Arkansas BlueCross BlueShield
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Health Advantage
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Pharmacy Specialty Overview by Prior Authorization Approval or Denial

2nd Quarter 2025

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	ABIRATERONE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ACTEMRA IV 400 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN-JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN-JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN-JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	ACTEMRA SQ 162MG SYRINGE/ACTPEN AUTOIN-JECTOR	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3964	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3964	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	2
3951	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1

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Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3951	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3961	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	5
3964	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3965	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	GASTROENTEROLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3970	FAMILY PRACTICE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	RHEUMATOLOGY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3969	UNSPECIFIED SPECIALTY	ADALIMUMAB-ADAZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3956	INTERNAL MEDICINE	ADALIMUMAB-FKJP	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-FKJP	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ADALIMUMAB-FKJP	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	ALLERGY & IMMUNOLOGY	ADBRY	ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	ADBRY	ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	ADBRY	ATOPIC DERMATITIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	AMBRISENTAN	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	INTERNAL MEDICINE	ARANESP	ANEMIA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	AVONEX PEN	MULTIPLE SCLEROSIS	APPROVED	1
3965	FAMILY PRACTICE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3969	INTERNAL MEDICINE	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	RHEUMATOLOGY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	BENLYSTA	SYSTEMIC LUPUS ERYTHAMATOSUS	APPROVED	3
3963	NEUROLOGY	BETASERON	MULTIPLE SCLEROSIS	APPROVED	1
3951	MEDICAL ONCOLOGY	BEXAROTENE	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	BEXAROTENE	ONCOLOGY	APPROVED	1
3951	UNSPECIFIED SPECIALTY	BOSENTAN 62.5 MG	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	BRUKINSA	ONCOLOGY	APPROVED	1
3951	FAMILY PRACTICE	CABENUVA	HIV	DENIED	1
3956	UNSPECIFIED SPECIALTY	CABENUVA	HIV	DENIED	1
3956	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CABENUVA	HIV	APPROVED	1
3956	FAMILY PRACTICE	CABENUVA	HIV	APPROVED	2
3956	UNSPECIFIED SPECIALTY	CABOMETYX	ONCOLOGY	DENIED	1
3970	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3951	MEDICAL ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	CABOMETYX	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CALQUENCE	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	CAMZYOS	CARDIAC DISORDERS	APPROVED	2
3963	INTERNAL MEDICINE	CAMZYOS	CARDIAC DISORDERS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	3
3963	UNSPECIFIED SPECIALTY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	6
3951	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	2
3951	MEDICAL ONCOLOGY	CAPECITABINE	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	CIBINQO	ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	CINACALCET	RENAL	DENIED	1
3967	NEUROLOGY	COPAXONE 40MG	MULTIPLE SCLEROSIS	APPROVED	1
3963	PEDIATRICS	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3961	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

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3961	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3964	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	UNSPECIFIED SPECIALTY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	COSENTYX SC	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3951	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3962	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	DERMATOLOGY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2

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3951	FAMILY PRACTICE	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	COSENTYX UNOREADY PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	2
3951	UNSPECIFIED SPECIALTY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3970	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	DALFAMPRIDINE ER	MULTIPLE SCLEROSIS	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	2
3969	HEMATOLOGY & ONCOLOGY	DASATINIB	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3965	NEUROLOGY	DIMETHYL FUMARATE	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	DOPTELET	THROMBOCYTOPENIA	APPROVED	1
3964	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	SLEEP MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3967	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3967	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3965	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3965	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	11
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PULMONARY DISEASES	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3968	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	12
3965	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	5
3965	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3965	INTERNAL MEDICINE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3968	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1

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3951	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3964	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3968	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	FAMILY PRACTICE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3964	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	GASTROENTEROLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	OTOLARYNGOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	ALLERGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	ALLERGY & IMMUNOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	4
3965	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3969	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	PEDIATRICS	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3951	DERMATOLOGY	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	INTERNAL MEDICINE, CRITICAL CARE	DUPIXENT	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	DUPIXENT 300MG/2ML SC SOAJ	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	ALLERGY & IMMUNOLOGY	DUPIXENT 300MG/2ML SC SOAJ	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	INTERNAL MEDICINE	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	PEDIATRICS	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	DUPIXENT INJ 200	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3956	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3970	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3963	ALLERGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3951	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	14

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	OTOLARYNGOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	PULMONARY DISEASES	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3963	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3970	ALLERGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3951	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3970	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3970	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3956	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3951	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3963	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3963	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	5
3956	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3970	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	3
3963	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3963	PEDIATRICS	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3970	INTERNAL MEDICINE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	FAMILY PRACTICE	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	ALLERGY & IMMUNOLOGY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3963	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED SPECIALTY	DUPIXENT SYN 300	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	7
3956	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	DENIED	2
3963	FAMILY PRACTICE	EBGLYSS	ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	4
3956	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	5
3963	DERMATOLOGY	EBGLYSS	ATOPIC DERMATITIS	DENIED	3
3951	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	2
3970	DERMATOLOGY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	2
3963	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	APPROVED	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	EBGLYSS	ATOPIC DERMATITIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	ELIGARD 22.5MG	HORMONAL THERAPIES	APPROVED	1
3963	INTERNAL MEDICINE	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PSYCHIATRY	ENBREL 25MG + ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	PSYCHIATRY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3962	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3964	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3961	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3970	NURSE PRACTITIONER, ACUTE CARE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	INTERNAL MEDICINE	ENBREL 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	6

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	2
3970	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	3
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	6
3951	NURSE PRACTITIONER, ACUTE CARE	EPCLUSA	HEPATITIS C	APPROVED	2
3951	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	4
3951	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3956	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	3
3965	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	1
3963	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	APPROVED	1
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	2
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	DENIED	1
3963	INTERNAL MEDICINE	EPCLUSA	HEPATITIS C	APPROVED	1
3956	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	15
3951	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3963	UNSPECIFIED SPECIALTY	EPCLUSA	HEPATITIS C	DENIED	2
3963	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	3
3956	GASTROENTEROLOGY	EPCLUSA	HEPATITIS C	APPROVED	1
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	DENIED	1
3970	FAMILY PRACTICE	EPCLUSA	HEPATITIS C	APPROVED	3
3963	UNSPECIFIED SPECIALTY	EPIDIOLEX	SEIZURE DISORDERS	APPROVED	1
3963	DERMATOLOGY	ERIVEDGE	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	EVEROLIMUS	ONCOLOGY	APPROVED	1
3961	NEPHROLOGY / RENAL MEDICINE, PEDIATRIC	EVEROLIMUS	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	EVEROLIMUS	ONCOLOGY	DENIED	1
3956	UNSPECIFIED SPECIALTY	FASENRA	ASTHMA	APPROVED	3
3956	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3956	ALLERGY	FASENRA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	FASENRA	ASTHMA	DENIED	1
3964	PEDIATRICS	FASENRA	ASTHMA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	FASENRA	ASTHMA	APPROVED	2
3951	HEMATOLOGY & ONCOLOGY	FYLNETRA	NEUTROPENIA	APPROVED	1
3965	UNSPECIFIED SPECIALTY	GALAFOLD	LYSOSOMAL STORAGE DISORDERS	DENIED	2
3963	HEMATOLOGY & ONCOLOGY	GAVRETO	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	GLATIRAMER	MULTIPLE SCLEROSIS	DENIED	1
3956	NEUROLOGY	GLATIRAMER	MULTIPLE SCLEROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3956	NEUROLOGY	GLATOPA	MULTIPLE SCLEROSIS	APPROVED	1
3956	FAMILY PRACTICE	HARVONI	HEPATITIS C	APPROVED	4
3956	NURSE PRACTITIONER, ACUTE CARE	HARVONI	HEPATITIS C	DENIED	1
3956	NURSE PRACTITIONER, ACUTE CARE	HARVONI	HEPATITIS C	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY, PEDIATRIC	HEMLIBRA	HEMOPHILIA	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	HIZENTRA	IMMUNE THERAPIES	APPROVED	1
3951	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	GASTROENTEROLOGY	HUMIRA 40 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3951	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3965	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3961	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3964	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3963	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	1
3964	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3961	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	UNSPECIFIED SPECIALTY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3956	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3961	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	3
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	RHEUMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	2
3963	GASTROENTEROLOGY, PEDIATRIC	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3951	DERMATOLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	GASTROENTEROLOGY	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	APPROVED	1
3963	INTERNAL MEDICINE	HYRIMOZ	AUTO IMMUNE (RA/PSOR/IBD)/AA	DENIED	3
3965	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	IBRANCE	ONCOLOGY	DENIED	1
3951	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	DENIED	2
3963	MEDICAL ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	IMATINIB MESYLATE	ONCOLOGY	APPROVED	2
3965	UNSPECIFIED SPECIALTY	INGREZZA	MOVEMENT DISORDERS	DENIED	2
3964	UNSPECIFIED SPECIALTY	INLYTA	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	INLYTA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	INLYTA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	2
3963	MEDICAL ONCOLOGY	JAKAFI	ONCOLOGY	APPROVED	1
3962	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3951	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3963	NEUROLOGY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	4
3965	UNSPECIFIED SPECIALTY	KESIMPTA	MULTIPLE SCLEROSIS	APPROVED	1
3951	NURSE PRACTITIONER, ADULT HEALTH	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	UNSPECIFIED SPECIALTY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	KEVZARA	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	MEDICAL ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	3
3956	HEMATOLOGY & ONCOLOGY	KEYTRUDA	ONCOLOGY	APPROVED	4
3964	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3961	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3969	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	KISQALI	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	LENALIDOMIDE	ONCOLOGY	APPROVED	1
3956	MEDICAL ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3965	UNSPECIFIED SPECIALTY	LENVIMA	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	LENVIMA	POST LIMIT	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	LENVIMA	ONCOLOGY	APPROVED	1
3965	HEMATOLOGY & ONCOLOGY	LONSURF	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LUMAKRAS	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	LUMRYZ	SLEEP DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, PEDIATRIC	LUPRON DEPOT PED-3 MONTH 30MG	HORMONAL THERAPIES/CPP	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	LUPRON DEPOT PED-3 MONTH 30MG	HORMONAL THERAPIES/CPP	DENIED	1
3963	UNSPECIFIED SPECIALTY	LUPRON DEPOT-3 MONTH 22.5MG	HORMONAL THERAPIES/CPP	APPROVED	1
3956	UNSPECIFIED SPECIALTY	LYNPARZA	ONCOLOGY	DENIED	1
3963	FAMILY PRACTICE	LYNPARZA	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	LYNPARZA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	APPROVED	2
3963	UNSPECIFIED SPECIALTY	MEKINIST	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	MEKINIST	ONCOLOGY	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	4
3969	CRITICAL CARE, PEDIATRICS	NIVESTYM	NEUTROPENIA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	NIVESTYM	NEUTROPENIA	APPROVED	1
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	4
3964	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3956	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	DENIED	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	2
3963	ENDOCRINOLOGY, PEDIATRIC	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	PEDIATRICS	NORDITROPIN	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3970	FAMILY PRACTICE	NUBEQA	ONCOLOGY	APPROVED	1
3956	HEMATOLOGY & ONCOLOGY	NUBEQA	ONCOLOGY	APPROVED	2
3963	INTERNAL MEDICINE	NUCALA	ASTHMA	APPROVED	1
3963	UNSPECIFIED SPECIALTY	NUCALA	ASTHMA	DENIED	2
3970	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3964	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	4
3970	MEDICAL ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	NYVEPRIA	NEUTROPENIA	APPROVED	4
3964	UNSPECIFIED SPECIALTY	ODOMZO	ONCOLOGY	APPROVED	1
3963	DERMATOLOGY	ODOMZO	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ODOMZO	ONCOLOGY	APPROVED	1
3956	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3970	PULMONARY DISEASES	OFEV	PULMONARY DISORDERS	APPROVED	1
3965	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3970	INTERNAL MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	OFEV	PULMONARY DISORDERS	APPROVED	1
3963	SLEEP MEDICINE	OFEV	PULMONARY DISORDERS	APPROVED	1
3956	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3968	INTERNAL MEDICINE	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	CARDIOLOGY	OPSUMIT	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3964	CARDIOLOGY	OPSYNVI	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ORENCIA SQ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	UNSPECIFIED SPECIALTY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3962	INTERNAL MEDICINE	ORENCIA SQ 125 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	CARDIOLOGY	ORENITRAM	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	UNSPECIFIED SPECIALTY	ORGOVYX	ONCOLOGY	APPROVED	1
3963	UROLOGY	ORGOVYX	ONCOLOGY	APPROVED	1
3969	FAMILY PRACTICE	ORGOVYX	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 10 & 20 & 30MG OR TBPK	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3970	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3965	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	4
3970	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	7
3956	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3956	FAMILY PRACTICE	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3965	RHEUMATOLOGY	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	UNSPECIFIED SPECIALTY	OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	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)	APPROVED	1
3963	RHEUMATOLOGY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	OTEZLA STARTER PACK + OTEZLA 30MG + OTEZLA 20MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3970	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	DERMATOLOGY	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	HEMATOLOGY & ONCOLOGY	PAZOPANIB	ONCOLOGY	APPROVED	2
3951	INTERNAL MEDICINE	PIRFENIDONE	PULMONARY DISORDERS	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	POMALYST	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	PROLASTIN-C	ALPHA-1 ANTITRYPSIN DEFICIENCY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3970	ENDOCRINOLOGY, DIABETES & METABOLISM	PROLIA	OSTEOPOROSIS	DENIED	1
3970	INTERNAL MEDICINE	PROLIA	OSTEOPOROSIS	APPROVED	1
3970	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	1
3963	OBSTETRICS & GYNECOLOGY	PROLIA	OSTEOPOROSIS	APPROVED	1
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	APPROVED	3
3970	UNSPECIFIED SPECIALTY	PROLIA	OSTEOPOROSIS	APPROVED	1
3970	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	PROLIA	OSTEOARTHRITIS	APPROVED	2
3956	FAMILY PRACTICE	PROLIA	OSTEOPOROSIS	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	PROMACTA	THROMBOCYTOPENIA	APPROVED	1
3967	INTERNAL MEDICINE	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3969	INTERNAL MEDICINE, CRITICAL CARE	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	PULMOZYME	CYSTIC FIBROSIS	APPROVED	1
3956	NEPHROLOGY / RENAL MEDICINE	RETACRIT	ANEMIA	DENIED	1
3963	UNSPECIFIED SPECIALTY	REVLIMID	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	DENIED	1
3956	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	5
3956	UNSPECIFIED SPECIALTY	REVLIMID	ONCOLOGY	APPROVED	1
3970	HEMATOLOGY & ONCOLOGY	REVLIMID	ONCOLOGY	APPROVED	3
3951	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3968	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3964	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3964	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	7
3963	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	3
3963	FAMILY PRACTICE	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3969	UNSPECIFIED SPECIALTY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	6
3963	RHEUMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3965	DERMATOLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	GASTROENTEROLOGY	RINVOQ	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	5
3951	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3963	NURSE PRACTITIONER, ADULT HEALTH	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	RHEUMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	4
3956	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3970	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	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	APPROVED	4
3963	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	FAMILY PRACTICE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3951	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3961	GASTROENTEROLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	INTERNAL MEDICINE	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	DERMATOLOGY	RINVOQ 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	3
3956	UNSPECIFIED SPECIALTY	RINVOQ 15MG OR TB24	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	DERMATOLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3970	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	2
3956	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3951	GASTROENTEROLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	DERMATOLOGY	RINVOQ 30MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3970	UNSPECIFIED SPECIALTY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3970	GASTROENTEROLOGY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3956	UNSPECIFIED SPECIALTY	RINVOQ 45MG + 15MG	AUTO IMMUNE (RA/PSOR/IBD)/ATOPIC DERMATITIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	SCEMBLIX	ONCOLOGY	APPROVED	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3964	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	DENIED	2
3969	NURSE PRACTITIONER, ACUTE CARE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	FAMILY PRACTICE	SILDENAFIL 20MG TABLET	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3970	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	INTERNAL MEDICINE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3970	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	3
3956	RHEUMATOLOGY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	FAMILY PRACTICE	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	DENIED	1
3963	UNSPECIFIED SPECIALTY	SILDENAFIL 20MG TABLETS	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	INTERNAL MEDICINE	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	RHEUMATOLOGY	SIMPONI 50MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	SIMPONI ARIA	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3956	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3965	RHEUMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	11
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	20
3964	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3969	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3956	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3951	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3963	INTERNAL MEDICINE	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3962	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3964	DERMATOLOGY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	UNSPECIFIED SPECIALTY	SKYRIZI 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	6
3963	UNSPECIFIED SPECIALTY	SKYRIZI 150MG/ML PEN	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	RHEUMATOLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	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	3
3970	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	NURSE PRACTITIONER, ACUTE CARE	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	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	6
3956	GASTROENTEROLOGY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3963	UNSPECIFIED SPECIALTY	SKYRIZI 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	GASTROENTEROLOGY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	UNSPECIFIED SPECIALTY	SKYRIZI 600MG + 360MG + 180MG + 150MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	INTERNAL MEDICINE	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	1
3951	PEDIATRICS	SOGROYA	GROWTH HORMONE AND RELATED DISORDERS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	SOMATULINE DEPOT	ACROMEGALY	APPROVED	1
3964	UNSPECIFIED SPECIALTY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	SOTYKTU	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3
3951	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3969	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3970	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	1
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	2
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	3
3956	FAMILY PRACTICE	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	3
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	9
3970	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	6
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3965	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3963	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	8
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	5
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	19
3964	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3956	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	6
3963	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3964	PSYCHIATRY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	2
3956	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	11
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	APPROVED	7
3970	UNSPECIFIED SPECIALTY	SPRAVATO	MENTAL HEALTH CONDITIONS	DENIED	1
3965	GASTROENTEROLOGY	STELARA IV + STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3969	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	UNSPECIFIED SPECIALTY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	DERMATOLOGY	STELARA SQ 45MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3951	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	FAMILY PRACTICE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	INTERNAL MEDICINE	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3964	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3951	UNSPECIFIED SPECIALTY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3967	GASTROENTEROLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	DERMATOLOGY	STELARA SQ 90MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	STIVARGA	ONCOLOGY	DENIED	1
3963	UNSPECIFIED SPECIALTY	STIVARGA	ONCOLOGY	APPROVED	1
3963	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	INTERNAL MEDICINE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	CARDIOLOGY	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	2
3964	INTERNAL MEDICINE, CRITICAL CARE	TADALAFIL 20MG	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	APPROVED	2
3963	HEMATOLOGY & ONCOLOGY	TAFINLAR	ONCOLOGY	DENIED	1
3956	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	8
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	18
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3970	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	5
3951	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3951	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	INTERNAL MEDICINE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	RHEUMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	UNSPECIFIED SPECIALTY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3970	DERMATOLOGY	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	FAMILY PRACTICE	TALTZ	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	3
3956	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	2
3963	NEUROLOGY	TEMOZOLOMIDE	ONCOLOGY	APPROVED	1
3956	FAMILY PRACTICE	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	DENIED	1
3963	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3965	NEUROLOGY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	2
3970	UNSPECIFIED SPECIALTY	TERIFLUNOMIDE	MULTIPLE SCLEROSIS	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TEZSPIRE	ASTHMA	DENIED	1
3963	HEMATOLOGY & ONCOLOGY	TIBSOVO	ONCOLOGY	APPROVED	1
3965	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	2
3956	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	4
3965	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	INTERNAL MEDICINE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	NURSE PRACTITIONER, ACUTE CARE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3956	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	9
3969	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3970	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	NURSE PRACTITIONER, ACUTE CARE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	INTERNAL MEDICINE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3951	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3951	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3963	DERMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	3
3965	PSYCHIATRY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3963	UNSPECIFIED SPECIALTY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	12
3963	RHEUMATOLOGY	TREMFYA 100MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	FAMILY PRACTICE	TREMFYA 100MG/ML SC SOSY	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3956	FAMILY PRACTICE	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	FAMILY PRACTICE	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	INTERNAL MEDICINE	TREMFYA 200MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3965	UNSPECIFIED SPECIALTY	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3956	PULMONARY DISEASES	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3963	PEDIATRICS	TRIKAFTA	CYSTIC FIBROSIS	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	TRUQAP	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	INTERNAL MEDICINE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3964	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	2
3962	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	FAMILY PRACTICE	TYMLOS	OSTEOPOROSIS	APPROVED	1
3970	RHEUMATOLOGY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	DENIED	2
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TYMLOS	OSTEOPOROSIS	APPROVED	1
3961	UNSPECIFIED SPECIALTY	TYMLOS	OSTEOPOROSIS	APPROVED	1
3963	CARDIOLOGY	TYVASO INHALATION SOLUTION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3951	UNSPECIFIED SPECIALTY	TYVASO INHALATION SOLUTION	PULMONARY ARTERIAL HYPERTENSION	APPROVED	1
3956	GASTROENTEROLOGY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3956	INTERNAL MEDICINE	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3951	UNSPECIFIED SPECIALTY	VALGANCICLOVIR	INFECTIOUS DISEASE	APPROVED	1
3951	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	VENCLEXTA	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	1
3970	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	DENIED	2
3963	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	2
3956	HEMATOLOGY & ONCOLOGY	VERZENIO	ONCOLOGY	APPROVED	3
3956	UNSPECIFIED SPECIALTY	VERZENIO	ONCOLOGY	DENIED	1
3965	NEUROLOGY	VIGABATRIN TABLETS	SEIZURE DISORDERS	APPROVED	1
3963	NEUROLOGY	VIGADRONE POWDER FOR SOLUTION	SEIZURE DISORDERS	APPROVED	1
3969	HEMATOLOGY & ONCOLOGY	VORANIGO 40MG OR TABS	ONCOLOGY	APPROVED	1
3956	UNSPECIFIED SPECIALTY	VOWST	INFECTIOUS DISEASE	APPROVED	1
3963	FAMILY PRACTICE	WAKIX	SLEEP DISORDERS	APPROVED	1
3963	SLEEP MEDICINE	WAKIX	SLEEP DISORDERS	APPROVED	1
3956	RHEUMATOLOGY	XELJANZ 5 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	GASTROENTEROLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3970	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	1
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3964	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3956	INTERNAL MEDICINE	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	2
3961	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3965	RHEUMATOLOGY	XELJANZ XR 11 MG	AUTO IMMUNE (RA/PSOR/IBD)	APPROVED	1
3963	GASTROENTEROLOGY	XELJANZ XR 11 MG + XELJANZ XR 22 MG	AUTO IMMUNE (RA/PSOR/IBD)	DENIED	1
3963	GENERAL SURGERY	XGEVA	ONCOLOGY	APPROVED	1
3964	PULMONARY DISEASES	XOLAIR	ASTHMA	DENIED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	APPROVED	1
3970	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	3
3963	FAMILY PRACTICE	XOLAIR	ASTHMA	DENIED	1
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3951	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	3
3965	DERMATOLOGY	XOLAIR	ASTHMA	APPROVED	1
3956	PEDIATRICS	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	4
3965	ALLERGY & IMMUNOLOGY	XOLAIR	ASTHMA	APPROVED	1
3963	INTERNAL MEDICINE	XOLAIR	ASTHMA	APPROVED	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Drug Class	Decision	Count
3963	ALLERGY	XOLAIR	ASTHMA	APPROVED	1
3970	PEDIATRICS	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	DERMATOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	6
3963	DERMATOLOGY	XOLAIR	ASTHMA	DENIED	1
3956	FAMILY PRACTICE	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3956	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3956	UNSPECIFIED SPECIALTY	XOLAIR	POST LIMIT	DENIED	1
3963	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	2
3951	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	ALLERGY & IMMUNOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	PEDIATRICS	XOLAIR	ASTHMA	APPROVED	1
3965	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	1
3963	UNSPECIFIED SPECIALTY	XOLAIR	ASTHMA	DENIED	2
3956	UNSPECIFIED SPECIALTY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	DENIED	1
3951	DERMATOLOGY	XOLAIR	ALLERGIC ASTHMA/ATOPIC DERMATITIS	APPROVED	1
3963	HEMATOLOGY & ONCOLOGY	XPOVIO	ONCOLOGY	APPROVED	1
3963	MEDICAL ONCOLOGY	XTANDI	ONCOLOGY	APPROVED	1
3963	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	DENIED	2
3965	UNSPECIFIED SPECIALTY	XYWAV	SLEEP DISORDERS	APPROVED	1
3964	FAMILY PRACTICE	XYWAV	SLEEP DISORDERS	DENIED	1
3963	FAMILY PRACTICE	XYWAV	SLEEP DISORDERS	DENIED	1
3956	INTERNAL MEDICINE	ZEJULA	ONCOLOGY	APPROVED	1
3963	NEUROLOGY	ZEPOSIA	AUTO IMMUNE (MS/UC)	APPROVED	1
3962	OBSTETRICS & GYNECOLOGY	ZURZUVAE	MENTAL HEALTH CONDITIONS	APPROVED	1
3963	OBSTETRICS & GYNECOLOGY	ZURZUVAE 25MG OR CAPS	MENTAL HEALTH CONDITIONS	APPROVED	1