICEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED13951DERMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED23956RHEUMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RAYPSOR/IBD)APPROVED2	3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963FAMILY PRACTICEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED23963DERMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED63956NURSE PRACTITIONER, ACUTE CAREOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13956INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED23964INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13963INTERNAL MEDICINEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13964RHEUMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13965UNSPECIFIED SPECIALTYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13970FAMILY PRACTICEOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED13951DERMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)DENIED13956RHEUMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED23956RHEUMATOLOGYOTEZLA 30MG + OTEZLA 20MGAUTO IMMUNE (RA/PSOR/IBD)APPROVED2	3951	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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  3956 RHEUMATOLOGY OTEZLA 30MG + OTEZLA 20MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 2  3956 RHEUMATOLOGY 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
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) APPROVED 2	3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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) DENIED 2 3956 RHEUMATOLOGY OTEZLA 30MG + OTEZLA 20MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 2	3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
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) DENIED 2 3956 RHEUMATOLOGY OTEZLA 30MG + OTEZLA 20MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 2	3956	NURSE PRACTITIONER, ACUTE CARE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
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	3956	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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	3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
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	3964	INTERNAL MEDICINE	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	3963	INTERNAL MEDICINE	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	3964	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	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	3965	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956 RHEUMATOLOGY OTEZLA 30MG + OTEZLA 20MG AUTO IMMUNE (RA/PSOR/IBD) DENIED 2	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
3961 DERMATOLOGY OTEZLA 30MG + OTEZLA 20MG AUTO IMMUNE (RA/PSOR/IBD) APPROVED 1	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					
0000	GASTROENTEROLOGY	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

3970         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGIC ASTHMANATOPIC DERMATITIS         DENIED         1           3961         ALLERGY & IMMUNOLOGY         XOLAIR         ALLERGIC ASTHMANATOPIC DERMATITIS         DENIED         1           3963         PULMONARY DISEASES         XOLAIR         ASTHMA         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         4           3960         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         3           3970         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3961         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         1           3966         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3968         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3969         ALLERGY & IMMUNOLOGY         XOLAIR         ALLERGY & STHMA/ATOPIC DERMATITIS         APPROVED         2           3960         UNSPECIFIED SPECIALTY         XOLAIR <td< th=""></td<>
9983         PULMONARY DISEASES         XOLAIR         ASTHMA         APPROVED         2           3883         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         4           3863         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         3           3870         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         2           3986         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         DENIED         2           3983         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ALLERGY & IMMUNOLOGY         XOLAIR         ALLERGY ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3983         ALLERGY & IMMUNOLOGY         XOLAIR         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA
9963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         4           3986         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         3           3970         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         1           3986         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3986         ALLERGY &IMMUNOLOGY         XOLAIR         ASTHMA         DENIED         2           3986         ALLERGY &IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3983         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ALLERGIC ASTHMANATOPIC DERMAITIS         APPROVED         1           3983         ALLERGY &IMMUNOLOGY         XOLAIR         ALLERGIC ASTHMANATOPIC DERMAITIS         APPROVED         2           3983         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3983         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APP
3966         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         3           3970         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3961         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         2           3966         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3966         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         2           3963         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHMA         APPROVED         1           3963         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ALLERGIC ASTHMAATOPIC DERMATITIS         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         2           3964         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3965         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA </td
3970         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3961         DERMATOLOGY         XOLAIR         ASTHMA         APPROVED         1           3970         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         1           3976         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3966         ALERGY & IMMUNOLOGY         XOLAIR         ASTHMA         DENIEG         2           3963         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHMA         APPROVED         1           3966         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         2           3963         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         2           3964         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3965         UNSPECIFIED SPECIALTY         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           3958         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHMA         APPROVED         1           3963         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGIC ASTHMAVATOPIC DERMATITIS         APPROVED         1           3963         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3963         PEDIATRICS         XOLAIR         ALLERGIC ASTHMAVATOPIC DERMATITIS         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         7           3964         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3965         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         1           3961         DERMATOLOGY         XOLAIR         ASTHMA         DENIE
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           3968         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGY ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3963         PEDIATRICS         XOLAIR         ALLERGY ASTHMA/ATOPIC DERMATITIS         APPROVED         2           3963         PEDIATRICS         XOLAIR         ASTHMA         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         APPROVED         7           3964         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         1           3965         UNSPECIFIED SPECIALTY         XOLAIR         ASTHMA         DENIED         1           3961         DERMATOLOGY         XOLAIR         ASTHMA         <
3966         PEDIATRICS         XOLAIR         ASTHIMA         APPROVED         2           3966         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHIMA         DENIED         2           3963         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHIMA         APPROVED         1           3966         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGY ASTHIMA/ATOPIC DERMATITIS         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHIMA         APPROVED         2           3963         PEDIATRICS         XOLAIR         ALLERGY ASTHIMA/ATOPIC DERMATITIS         APPROVED         2           3963         UNSPECIFIED SPECIALTY         XOLAIR         ASTHIMA         APPROVED         7           3964         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHIMA         APPROVED         2           3965         UNSPECIFIED SPECIALTY         XOLAIR         ASTHIMA         APPROVED         1           3961         DERMATOLOGY         XOLAIR         ASTHIMA         DENIED         1           3962         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHIMA         APPROVED         2           3963         ALLERGY & IMMUNOLOGY         XOLAIR         AS
3956         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         DENIED         2           3963         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHMA         APPROVED         1           3966         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         2           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           3961         DERMATOLOGY         XOLAIR         ASTHMA         DENIED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         DENIED         2           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         DENIED         1           3964         FAMILY PRACTICE         XOLAIR         ASTHMA
3963         INTERNAL MEDICINE, CRITICAL CARE         XOLAIR         ASTHMA         APPROVED         1           3966         UNSPECIFIED SPECIALTY         XOLAIR         ALLERGIC ASTHMA/ATOPIC DERMATITIS         APPROVED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         2           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           3961         DERMATOLOGY         XOLAIR         ASTHMA         DENIED         1           3963         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         2           3964         FAMILY PRACTICE         XOLAIR         ASTHMA         APPROVED         1           3967         ALLERGY & IMMUNOLOGY         XOLAIR         ASTHMA         APPROVED         6           3961         PEDIATRICS         XOLAIR         ASTHMA
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3963UNSPECIFIED SPECIALTYXOLAIRASTHMAASTHMAAPPROVED73964ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED23965UNSPECIFIED SPECIALTYXOLAIRASTHMAAPPROVED13961DERMATOLOGYXOLAIRASTHMADENIED13970UNSPECIFIED SPECIALTYXOLAIRASTHMADENIED23963ALLERGY & IMMUNOLOGYXOLAIRALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED23964FAMILY PRACTICEXOLAIRASTHMADENIED13967ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED13956ALLERGY & IMMUNOLOGYXOLAIRASTHMAAPPROVED63951PEDIATRICSXOLAIRASTHMAAPPROVED13969ALLERGY & IMMUNOLOGYXOLAIRALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED13969ALLERGY & IMMUNOLOGYXOLAIRALLERGIC ASTHMA/ATOPIC DERMATITISAPPROVED1
3964 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA ASTHMA APPROVED 2 3965 UNSPECIFIED SPECIALTY XOLAIR ASTHMA ASTHMA APPROVED 1 3951 DERMATOLOGY XOLAIR ASTHMA DENIED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA DENIED 2 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 2 3964 FAMILY PRACTICE XOLAIR ASTHMA DENIED 1 3967 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 1 3968 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3956 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3956 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 6 3951 PEDIATRICS XOLAIR ASTHMA APPROVED 1 3956 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1
3965 UNSPECIFIED SPECIALTY XOLAIR ASTHMA APPROVED 1 3951 DERMATOLOGY XOLAIR ASTHMA DENIED 1 3970 UNSPECIFIED SPECIALTY XOLAIR ASTHMA DENIED 2 3963 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 2 3964 FAMILY PRACTICE XOLAIR ASTHMA DENIED 1 3967 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA DENIED 1 3968 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3956 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 6 3951 PEDIATRICS XOLAIR ASTHMA APPROVED 1 3956 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3956 DERMATOLOGY XOLAIR ASTHMA APPROVED 1 3959 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY 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 ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1
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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
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3956 DERMATOLOGY XOLAIR ALLERGIC ASTHMA/ATOPIC DERMATITIS APPROVED 1 3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1
3969 ALLERGY & IMMUNOLOGY XOLAIR ASTHMA APPROVED 1
2070 LINISPECIALTY YTANDI ONCOLOCY 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 ORTABS 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