

Approvals and Denials

Information below is a detailed view of drugs that require prior authorization(s) with approval and denial rates by specific drug name. Denial reasons explain why a drug that was requested was not approved.

Service Code/Drug Name	Service Code Description	APPROVED	DENIED	Total Prior Authorizations
27096	INJECT SI JOINT ARTHRGRPHY and /ANES/STEROID W/IMA	1	0	1
APPROVED		1	0	1
64625	RADIOFREQUENCY ABLTJ NRV NRV TG SI JT W/IMG GDN	0	2	2
DENIED		0	2	2
Insufficient Info		0	2	2
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	0	6	6
DENIED		0	6	6
Administrative Denial		0	1	1
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	0	6	6
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Abaloparatide		13	12	25
APPROVED		13	0	13
DENIED		0	12	12
Criteria Not Met		0	12	12
Abatacept		34	43	77
APPROVED		34	0	34
DENIED		0	43	43
Administrative Denial		0	1	1

Criteria Not Met		0	32	32
Duration of Therapy Exceeded		0	10	10
Abemaciclib		33	8	41
APPROVED		33	0	33
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Abiraterone		22	4	26
APPROVED		22	0	22
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Acalabrutinib		1	0	1
APPROVED		1	0	1
ACE Inhibitors & Thiazide/Thiazide-Like - Two Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Acitretin		3	11	14
APPROVED		3	0	3
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
Acidinium		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Acne Combination - Three Ingredient		0	15	15
DENIED		0	15	15
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Acne Combination - Two Ingredient		5	175	180
APPROVED		5	0	5
DENIED		0	175	175
Criteria Not Met		0	174	174
Duration of Therapy Exceeded		0	1	1
Acyclovir Topical		11	129	140
APPROVED		11	0	11
DENIED		0	129	129
Administrative Denial		0	1	1
Criteria Not Met		0	128	128

Adakveo SOLN 100MG/10ML		2	0	2
APPROVED		2	0	2
Adalimumab		289	336	625
APPROVED		289	0	289
DENIED		0	336	336
Criteria Not Met		0	272	272
Duration of Therapy Exceeded		0	64	64
Adapalene		3	22	25
APPROVED		3	0	3
DENIED		0	22	22
Criteria Not Met		0	22	22
Adcetris SOLR 50MG		14	8	22
APPROVED		14	0	14
DENIED		0	8	8
Administrative Denial		0	2	2
Criteria Not Met		0	6	6
Ado-Trastuzumab		8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Adrenergic Combination - Three Ingredient		24	162	186
APPROVED		24	0	24
DENIED		0	162	162
Criteria Not Met		0	150	150
Duration of Therapy Exceeded		0	12	12
Adrenergic Combination - Two Ingredient		24	52	76
APPROVED		24	0	24
DENIED		0	52	52
Criteria Not Met		0	47	47
Duration of Therapy Exceeded		0	5	5
Aflibercept		124	143	267
APPROVED		124	0	124
DENIED		0	143	143
Administrative Denial		0	1	1
Appeal Withdrawn		0	1	1
Criteria Not Met		0	80	80
Duration of Therapy Exceeded		0	45	45
Insufficient Info		0	16	16
Agalsidase		1	0	1
APPROVED		1	0	1
Albendazole		3	14	17

APPROVED		3	0	3
DENIED		0	14	14
Criteria Not Met		0	14	14
Albuterol		12	14	26
APPROVED		12	0	12
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
Alectinib		1	0	1
APPROVED		1	0	1
Alfuzosin		8	4	12
APPROVED		8	0	8
DENIED		0	4	4
Criteria Not Met		0	4	4
Alirocumab		2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
Aliskiren		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Almotriptan		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Alogliptin		21	1	22
APPROVED		21	0	21
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Alpelisib		9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Criteria Not Met		0	1	1
Alprazolam		17	8	25
APPROVED		17	0	17
DENIED		0	8	8
Criteria Not Met		0	8	8
Alternative Medicine - AI's		0	1	1
DENIED		0	1	1

Non-Covered Benefit		0	1	1
Ambrisentan		7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Aminocaproic Acid		2	0	2
APPROVED		2	0	2
Amitriptyline		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Amlodipine		20	34	54
APPROVED		20	0	20
DENIED		0	34	34
Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	1	1
Amphetamine		1	9	10
APPROVED		1	0	1
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
Amphetamine Mixtures - Two Ingredient		1482	259	1741
APPROVED		1482	0	1482
DENIED		0	259	259
Criteria Not Met		0	227	227
Duration of Therapy Exceeded		0	32	32
Amzeeq 4% EX FOAM		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Anakinra		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Analgesics-Sedative Combination - Three Ingredient		0	53	53
DENIED		0	53	53
Criteria Not Met		0	52	52
Duration of Therapy Exceeded		0	1	1
Analgesics-Sedative Combination - Two Ingredient		0	4	4
DENIED		0	4	4

Criteria Not Met		0	4	4
Angiotensin II Recept Antag & Ca Chan Block Comb - 2 Ingrid		9	18	27
APPROVED		9	0	9
DENIED		0	18	18
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	2	2
Angiotensin II Receptor Antagonists & Thiazides - Two Ingrid		59	101	160
APPROVED		59	0	59
DENIED		0	101	101
Criteria Not Met		0	97	97
Duration of Therapy Exceeded		0	4	4
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		3	18	21
APPROVED		3	0	3
DENIED		0	18	18
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	8	8
Anticholinergic Combination - Four Ingredient		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Anticholinergic Combination - Two Ingredient		2	11	13
APPROVED		2	0	2
DENIED		0	11	11
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	3	3
Antiemetic Combination - Two Ingredient		33	44	77
APPROVED		33	0	33
DENIED		0	44	44
Criteria Not Met		0	29	29
Duration of Therapy Exceeded		0	12	12
Insufficient Info		0	3	3
Antihemophilic Factor		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Antihistamine-Steroid Two Ingredient		2	11	13
APPROVED		2	0	2
DENIED		0	11	11
Criteria Not Met		0	11	11

Anti-infective Misc. Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Anti-inflammatory Combinations Topical - Four Ingredient		0	14	14
DENIED		0	14	14
Criteria Not Met		0	14	14
Antineoplastic Combination - Two Ingredient		14	3	17
APPROVED		14	0	14
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Anti-Obesity Combination - Two Ingredient		0	20	20
DENIED		0	20	20
Administrative Denial		0	14	14
Criteria Not Met		0	1	1
Non-Covered Benefit		0	5	5
Antiretroviral Combination - Four Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Antiretroviral Combination - Three Ingredient		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	2	2
Antiretroviral Combination - Two Ingredient		8	10	18
APPROVED		8	0	8
DENIED		0	10	10
Criteria Not Met		0	10	10
Apixaban		584	151	735
APPROVED		584	0	584
DENIED		0	151	151
Criteria Not Met		0	96	96
Duration of Therapy Exceeded		0	54	54
Non-Covered Benefit		0	1	1
Apremilast		58	180	238
APPROVED		58	0	58
DENIED		0	180	180
Criteria Not Met		0	166	166
Direct Member Reimbursement		0	1	1
Duration of Therapy Exceeded		0	13	13
Aprepitant		39	22	61

APPROVED		39	0	39
DENIED		0	22	22
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	3	3
Aripiprazole		208	127	335
APPROVED		208	0	208
DENIED		0	127	127
Criteria Not Met		0	103	103
Duration of Therapy Exceeded		0	24	24
Armodafinil		12	20	32
APPROVED		12	0	12
DENIED		0	20	20
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	4	4
ARNI-Angiotensin II Recept Antag Comb - Two Ingredient		188	192	380
APPROVED		188	0	188
DENIED		0	192	192
Criteria Not Met		0	164	164
Duration of Therapy Exceeded		0	28	28
Artificial Saliva		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Asenapine		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Atezolizumab		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Atomoxetine		32	228	260
APPROVED		32	0	32
DENIED		0	228	228
Administrative Denial		0	2	2
Criteria Not Met		0	200	200
Duration of Therapy Exceeded		0	26	26
Atorvastatin		32	33	65
APPROVED		32	0	32
DENIED		0	33	33
Administrative Denial		0	1	1
Criteria Not Met		0	32	32
Atovaquone		25	22	47

APPROVED		25	0	25
DENIED		0	22	22
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	1	1
Avanafil		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Axitinib		3	0	3
APPROVED		3	0	3
Azelaic Acid		5	28	33
APPROVED		5	0	5
DENIED		0	28	28
Criteria Not Met		0	28	28
Azelastine		37	128	165
APPROVED		37	0	37
DENIED		0	128	128
Criteria Not Met		0	106	106
Duration of Therapy Exceeded		0	22	22
Azilsartan		4	7	11
APPROVED		4	0	4
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Azithromycin		10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Criteria Not Met		0	4	4
Aztreonam		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
Baclofen		8	19	27
APPROVED		8	0	8
DENIED		0	19	19
Criteria Not Met		0	19	19
Baricitinib		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Belimumab		32	35	67
APPROVED		32	0	32

DENIED		0	35	35
Administrative Denial		0	1	1
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	10	10
Benralizumab		9	26	35
APPROVED		9	0	9
DENIED		0	26	26
Administrative Denial		0	2	2
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	1	1
Bepotastine		6	80	86
APPROVED		6	0	6
DENIED		0	80	80
Criteria Not Met		0	75	75
Duration of Therapy Exceeded		0	5	5
Besifloxacin		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Beta Blocker & Diuretic Combination - Two Ingredient		1	7	8
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	7	7
Beta-blockers - Ophthalmic Combination - Two Ingredient		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
Betamethasone		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
Bevacizumab		19	11	30
APPROVED		19	0	19
DENIED		0	11	11
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	3	3
Insufficient Info		0	1	1
Bexarotene		2	0	2
APPROVED		2	0	2
Bezlotoxumab		1	2	3
APPROVED		1	0	1

DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Bimatoprost		31	32	63
APPROVED		31	0	31
DENIED		0	32	32
Administrative Denial		0	1	1
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	8	8
Insufficient Info		0	2	2
Blood Glucose Monitoring Supplies		0	12	12
DENIED		0	12	12
Criteria Not Met		0	12	12
Bortezomib		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
BOSULIF 100MG TAB		1	0	1
APPROVED		1	0	1
Bosutinib		1	0	1
APPROVED		1	0	1
Botulinum Toxin		66	114	180
APPROVED		66	0	66
DENIED		0	114	114
Administrative Denial		0	3	3
Criteria Not Met		0	87	87
Duration of Therapy Exceeded		0	16	16
Insufficient Info		0	8	8
Brentuximab		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Brexiprazole		13	19	32
APPROVED		13	0	13
DENIED		0	19	19
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	4	4
Brimonidine		2	12	14
APPROVED		2	0	2

DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
Bromfenac		0	25	25
DENIED		0	25	25
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	1	1
Budesonide		43	77	120
APPROVED		43	0	43
DENIED		0	77	77
Criteria Not Met		0	71	71
Duration of Therapy Exceeded		0	6	6
Buprenorphine		23	89	112
APPROVED		23	0	23
DENIED		0	89	89
Criteria Not Met		0	81	81
Duration of Therapy Exceeded		0	8	8
Bupropion		12	30	42
APPROVED		12	0	12
DENIED		0	30	30
Criteria Not Met		0	30	30
Buspirone		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Butorphanol		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Ca Channel Blocker & HMG CoA Reductase Inhib Comb 2 Ingrid		0	6	6
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
CABOMETYX 40MG TAB		1	0	1
APPROVED		1	0	1
Cabozantinib		1	0	1
APPROVED		1	0	1
Calcifediol		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Calcipotriene		15	38	53
APPROVED		15	0	15

DENIED		0	38	38
Criteria Not Met		0	35	35
Duration of Therapy Exceeded		0	3	3
Calcium Carbonate		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Calquence 100MG OR CAPS		9	0	9
APPROVED		9	0	9
Canagliflozin		10	76	86
APPROVED		10	0	10
DENIED		0	76	76
Appeal Withdrawn		0	2	2
Criteria Not Met		0	65	65
Duration of Therapy Exceeded		0	9	9
Candesartan		52	20	72
APPROVED		52	0	52
DENIED		0	20	20
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	9	9
Capecitabine		94	28	122
APPROVED		94	0	94
DENIED		0	28	28
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	7	7
Insufficient Info		0	1	1
Caplyta 42MG OR CAPS		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
Capsaicin		0	6	6
DENIED		0	6	6
Criteria Not Met		0	6	6
Carbinoxamine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Cariprazine		43	136	179
APPROVED		43	0	43
DENIED		0	136	136
Criteria Not Met		0	122	122
Duration of Therapy Exceeded		0	14	14

Carvedilol		33	31	64
APPROVED		33	0	33
DENIED		0	31	31
Criteria Not Met		0	31	31
Cefazolin		16	1	17
APPROVED		16	0	16
DENIED		0	1	1
Criteria Not Met		0	1	1
Cefdinir		1	0	1
APPROVED		1	0	1
Cefepime		29	0	29
APPROVED		29	0	29
Ceftriaxone		33	10	43
APPROVED		33	0	33
DENIED		0	10	10
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	3	3
Celecoxib		108	472	580
APPROVED		108	0	108
DENIED		0	472	472
Criteria Not Met		0	443	443
Duration of Therapy Exceeded		0	29	29
Cephalexin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cephalosporin Combination - Two Ingredient		1	0	1
APPROVED		1	0	1
Certolizumab		32	55	87
APPROVED		32	0	32
DENIED		0	55	55
Administrative Denial		0	1	1
Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	16	16
Insufficient Info		0	4	4
Non-Covered Benefit		0	1	1
Cetirizine		5	11	16
APPROVED		5	0	5
DENIED		0	11	11
Criteria Not Met		0	11	11
Cetuximab		1	0	1

APPROVED		1	0	1
Cevimeline		6	13	19
APPROVED		6	0	6
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Chlorthalidone		8	2	10
APPROVED		8	0	8
DENIED		0	2	2
Criteria Not Met		0	2	2
Chlorzoxazone		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Cholestyramine		1	19	20
APPROVED		1	0	1
DENIED		0	19	19
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
Choriogonadotropin		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Non-Covered Benefit		0	1	1
Ciclesonide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ciclopirox		1	8	9
APPROVED		1	0	1
DENIED		0	8	8
Criteria Not Met		0	8	8
Cinacalcet		13	32	45
APPROVED		13	0	13
DENIED		0	32	32
Administrative Denial		0	1	1
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	3	3
Cisplatin		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
Citalopram		3	8	11

APPROVED		3	0	3
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Citrates		6	0	6
APPROVED		6	0	6
Clarithromycin		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Clindamycin		0	12	12
DENIED		0	12	12
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	2	2
Clindamycin Vaginal		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Clobetasol		4	32	36
APPROVED		4	0	4
DENIED		0	32	32
Criteria Not Met		0	32	32
Clomiphene		0	13	13
DENIED		0	13	13
Administrative Denial		0	6	6
Criteria Not Met		0	4	4
Non-Covered Benefit		0	3	3
Clonazepam		2	8	10
APPROVED		2	0	2
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Clonidine		10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	4	4
Clopidogrel		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Clozapine		3	0	3
APPROVED		3	0	3
Codeine Combination - Four Ingredient		3	7	10

APPROVED		3	0	3
DENIED		0	7	7
Criteria Not Met		0	7	7
Codeine Combination - Two Ingredient		83	109	192
APPROVED		83	0	83
DENIED		0	109	109
Criteria Not Met		0	102	102
Duration of Therapy Exceeded		0	7	7
Colchicine		17	21	38
APPROVED		17	0	17
DENIED		0	21	21
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	4	4
Collagenase		45	47	92
APPROVED		45	0	45
DENIED		0	47	47
Criteria Not Met		0	46	46
Duration of Therapy Exceeded		0	1	1
Collagenase Clostridium Histolyticum		5	29	34
APPROVED		5	0	5
DENIED		0	29	29
Criteria Not Met		0	26	26
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
Combination Contraceptives - Oral Three Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Combination Contraceptives - Oral Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Combination Contraceptives - Transdermal Two Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Combination Contraceptives - Vaginal Two Ingredient		1	21	22
APPROVED		1	0	1
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
Continuous Blood Glucose Monitor System and/or Supplies		192	635	827
APPROVED		192	0	192

DENIED		0	635	635
Administrative Denial		0	1	1
Criteria Not Met		0	587	587
Duration of Therapy Exceeded		0	46	46
Non-Covered Benefit		0	1	1
Corticotropin		0	5	5
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Crisaborole		5	30	35
APPROVED		5	0	5
DENIED		0	30	30
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	2	2
Crofelemer		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Cross-Linked Hyaluronate		0	13	13
DENIED		0	13	13
Criteria Not Met		0	13	13
Cyclobenzaprine		4	16	20
APPROVED		4	0	4
DENIED		0	16	16
Criteria Not Met		0	16	16
Cyclophosphamide		13	5	18
APPROVED		13	0	13
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Cyclosporine		244	469	713
APPROVED		244	0	244
DENIED		0	469	469
Criteria Not Met		0	445	445
Duration of Therapy Exceeded		0	24	24
Cyproheptadine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Dabigatran		3	2	5
APPROVED		3	0	3
DENIED		0	2	2

Criteria Not Met		0	2	2
Dabrafenib		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Dalbavancin		4	8	12
APPROVED		4	0	4
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Dalfampridine		0	7	7
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Dapagliflozin		402	210	612
APPROVED		402	0	402
DENIED		0	210	210
Administrative Denial		0	2	2
Criteria Not Met		0	154	154
Duration of Therapy Exceeded		0	54	54
Dapsone		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Daptomycin		55	30	85
APPROVED		55	0	55
DENIED		0	30	30
Administrative Denial		0	1	1
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	6	6
Daratumumab		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Darbepoetin		17	23	40
APPROVED		17	0	17
DENIED		0	23	23
Administrative Denial		0	1	1
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	7	7
Darifenacin		1	0	1
APPROVED		1	0	1
Dasatinib		6	2	8

APPROVED		6	0	6
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
DayVigo 10MG OR TABS		3	11	14
APPROVED		3	0	3
DENIED		0	11	11
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	2	2
DayVigo 5MG OR TABS		3	10	13
APPROVED		3	0	3
DENIED		0	10	10
Criteria Not Met		0	10	10
Decongestant & Antihistamine - Two Ingredient		0	3	3
DENIED		0	3	3
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Deferasirox		2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Denosumab		146	218	364
APPROVED		146	0	146
DENIED		0	218	218
Administrative Denial		0	1	1
Criteria Not Met		0	188	188
Duration of Therapy Exceeded		0	28	28
Insufficient Info		0	1	1
Desmopressin		5	14	19
APPROVED		5	0	5
DENIED		0	14	14
Criteria Not Met		0	14	14
Desoximetasone		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Desvenlafaxine		13	17	30
APPROVED		13	0	13
DENIED		0	17	17
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
Deutetrabenazine		0	4	4

DENIED		0	4	4
Criteria Not Met		0	4	4
Dexamethasone		15	42	57
APPROVED		15	0	15
DENIED		0	42	42
Criteria Not Met		0	39	39
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
JCode		0	1	1
Dexlansoprazole		91	69	160
APPROVED		91	0	91
DENIED		0	69	69
Criteria Not Met		0	53	53
Duration of Therapy Exceeded		0	16	16
Dexmethylphenidate		37	54	91
APPROVED		37	0	37
DENIED		0	54	54
Criteria Not Met		0	44	44
Duration of Therapy Exceeded		0	10	10
Dextroamphetamine		17	13	30
APPROVED		17	0	17
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Diclofenac		50	472	522
APPROVED		50	0	50
DENIED		0	472	472
Administrative Denial		0	1	1
Criteria Not Met		0	457	457
Duration of Therapy Exceeded		0	14	14
Diclofenac (Migraine)		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Dicyclomine		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Difluprednate		6	28	34
APPROVED		6	0	6
DENIED		0	28	28
Criteria Not Met		0	28	28

Dihydrocodeine Combination - Three Ingredient		2	34	36
APPROVED		2	0	2
DENIED		0	34	34
Criteria Not Met		0	34	34
Diltiazem		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Dimethyl Fumarate		12	27	39
APPROVED		12	0	12
DENIED		0	27	27
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	12	12
Dipeptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient		339	60	399
APPROVED		339	0	339
DENIED		0	60	60
Administrative Denial		0	1	1
Criteria Not Met		0	39	39
Duration of Therapy Exceeded		0	20	20
Disulfiram		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Diuretic Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Docetaxel		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	2	2
Dolutegravir		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Dornase		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Doxazosin		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3

Doxepin		8	31	39
APPROVED		8	0	8
DENIED		0	31	31
Administrative Denial		0	2	2
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	1	1
Doxercalciferol		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Doxorubicin		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	1	1
Insufficient Info		0	2	2
Doxycycline		0	19	19
DENIED		0	19	19
Criteria Not Met		0	19	19
Dronabinol		17	33	50
APPROVED		17	0	17
DENIED		0	33	33
Criteria Not Met		0	32	32
Duration of Therapy Exceeded		0	1	1
Dronedarone		6	10	16
APPROVED		6	0	6
DENIED		0	10	10
Criteria Not Met		0	10	10
Drospirenone		1	13	14
APPROVED		1	0	1
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Dulaglutide		526	227	753
APPROVED		526	0	526
DENIED		0	227	227
Administrative Denial		0	4	4
Criteria Not Met		0	181	181
Duration of Therapy Exceeded		0	42	42
Duloxetine		14	23	37
APPROVED		14	0	14
DENIED		0	23	23

Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	1	1
Dupilumab		122	127	249
APPROVED		122	0	122
DENIED		0	127	127
Criteria Not Met		0	105	105
Duration of Therapy Exceeded		0	21	21
Non-Covered Benefit		0	1	1
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
Econazole		6	46	52
APPROVED		6	0	6
DENIED		0	46	46
Criteria Not Met		0	46	46
Edaravone		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	2	2
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Efavirenz		1	0	1
APPROVED		1	0	1
Efinaconazole		0	14	14
DENIED		0	14	14
Criteria Not Met		0	14	14
Eflornithine		0	2	2
DENIED		0	2	2
Administrative Denial		0	2	2
Elagolix		14	45	59
APPROVED		14	0	14
DENIED		0	45	45
Criteria Not Met		0	42	42
Duration of Therapy Exceeded		0	3	3
Eletriptan		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Eltrombopag		7	5	12

APPROVED		7	0	7
DENIED		0	5	5
Criteria Not Met		0	5	5
Eluxadoline		2	8	10
APPROVED		2	0	2
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Empagliflozin		445	144	589
APPROVED		445	0	445
DENIED		0	144	144
Criteria Not Met		0	107	107
Duration of Therapy Exceeded		0	37	37
Enalapril		6	11	17
APPROVED		6	0	6
DENIED		0	11	11
Criteria Not Met		0	11	11
Enoxaparin		12	3	15
APPROVED		12	0	12
DENIED		0	3	3
Criteria Not Met		0	3	3
ENSPRYNG INJ		1	0	1
APPROVED		1	0	1
Enspryng 120MG/ML SC SOSY		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Entecavir		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Enzalutamide		25	7	32
APPROVED		25	0	25
DENIED		0	7	7
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	6	6
Epinephrine		5	25	30
APPROVED		5	0	5
DENIED		0	25	25
Administrative Denial		0	1	1
Criteria Not Met		0	24	24
Epoetin		73	139	212
APPROVED		73	0	73

DENIED		0	139	139
Administrative Denial		0	7	7
Criteria Not Met		0	103	103
Duration of Therapy Exceeded		0	23	23
Insufficient Info		0	6	6
Erenumab		22	100	122
APPROVED		22	0	22
DENIED		0	100	100
Appeal Withdrawn		0	1	1
Criteria Not Met		0	88	88
Duration of Therapy Exceeded		0	11	11
Ergocalciferol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ergot Combination - Two Ingredient		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Erlotinib		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Ertapenem		57	3	60
APPROVED		57	0	57
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Ertugliflozin		22	144	166
APPROVED		22	0	22
DENIED		0	144	144
Criteria Not Met		0	128	128
Duration of Therapy Exceeded		0	16	16
Escitalopram		20	31	51
APPROVED		20	0	20
DENIED		0	31	31
Criteria Not Met		0	31	31
Esketamine		28	11	39
APPROVED		28	0	28
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
Esomeprazole		16	127	143

APPROVED		16	0	16
DENIED		0	127	127
Criteria Not Met		0	114	114
Duration of Therapy Exceeded		0	13	13
Estazolam		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Estradiol		27	61	88
APPROVED		27	0	27
DENIED		0	61	61
Administrative Denial		0	1	1
Criteria Not Met		0	51	51
Duration of Therapy Exceeded		0	9	9
Estradiol Vaginal		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Estrogen & Progestin - Two Ingredient		2	10	12
APPROVED		2	0	2
DENIED		0	10	10
Criteria Not Met		0	10	10
Estrogens, Conjugated		3	0	3
APPROVED		3	0	3
Eszopiclone		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
Etanercept		145	111	256
APPROVED		145	0	145
DENIED		0	111	111
Criteria Not Met		0	78	78
Duration of Therapy Exceeded		0	33	33
Etelcalcetide		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Etodolac		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Everolimus		21	3	24

APPROVED		21	0	21
DENIED		0	3	3
Criteria Not Met		0	3	3
Evolocumab		33	139	172
APPROVED		33	0	33
DENIED		0	139	139
Criteria Not Met		0	119	119
Duration of Therapy Exceeded		0	20	20
Exemestane		1	0	1
APPROVED		1	0	1
Exenatide		2	35	37
APPROVED		2	0	2
DENIED		0	35	35
Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	2	2
Ezetimibe		208	58	266
APPROVED		208	0	208
DENIED		0	58	58
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	15	15
Famciclovir		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Famotidine		14	3	17
APPROVED		14	0	14
DENIED		0	3	3
Criteria Not Met		0	1	1
Insufficient Info		0	2	2
Febuxostat		26	50	76
APPROVED		26	0	26
DENIED		0	50	50
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	7	7
Felodipine		1	0	1
APPROVED		1	0	1
Fenofibrate		7	16	23
APPROVED		7	0	7
DENIED		0	16	16
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	2	2
Fenoprofen		11	101	112

APPROVED		11	0	11
DENIED		0	101	101
Criteria Not Met		0	99	99
Duration of Therapy Exceeded		0	2	2
Fentanyl		105	58	163
APPROVED		105	0	105
DENIED		0	58	58
Criteria Not Met		0	52	52
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	2	2
Ferric Carboxymaltose		0	14	14
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
Ferric Citrate		7	19	26
APPROVED		7	0	7
DENIED		0	19	19
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	4	4
Ferumoxytol		16	151	167
APPROVED		16	0	16
DENIED		0	151	151
Criteria Not Met		0	143	143
Duration of Therapy Exceeded		0	5	5
Insufficient Info		0	3	3
Fesoterodine		3	9	12
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	9	9
Fexofenadine		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Fidaxomicin		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Filgrastim		48	42	90
APPROVED		48	0	48
DENIED		0	42	42
Criteria Not Met		0	36	36

Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	4	4
Finasteride		0	9	9
DENIED		0	9	9
Administrative Denial		0	2	2
Criteria Not Met		0	4	4
Non-Covered Benefit		0	3	3
Fingolimod		6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	4	4
Flibanserin		0	8	8
DENIED		0	8	8
Criteria Not Met		0	8	8
Fluconazole		21	12	33
APPROVED		21	0	21
DENIED		0	12	12
Criteria Not Met		0	12	12
Flunisolide		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fluocinolone		3	11	14
APPROVED		3	0	3
DENIED		0	11	11
Criteria Not Met		0	11	11
Fluorouracil		2	0	2
APPROVED		2	0	2
Fluoxetine		13	45	58
APPROVED		13	0	13
DENIED		0	45	45
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	2	2
Fluticasone		55	168	223
APPROVED		55	0	55
DENIED		0	168	168
Criteria Not Met		0	161	161
Duration of Therapy Exceeded		0	7	7
Fluvoxamine		1	6	7
APPROVED		1	0	1
DENIED		0	6	6

Criteria Not Met		0	6	6
Fosaprepitant		13	2	15
APPROVED		13	0	13
DENIED		0	2	2
Criteria Not Met		0	2	2
Fostamatinib		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Fremanezumab		8	19	27
APPROVED		8	0	8
DENIED		0	19	19
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
Frovatriptan		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fulvestrant		3	0	3
APPROVED		3	0	3
Gabapentin		2	30	32
APPROVED		2	0	2
DENIED		0	30	30
Criteria Not Met		0	30	30
Gabapentin (Once-Daily)		2	10	12
APPROVED		2	0	2
DENIED		0	10	10
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	3	3
Galcanezumab		11	56	67
APPROVED		11	0	11
DENIED		0	56	56
Criteria Not Met		0	50	50
Duration of Therapy Exceeded		0	6	6
Ganciclovir		5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	4	4
Gatifloxacin		1	2	3
APPROVED		1	0	1
DENIED		0	2	2

Criteria Not Met		0	2	2
Gilteritinib		1	0	1
APPROVED		1	0	1
Glatiramer		16	8	24
APPROVED		16	0	16
DENIED		0	8	8
Criteria Not Met		0	8	8
Glipizide		0	2	2
DENIED		0	2	2
Administrative Denial		0	2	2
Glucose Blood		16	81	97
APPROVED		16	0	16
DENIED		0	81	81
Administrative Denial		0	1	1
Criteria Not Met		0	77	77
Duration of Therapy Exceeded		0	3	3
Glycopyrrolate		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Glycopyrronium		0	14	14
DENIED		0	14	14
Criteria Not Met		0	14	14
Golimumab		18	19	37
APPROVED		18	0	18
DENIED		0	19	19
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	3	3
Goserelin		2	0	2
APPROVED		2	0	2
Granisetron		14	13	27
APPROVED		14	0	14
DENIED		0	13	13
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	3	3
Guaifenesin		0	3	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Non-Covered Benefit		0	1	1
Guanfacine		16	28	44
APPROVED		16	0	16

DENIED		0	28	28
Criteria Not Met		0	25	25
Duration of Therapy Exceeded		0	3	3
Guselkumab		11	16	27
APPROVED		11	0	11
DENIED		0	16	16
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	1	1
Halcinonide		0	12	12
DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
Halobetasol		0	7	7
DENIED		0	7	7
Criteria Not Met		0	7	7
Heparin Sodium		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Hepatitis C Agent Combination - Three Ingredient		1	0	1
APPROVED		1	0	1
Hepatitis C Agent Combination - Two Ingredient		68	169	237
APPROVED		68	0	68
DENIED		0	169	169
Criteria Not Met		0	169	169
HERCEPTIN 150MG INJ		2	0	2
APPROVED		2	0	2
Human Papillomavirus (HPV) Vaccine		0	7	7
DENIED		0	7	7
Administrative Denial		0	4	4
Criteria Not Met		0	1	1
Non-Covered Benefit		0	2	2
Hyaluronan		2	98	100
APPROVED		2	0	2
DENIED		0	98	98
Administrative Denial		0	2	2
Criteria Not Met		0	90	90
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	5	5
Hydrochlorothiazide		0	1	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Hydrocodone		7	7	14
APPROVED		7	0	7
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
Hydrocodone Combination - Two Ingredient		335	169	504
APPROVED		335	0	335
DENIED		0	169	169
Administrative Denial		0	1	1
Criteria Not Met		0	148	148
Duration of Therapy Exceeded		0	20	20
Hydrocortisone		4	49	53
APPROVED		4	0	4
DENIED		0	49	49
Administrative Denial		0	18	18
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	12	12
Hydromorphone		28	6	34
APPROVED		28	0	28
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Hydroquinone		0	3	3
DENIED		0	3	3
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Hydroxychloroquine		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Hydroxyprogesterone		20	31	51
APPROVED		20	0	20
DENIED		0	31	31
Criteria Not Met		0	31	31
Hydroxyzine		4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	2	2
Hylan		1	84	85
APPROVED		1	0	1

DENIED		0	84	84
Administrative Denial		0	1	1
Criteria Not Met		0	80	80
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2
Ibandronate		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ibrutinib		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Ibuprofen		6	15	21
APPROVED		6	0	6
DENIED		0	15	15
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Icatibant		0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Icosapent		34	417	451
APPROVED		34	0	34
DENIED		0	417	417
Criteria Not Met		0	392	392
Duration of Therapy Exceeded		0	25	25
Imatinib		10	2	12
APPROVED		10	0	10
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
IMATINIB MESYLATE 100MG TAB		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Imatinib Mesylate 400MG OR TABS		7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
IMATINIB MESYLATE 400MG TAB		3	0	3
APPROVED		3	0	3
IMBRUVICA 140MG CAP		1	0	1

APPROVED		1	0	1
Imbruvica 140MG OR CAPS		3	0	3
APPROVED		3	0	3
Imbruvica 420MG OR TABS		5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
IMBRUVICA 420MG TAB		4	0	4
APPROVED		4	0	4
Imiquimod		77	81	158
APPROVED		77	0	77
DENIED		0	81	81
Criteria Not Met		0	69	69
Duration of Therapy Exceeded		0	12	12
Immune Globulin		22	29	51
APPROVED		22	0	22
DENIED		0	29	29
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	5	5
Insufficient Info		0	4	4
Indomethacin		2	6	8
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	6	6
Infiximab		102	192	294
APPROVED		102	0	102
DENIED		0	192	192
Administrative Denial		0	3	3
Criteria Not Met		0	148	148
Duration of Therapy Exceeded		0	33	33
Insufficient Info		0	5	5
Non-Covered Benefit		0	3	3
Injection Devices		7	37	44
APPROVED		7	0	7
DENIED		0	37	37
Administrative Denial		0	1	1
Criteria Not Met		0	34	34
Duration of Therapy Exceeded		0	2	2
INLYTA 5MG TAB		4	1	5
APPROVED		4	0	4

DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Insulin Aspart		14	15	29
APPROVED		14	0	14
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
Insulin Aspart Protamine & Aspart (Human)		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	2	2
Insulin Degludec		11	23	34
APPROVED		11	0	11
DENIED		0	23	23
Criteria Not Met		0	23	23
Insulin Detemir		19	22	41
APPROVED		19	0	19
DENIED		0	22	22
Criteria Not Met		0	22	22
Insulin Glargine		22	144	166
APPROVED		22	0	22
DENIED		0	144	144
Criteria Not Met		0	123	123
Duration of Therapy Exceeded		0	21	21
Insulin Infusion Pump		26	43	69
APPROVED		26	0	26
DENIED		0	43	43
Administrative Denial		0	2	2
Criteria Not Met		0	36	36
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	1	1
Insulin Lispro		22	29	51
APPROVED		22	0	22
DENIED		0	29	29
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	6	6
Insulin Lispro Protamine & Lispro		4	0	4
APPROVED		4	0	4
Insulin NPH (Human) (Isophane)		13	8	21
APPROVED		13	0	13
DENIED		0	8	8

Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	3	3
Insulin NPH Isophane & Reg (Human)		12	3	15
APPROVED		12	0	12
DENIED		0	3	3
Criteria Not Met		0	3	3
Insulin Regular (Human)		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Insulin Syringes		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Insulin-Incretin Mimetic Combination - Two Ingredient		16	58	74
APPROVED		16	0	16
DENIED		0	58	58
Criteria Not Met		0	50	50
Duration of Therapy Exceeded		0	8	8
Interferon		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	7	7
Intest Cholest Absorp Inhib-HMG CoA Reduct Inhib Comb 2 Ing		13	29	42
APPROVED		13	0	13
DENIED		0	29	29
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	6	6
Irbesartan		3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Criteria Not Met		0	6	6
Irinotecan		4	0	4
APPROVED		4	0	4
Iron Combination - Eight Ingredient		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Iron Combination - Six Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Iron Sucrose		5	19	24

APPROVED		5	0	5
DENIED		0	19	19
Administrative Denial		0	1	1
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	1	1
Iron w/ Folic Acid - Five Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Iron-B12-Folate Combination - Seven Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Iron-B12-Folate Combination - Six Ingredient		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Isavuconazonium		3	0	3
APPROVED		3	0	3
Isosorbide Dinitrate		2	0	2
APPROVED		2	0	2
Isotretinoin		109	269	378
APPROVED		109	0	109
DENIED		0	269	269
Criteria Not Met		0	267	267
Duration of Therapy Exceeded		0	2	2
Ivabradine		18	6	24
APPROVED		18	0	18
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Ivermectin		2	14	16
APPROVED		2	0	2
DENIED		0	14	14
Criteria Not Met		0	14	14
Ixazomib		3	0	3
APPROVED		3	0	3
Ixekizumab		16	44	60
APPROVED		16	0	16
DENIED		0	44	44
Criteria Not Met		0	35	35
Duration of Therapy Exceeded		0	9	9
J 9303 VECTIBIX 100MG INJ		1	0	1

APPROVED		1	0	1
J 9306 PERJETA 420/14ML INJ , Q 5114 OGIVRI 150MG INJ		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J0178	INJECTION AFLIBERCEPT 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0490	INJECTION BELIMUMAB 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0585	BOTULINUM TOXIN TYPE A PER UNIT	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0641	INJECTION LEVLEUCOVORIN NOS 0.5 MG	21	12	33
APPROVED		21	0	21
DENIED		0	12	12
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	10	10
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	1	0	1
APPROVED		1	0	1
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J0878	INJECTION DAPTOMYCIN 1 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J0897	INJECTION DENOSUMAB 1 MG	1	0	1
APPROVED		1	0	1
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1

J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	3	33	36
APPROVED		3	0	3
DENIED		0	33	33
Administrative Denial		0	1	1
Criteria Not Met		0	32	32
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J1745	INJECTION INFILXIMAB EXCLUDES BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1930	INJECTION LANREOTIDE 1 MG	15	2	17
APPROVED		15	0	15
DENIED		0	2	2
Criteria Not Met		0	2	2
J2248	INJECTION MICAUFUNGIN SODIUM 1 MG	1	0	1
APPROVED		1	0	1
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
J2505	INJECTION PEGFILGRASTIM 6 MG	0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J2507	INJECTION PEGLOTICASE 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J2778	INJECTION RANIBIZUMAB 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J2783	INJECTION RASBURICASE 0.5 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	10	5	15

APPROVED		10	0	10
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
J3111	INJECTION ROMOSUZUMAB-AQQG 1 MG	1	0	1
APPROVED		1	0	1
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J3490	UNCLASSIFIED DRUGS	6	9	15
APPROVED		6	0	6
DENIED		0	9	9
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	4	4
J3590	UNCLASSIFIED BIOLOGICS	0	3	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20 PCT 1 U DOSE	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	1	3	4

APPROVED		1	0	1
DENIED		0	3	3
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J7323	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE	4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
J7324	HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7325	HYALURONAN/DERIV SYNVIC/SYNVIC-ONE IA INJ 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7326	HYALURONAN/DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J7328	HYALURONAN/DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	0	2	2
DENIED		0	2	2
Insufficient Info		0	2	2
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	1	0	1
APPROVED		1	0	1
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
J9022	INJECTION ATEZOLIZUMAB 10 MG	21	15	36
APPROVED		21	0	21
DENIED		0	15	15
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	1	1
Non-Covered Benefit		0	2	2
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	1	0	1
APPROVED		1	0	1
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	24	8	32

APPROVED		24	0	24
DENIED		0	8	8
Administrative Denial		0	1	1
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J9035	INJECTION BEVACIZUMAB 10 MG	51	41	92
APPROVED		51	0	51
DENIED		0	41	41
Administrative Denial		0	3	3
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	8	8
J9041	INJECTION BORTEZOMIB 0.1 MG	41	19	60
APPROVED		41	0	41
DENIED		0	19	19
Administrative Denial		0	2	2
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	9	9
Insufficient Info		0	1	1
J9043	INJECTION CABAZITAXEL 1 MG	3	0	3
APPROVED		3	0	3
J9047	INJECTION CARFILZOMIB 1 MG	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J9055	INJECTION CETUXIMAB 10 MG	2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
J9119	INJECTION CEMIPIMAB-RWLC 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J9144	INJECTION DARATUMUMAB 10 MG and HYALURONIDASE-FIHJ	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9145	INJECTION DARATUMUMAB 10 MG	17	7	24

APPROVED		17	0	17
DENIED		0	7	7
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	5	5
J9155	INJECTION DEGARELIX 1 MG	1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
J9173	INJECTION DURVALUMAB 10 MG	6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	1	0	1
APPROVED		1	0	1
J9228	INJECTION IPILIMUMAB 1 MG	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	32	15	47
APPROVED		32	0	32
DENIED		0	15	15
Administrative Denial		0	1	1

Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	10	10
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	1	0	1
APPROVED		1	0	1
J9271	INJECTION PEMBROLIZUMAB 1 MG	119	65	184
APPROVED		119	0	119
DENIED		0	65	65
Administrative Denial		0	1	1
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	46	46
Insufficient Info		0	3	3
Non-Covered Benefit		0	2	2
J9299	INJECTION NIVOLUMAB 1 MG	44	18	62
APPROVED		44	0	44
DENIED		0	18	18
Administrative Denial		0	2	2
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	10	10
Insufficient Info		0	1	1
J9301	INJECTION OBINUTUZUMAB 10 MG	11	3	14
APPROVED		11	0	11
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
J9303	INJECTION PANITUMUMAB 10 MG	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
J9305	INJECTION PEMETREXED NOS10 MG	25	6	31
APPROVED		25	0	25
DENIED		0	6	6
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	4	4
J9306	INJECTION PERTUZUMAB 1 MG	53	25	78
APPROVED		53	0	53
DENIED		0	25	25
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	16	16
Insufficient Info		0	2	2
J9308	INJECTION RAMUCIRUMAB 5 MG	4	1	5
APPROVED		4	0	4

DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9312	INJECTION RITUXIMAB 10 MG	0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
J9316	INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG	6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
J9317	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9349	INJECTION TAFASITAMAB-CXIX 2 MG	4	0	4
APPROVED		4	0	4
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	9	5	14
APPROVED		9	0	9
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	13	15	28
APPROVED		13	0	13
DENIED		0	15	15
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	10	10
Insufficient Info		0	1	1
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J9371	INJECTION VINCISTINE SULFATE LIPOSOME 1 MG	1	0	1
APPROVED		1	0	1
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	1	0	1

APPROVED		1	0	1
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Kesimpta 20MG/0.4ML SC SOAJ		0	6	6
DENIED		0	6	6
Criteria Not Met		0	6	6
Ketorolac		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
KEYTRUDA 100MG/4M INJ		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Labetalol		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Lactulose		0	10	10
DENIED		0	10	10
Criteria Not Met		0	10	10
Lamotrigine		4	5	9
APPROVED		4	0	4
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Lanreotide		1	0	1
APPROVED		1	0	1
Lansoprazole		28	41	69
APPROVED		28	0	28
DENIED		0	41	41
Criteria Not Met		0	37	37
Duration of Therapy Exceeded		0	4	4
Latanoprost		1	0	1
APPROVED		1	0	1
Latanoprostene		7	10	17
APPROVED		7	0	7
DENIED		0	10	10
Criteria Not Met		0	10	10
Lenalidomide		77	10	87

APPROVED		77	0	77
DENIED		0	10	10
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	3	3
Lenvatinib		6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Lenvima (20 MG Daily Dose) 2 x 10MG OR CPPK		6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Criteria Not Met		0	1	1
Letermovir		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Leucovorin		2	0	2
APPROVED		2	0	2
Leuprolide		33	24	57
APPROVED		33	0	33
DENIED		0	24	24
Criteria Not Met		0	22	22
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Levalbuterol		10	20	30
APPROVED		10	0	10
DENIED		0	20	20
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	1	1
Levetiracetam		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Levocetirizine		5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
Levodopa Combination - Two Ingredient		3	0	3
APPROVED		3	0	3
Levomilnacipran		0	3	3

DENIED		0	3	3
Criteria Not Met		0	3	3
Levothyroxine		4	23	27
APPROVED		4	0	4
DENIED		0	23	23
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	5	5
Lidocaine		75	372	447
APPROVED		75	0	75
DENIED		0	372	372
Criteria Not Met		0	361	361
Duration of Therapy Exceeded		0	11	11
Lifitegrast		10	173	183
APPROVED		10	0	10
DENIED		0	173	173
Criteria Not Met		0	168	168
Duration of Therapy Exceeded		0	5	5
Linacotide		274	701	975
APPROVED		274	0	274
DENIED		0	701	701
Criteria Not Met		0	662	662
Duration of Therapy Exceeded		0	39	39
Linagliptin		175	32	207
APPROVED		175	0	175
DENIED		0	32	32
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	20	20
Linezolid		13	22	35
APPROVED		13	0	13
DENIED		0	22	22
Criteria Not Met		0	22	22
Liraglutide		180	131	311
APPROVED		180	0	180
DENIED		0	131	131
Administrative Denial		0	32	32
Criteria Not Met		0	73	73
Duration of Therapy Exceeded		0	14	14
Non-Covered Benefit		0	12	12
Lisdexamfetamine		163	262	425
APPROVED		163	0	163
DENIED		0	262	262

Criteria Not Met		0	239	239
Duration of Therapy Exceeded		0	23	23
Lisinopril		9	17	26
APPROVED		9	0	9
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	2	2
Loratadine		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Lorazepam		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
LORBRENA 100MG TAB		1	0	1
APPROVED		1	0	1
Losartan		35	63	98
APPROVED		35	0	35
DENIED		0	63	63
Administrative Denial		0	1	1
Criteria Not Met		0	56	56
Duration of Therapy Exceeded		0	6	6
Loteprednol		13	86	99
APPROVED		13	0	13
DENIED		0	86	86
Criteria Not Met		0	83	83
Duration of Therapy Exceeded		0	3	3
Lubiprostone		52	138	190
APPROVED		52	0	52
DENIED		0	138	138
Criteria Not Met		0	133	133
Duration of Therapy Exceeded		0	5	5
Luliconazole		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
LUPKYNIS 7.9MG CAP		2	0	2
APPROVED		2	0	2
Lurasidone		54	104	158
APPROVED		54	0	54

DENIED		0	104	104
Administrative Denial		0	1	1
Criteria Not Met		0	89	89
Duration of Therapy Exceeded		0	14	14
Lusutrombopag		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Macitentan		6	8	14
APPROVED		6	0	6
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Mebendazole		0	10	10
DENIED		0	10	10
Criteria Not Met		0	10	10
Mechlorethamine		1	0	1
APPROVED		1	0	1
Meclizine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Medroxyprogesterone		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Mefenamic Acid		3	14	17
APPROVED		3	0	3
DENIED		0	14	14
Criteria Not Met		0	14	14
Meloxicam		12	17	29
APPROVED		12	0	12
DENIED		0	17	17
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
Memantine		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Mepolizumab		14	14	28
APPROVED		14	0	14
DENIED		0	14	14

Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	6	6
Meropenem		28	3	31
APPROVED		28	0	28
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Mesalamine		14	90	104
APPROVED		14	0	14
DENIED		0	90	90
Criteria Not Met		0	76	76
Duration of Therapy Exceeded		0	14	14
Metaxalone		3	38	41
APPROVED		3	0	3
DENIED		0	38	38
Criteria Not Met		0	36	36
Duration of Therapy Exceeded		0	2	2
Metformin		12	55	67
APPROVED		12	0	12
DENIED		0	55	55
Administrative Denial		0	1	1
Criteria Not Met		0	51	51
Duration of Therapy Exceeded		0	3	3
Methadone		14	3	17
APPROVED		14	0	14
DENIED		0	3	3
Criteria Not Met		0	3	3
Methenamine Mandelate 1GM OR TABS		0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Methocarbamol		7	14	21
APPROVED		7	0	7
DENIED		0	14	14
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	2	2
Methylphenidate		243	81	324
APPROVED		243	0	243
DENIED		0	81	81
Criteria Not Met		0	71	71
Duration of Therapy Exceeded		0	10	10
Methyltestosterone		0	1	1

DENIED		0	1	1
Criteria Not Met		0	1	1
Metoprolol		35	29	64
APPROVED		35	0	35
DENIED		0	29	29
Criteria Not Met		0	29	29
Metronidazole		4	19	23
APPROVED		4	0	4
DENIED		0	19	19
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
Micafungin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Midazolam		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Milnacipran		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Milrinone		1	0	1
APPROVED		1	0	1
MILRINONE LACTATE 20/20ML INJ		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Minocycline		0	8	8
DENIED		0	8	8
Criteria Not Met		0	8	8
Mirabegron		38	138	176
APPROVED		38	0	38
DENIED		0	138	138
Criteria Not Met		0	129	129
Duration of Therapy Exceeded		0	9	9
Mirtazapine		3	18	21
APPROVED		3	0	3
DENIED		0	18	18
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	2	2

Misoprostol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Modafinil		16	35	51
APPROVED		16	0	16
DENIED		0	35	35
Criteria Not Met		0	35	35
Mometasone		3	44	47
APPROVED		3	0	3
DENIED		0	44	44
Criteria Not Met		0	41	41
Duration of Therapy Exceeded		0	3	3
Morphine		72	17	89
APPROVED		72	0	72
DENIED		0	17	17
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	2	2
Moxifloxacin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Mupirocin		0	10	10
DENIED		0	10	10
Criteria Not Met		0	10	10
Mycophenolate		3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Nabumetone		2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Naftifine		1	17	18
APPROVED		1	0	1
DENIED		0	17	17
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
Naldemedine		1	4	5
APPROVED		1	0	1

DENIED		0	4	4
Criteria Not Met		0	4	4
Naloxegol		13	30	43
APPROVED		13	0	13
DENIED		0	30	30
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	2	2
Naproxen		12	22	34
APPROVED		12	0	12
DENIED		0	22	22
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	2	2
Natalizumab		2	9	11
APPROVED		2	0	2
DENIED		0	9	9
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	4	4
Nebivolol		80	126	206
APPROVED		80	0	80
DENIED		0	126	126
Criteria Not Met		0	112	112
Duration of Therapy Exceeded		0	14	14
Nepafenac		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Neratinib		3	0	3
APPROVED		3	0	3
Nerlynx 40MG OR TABS		5	0	5
APPROVED		5	0	5
NERLYNX 40MG TAB		1	0	1
APPROVED		1	0	1
Netarsudil		15	8	23
APPROVED		15	0	15
DENIED		0	8	8
Criteria Not Met		0	8	8
Nexleto 180MG OR TABS		0	56	56
DENIED		0	56	56
Criteria Not Met		0	53	53
Duration of Therapy Exceeded		0	3	3
Nexleto TABS 180MG		1	3	4
APPROVED		1	0	1

DENIED		0	3	3
Criteria Not Met		0	3	3
Nexlizet 180-10MG OR TABS		5	42	47
APPROVED		5	0	5
DENIED		0	42	42
Criteria Not Met		0	41	41
Duration of Therapy Exceeded		0	1	1
Niacin		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Nifedipine		39	36	75
APPROVED		39	0	39
DENIED		0	36	36
Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	3	3
Nilotinib		2	0	2
APPROVED		2	0	2
Nintedanib		8	32	40
APPROVED		8	0	8
DENIED		0	32	32
Criteria Not Met		0	27	27
Duration of Therapy Exceeded		0	5	5
Niraparib		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Nitazoxanide		24	56	80
APPROVED		24	0	24
DENIED		0	56	56
Criteria Not Met		0	56	56
Nitrate & Vasodilator Combination - Two Ingredient		0	3	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Nitrofurantoin Monohyd Macro 100MG OR CAPS		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS 100MG CAP		1	0	1
APPROVED		1	0	1
Nitroglycerin		0	2	2

DENIED		0	2	2
Criteria Not Met		0	2	2
Nivolumab		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Nonsteroidal Anti-inflammatory Agent Combination - 2 Ingrid		5	62	67
APPROVED		5	0	5
DENIED		0	62	62
Criteria Not Met		0	62	62
Norethindrone		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Nurtec 75MG OR TBP		16	149	165
APPROVED		16	0	16
DENIED		0	149	149
Criteria Not Met		0	142	142
Duration of Therapy Exceeded		0	7	7
Nurtec TBP 75MG		6	32	38
APPROVED		6	0	6
DENIED		0	32	32
Appeal Withdrawn		0	1	1
Criteria Not Met		0	30	30
Duration of Therapy Exceeded		0	1	1
Nutritional Supplements		5	9	14
APPROVED		5	0	5
DENIED		0	9	9
Administrative Denial		0	4	4
Criteria Not Met		0	1	1
Non-Covered Benefit		0	4	4
Obeticholic Acid		4	8	12
APPROVED		4	0	4
DENIED		0	8	8
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	4	4
Ocrelizumab		19	17	36
APPROVED		19	0	19
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1

Insufficient Info		0	1	1
Octreotide		12	5	17
APPROVED		12	0	12
DENIED		0	5	5
Criteria Not Met		0	5	5
Ofloxacin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Olanzapine		3	16	19
APPROVED		3	0	3
DENIED		0	16	16
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	4	4
Olaparib		34	6	40
APPROVED		34	0	34
DENIED		0	6	6
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	5	5
Olmesartan		8	16	24
APPROVED		8	0	8
DENIED		0	16	16
Criteria Not Met		0	16	16
Olopatadine		8	53	61
APPROVED		8	0	8
DENIED		0	53	53
Criteria Not Met		0	50	50
Duration of Therapy Exceeded		0	3	3
Omadacycline		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Omalizumab		30	59	89
APPROVED		30	0	30
DENIED		0	59	59
Criteria Not Met		0	47	47
Duration of Therapy Exceeded		0	11	11
Insufficient Info		0	1	1
Omega-3-acid		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5

Omeprazole		12	36	48
APPROVED		12	0	12
DENIED		0	36	36
Criteria Not Met		0	34	34
Duration of Therapy Exceeded		0	2	2
Ondansetron		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Ophthalmic Kinase Inhibitors Combination - Two Ingredient		6	9	15
APPROVED		6	0	6
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
Opioid Combination - Two Ingredient		25	20	45
APPROVED		25	0	25
DENIED		0	20	20
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	1	1
Oriahnn 300-1-0.5 & 300MG OR CPPK		0	16	16
DENIED		0	16	16
Criteria Not Met		0	16	16
Oritavancin		1	0	1
APPROVED		1	0	1
Oriostat		0	2	2
DENIED		0	2	2
Administrative Denial		0	2	2
Osimertinib		5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Ospemifene		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Otic Steroid-Anti-infective Combination - Two Ingredient		23	151	174
APPROVED		23	0	23
DENIED		0	151	151
Criteria Not Met		0	151	151
Oxaprozin		1	5	6

APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
Oxcarbazepine		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	2	2
Oxiconazole		1	21	22
APPROVED		1	0	1
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
Oxybutynin		10	10	20
APPROVED		10	0	10
DENIED		0	10	10
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	1	1
Oxycodone		57	37	94
APPROVED		57	0	57
DENIED		0	37	37
Criteria Not Met		0	37	37
Oxymetazoline		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Palbociclib		59	3	62
APPROVED		59	0	59
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Paliperidone		31	19	50
APPROVED		31	0	31
DENIED		0	19	19
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	2	2
Palonosetron		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Pancrelipase (Lipase-Protease-Amylase)		8	11	19
APPROVED		8	0	8
DENIED		0	11	11

Criteria Not Met		0	11	11
Pantoprazole		23	57	80
APPROVED		23	0	23
DENIED		0	57	57
Criteria Not Met		0	57	57
Paricalcitol		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Paroxetine		6	16	22
APPROVED		6	0	6
DENIED		0	16	16
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	4	4
Passive Immunizing Agent Combination - Two Ingredient		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Patiomer		12	33	45
APPROVED		12	0	12
DENIED		0	33	33
Administrative Denial		0	1	1
Criteria Not Met		0	32	32
Pazopanib		1	0	1
APPROVED		1	0	1
Pegfilgrastim		346	328	674
APPROVED		346	0	346
DENIED		0	328	328
Administrative Denial		0	8	8
Criteria Not Met		0	218	218
Duration of Therapy Exceeded		0	84	84
Insufficient Info		0	13	13
Medical Necessity		0	1	1
Non-Covered Benefit		0	4	4
Peginterferon		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Pegloticase		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5

Pembrolizumab		2	0	2
APPROVED		2	0	2
Penicillamine		1	0	1
APPROVED		1	0	1
Penicillin Combination - Two Ingredient		26	7	33
APPROVED		26	0	26
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Penicillin G		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Penicillin G Benzathine		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Pentosan Polysulfate Sodium		10	8	18
APPROVED		10	0	10
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Pertuzumab		1	0	1
APPROVED		1	0	1
Phenazopyridine HCl		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Phenobarbital		4	0	4
APPROVED		4	0	4
Phentermine		0	9	9
DENIED		0	9	9
Administrative Denial		0	5	5
Non-Covered Benefit		0	4	4
Phexxi 1.8-1-0.4% VA GEL		2	18	20
APPROVED		2	0	2
DENIED		0	18	18
Criteria Not Met		0	18	18
Pimecrolimus		3	27	30
APPROVED		3	0	3
DENIED		0	27	27
Criteria Not Met		0	26	26

Duration of Therapy Exceeded		0	1	1
Pioglitazone		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Pirfenidone		2	8	10
APPROVED		2	0	2
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Piroxicam		17	54	71
APPROVED		17	0	17
DENIED		0	54	54
Criteria Not Met		0	51	51
Duration of Therapy Exceeded		0	3	3
Pitavastatin		21	46	67
APPROVED		21	0	21
DENIED		0	46	46
Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	6	6
Plecanatide		5	100	105
APPROVED		5	0	5
DENIED		0	100	100
Criteria Not Met		0	93	93
Duration of Therapy Exceeded		0	7	7
Polysaccharide Iron Complex		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Pomalidomide		7	0	7
APPROVED		7	0	7
Ponatinib		1	0	1
APPROVED		1	0	1
Posaconazole		4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Potassium & Sodium Citrates w / Citric Acid		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Potassium Chloride		1	4	5
APPROVED		1	0	1

DENIED		0	4	4
Criteria Not Met		0	4	4
Pramlintide		1	0	1
APPROVED		1	0	1
Pramoxine		0	3	3
DENIED		0	3	3
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Pravastatin		9	6	15
APPROVED		9	0	9
DENIED		0	6	6
Criteria Not Met		0	6	6
Prednisone		1	13	14
APPROVED		1	0	1
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Pregabalin		415	731	1146
APPROVED		415	0	415
DENIED		0	731	731
Criteria Not Met		0	675	675
Duration of Therapy Exceeded		0	56	56
Prenatal Vit w/ Fe Polysacch Complex-L Methylfolate-FA-DHA		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Prenatal Vit w/ Ferric Phosphate-FA-Omega 3 Fatty Acids		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Prenatal Vitamins w/ Ferrous Gluconate-Folic Acid		0	9	9
DENIED		0	9	9
Criteria Not Met		0	9	9
Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-DSS-FA-DHA		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-FA & Vit B6		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Primidone		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1

Probiotic Product		2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	4	4
Non-Covered Benefit		0	3	3
Progesterone		4	17	21
APPROVED		4	0	4
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	2	2
Progesterone Vaginal		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Promethazine		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Propafenone		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Propranolol		1	7	8
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	7	7
Prostatic Hypertrophy Agent Combination - Two Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Proton Pump Inhibitor-Antacid Combination - Two Ingredient		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Prucalopride		4	30	34
APPROVED		4	0	4
DENIED		0	30	30
Criteria Not Met		0	30	30
Pseudobulbar Affect Agent Combination - Two Ingredient		0	8	8
DENIED		0	8	8
Criteria Not Met		0	8	8
Pyridostigmine		1	1	2

APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Q0138	INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG NON-ESRD	1	6	7
APPROVED		1	0	1
DENIED		0	6	6
Criteria Not Met		0	5	5
Insufficient Info		0	1	1
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	19	6	25
APPROVED		19	0	19
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	3	3
Q4180	REVITA PER SQUARE CM	1	0	1
APPROVED		1	0	1
Q4186	EPIFIX PER SQ CM	1	0	1
APPROVED		1	0	1
Q4187	EPICORD PER SQ CM	1	0	1
APPROVED		1	0	1
Q5103	INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Q5104	INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 MG	1	0	1
APPROVED		1	0	1
Q5106	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	72	25	97
APPROVED		72	0	72
DENIED		0	25	25
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	17	17
Insufficient Info		0	1	1
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	0	2	2
DENIED		0	2	2

Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	19	11	30
APPROVED		19	0	19
DENIED		0	11	11
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	5	5
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	35	18	53
APPROVED		35	0	35
DENIED		0	18	18
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	11	11
Insufficient Info		0	3	3
Non-Covered Benefit		0	1	1
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	14	5	19
APPROVED		14	0	14
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
Quetiapine		9	14	23
APPROVED		9	0	9
DENIED		0	14	14
Criteria Not Met		0	14	14
Rabeprazole		8	14	22
APPROVED		8	0	8
DENIED		0	14	14
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	6	6
Ramelteon		9	25	34
APPROVED		9	0	9
DENIED		0	25	25

Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	1	1
Ramipril		9	5	14
APPROVED		9	0	9
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Ranibizumab		47	25	72
APPROVED		47	0	47
DENIED		0	25	25
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	2	2
Ranolazine		79	23	102
APPROVED		79	0	79
DENIED		0	23	23
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	7	7
Rectal Anesthetic/Steroids - Two Ingredient		0	25	25
DENIED		0	25	25
Administrative Denial		0	4	4
Criteria Not Met		0	20	20
Non-Covered Benefit		0	1	1
Regorafenib		7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
Retapamulin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Reyvow 50MG OR TABS		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Ribociclib		10	2	12
APPROVED		10	0	10
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Rifamycin		0	1	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Rifaximin		104	195	299
APPROVED		104	0	104
DENIED		0	195	195
Criteria Not Met		0	180	180
Duration of Therapy Exceeded		0	15	15
Riluzole		3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Riociguat		2	9	11
APPROVED		2	0	2
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
Risankizumab		31	51	82
APPROVED		31	0	31
DENIED		0	51	51
Criteria Not Met		0	46	46
Duration of Therapy Exceeded		0	5	5
Risperidone		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
RITUXAN 10 MG/ML 50ML VIAL		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
RITUXAN 500MG INJ		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Rituxan SOLN 100MG/10ML		14	35	49
APPROVED		14	0	14
DENIED		0	35	35
Administrative Denial		0	1	1
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	4	4
Non-Covered Benefit		0	2	2
Rituxan SOLN 500MG/50ML		2	5	7

APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Rituximab		13	19	32
APPROVED		13	0	13
DENIED		0	19	19
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	3	3
Rivaroxaban		462	195	657
APPROVED		462	0	462
DENIED		0	195	195
Administrative Denial		0	1	1
Criteria Not Met		0	124	124
Duration of Therapy Exceeded		0	70	70
Rivastigmine		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Rizatriptan		1	6	7
APPROVED		1	0	1
DENIED		0	6	6
Criteria Not Met		0	6	6
Roflumilast		7	6	13
APPROVED		7	0	7
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Rolapitant		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Romiplostim		10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
Romozosumab		1	6	7
APPROVED		1	0	1
DENIED		0	6	6
Criteria Not Met		0	6	6

Rosuvastatin		49	43	92
APPROVED		49	0	49
DENIED		0	43	43
Criteria Not Met		0	43	43
Rotigotine		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Ruxience SOLN 100MG/10ML		41	17	58
APPROVED		41	0	41
DENIED		0	17	17
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	9	9
Ruxience SOLN 500MG/50ML		6	5	11
APPROVED		6	0	6
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
Ruxolitinib		9	3	12
APPROVED		9	0	9
DENIED		0	3	3
Criteria Not Met		0	3	3
S0145		1	0	1
APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1	0	1
Salicylic Acid		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Sarilumab		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Saxagliptin		5	15	20
APPROVED		5	0	5
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
Secukinumab		55	69	124
APPROVED		55	0	55
DENIED		0	69	69
Criteria Not Met		0	65	65
Duration of Therapy Exceeded		0	4	4

Selenium		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Selinexor		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Administrative Denial		0	1	1
Semaglutide		570	278	848
APPROVED		570	0	570
DENIED		0	278	278
Administrative Denial		0	18	18
Criteria Not Met		0	220	220
Duration of Therapy Exceeded		0	32	32
Non-Covered Benefit		0	8	8
Sertraline		20	17	37
APPROVED		20	0	20
DENIED		0	17	17
Criteria Not Met		0	17	17
Sevelamer		28	20	48
APPROVED		28	0	28
DENIED		0	20	20
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	6	6
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations - Two Ingrid		11	28	39
APPROVED		11	0	11
DENIED		0	28	28
Criteria Not Met		0	27	27
Duration of Therapy Exceeded		0	1	1
Sildenafil		24	121	145
APPROVED		24	0	24
DENIED		0	121	121
Administrative Denial		0	4	4
Criteria Not Met		0	104	104
Duration of Therapy Exceeded		0	7	7
Non-Covered Benefit		0	6	6
Silodosin		12	14	26
APPROVED		12	0	12
DENIED		0	14	14
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	3	3

Simvastatin		10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	6	6
Sinacalide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Sitagliptin		271	81	352
APPROVED		271	0	271
DENIED		0	81	81
Criteria Not Met		0	45	45
Duration of Therapy Exceeded		0	36	36
Sodium Ferric Gluconate		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Sodium Hyaluronate		316	684	1000
APPROVED		316	0	316
DENIED		0	684	684
Administrative Denial		0	11	11
Criteria Not Met		0	608	608
Duration of Therapy Exceeded		0	16	16
Insufficient Info		0	47	47
Non-Covered Benefit		0	2	2
Sodium Oxybate		6	5	11
APPROVED		6	0	6
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Sodium Zirconium Cyclosilicate		9	16	25
APPROVED		9	0	9
DENIED		0	16	16
Criteria Not Met		0	16	16
Sodium-Glucose Co-Transporter 2 Inhib-Biguanide - Two Ingrid		236	170	406
APPROVED		236	0	236
DENIED		0	170	170
Criteria Not Met		0	111	111
Duration of Therapy Exceeded		0	59	59
Solifenacin		30	15	45
APPROVED		30	0	30
DENIED		0	15	15

Criteria Not Met		0	15	15
Solriamfetol		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Somatropin		11	18	29
APPROVED		11	0	11
DENIED		0	18	18
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	4	4
Sorafenib		7	2	9
APPROVED		7	0	7
DENIED		0	2	2
Criteria Not Met		0	2	2
Sprycel 100MG OR TABS		11	3	14
APPROVED		11	0	11
DENIED		0	3	3
Criteria Not Met		0	3	3
Sucrafate		7	35	42
APPROVED		7	0	7
DENIED		0	35	35
Criteria Not Met		0	35	35
Sucroferric		4	14	18
APPROVED		4	0	4
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
Sulconazole		0	7	7
DENIED		0	7	7
Criteria Not Met		0	7	7
Sulfonylurea-Biguanide Combination - Two Ingredient		10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Sulfonylurea-Thiazolidinedione Combination - Two Ingredient		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Sulindac		0	1	1

DENIED		0	1	1
Criteria Not Met		0	1	1
Sumatriptan		0	19	19
DENIED		0	19	19
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
Sunitinib		4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	2	2
Suvorexant		12	49	61
APPROVED		12	0	12
DENIED		0	49	49
Criteria Not Met		0	42	42
Duration of Therapy Exceeded		0	7	7
Tacrolimus		107	251	358
APPROVED		107	0	107
DENIED		0	251	251
Administrative Denial		0	12	12
Criteria Not Met		0	210	210
Duration of Therapy Exceeded		0	17	17
Non-Covered Benefit		0	12	12
Tadalafil		2	38	40
APPROVED		2	0	2
DENIED		0	38	38
Administrative Denial		0	1	1
Criteria Not Met		0	35	35
Non-Covered Benefit		0	2	2
Tafamidis		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Tafuprost		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Tagrisso 80MG OR TABS		16	3	19
APPROVED		16	0	16
DENIED		0	3	3
Criteria Not Met		0	3	3
Tapentadol		4	7	11
APPROVED		4	0	4

DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
TASIGNA 200MG CAP		2	0	2
APPROVED		2	0	2
Tasigna 200MG OR CAPS		3	0	3
APPROVED		3	0	3
Tazarotene		12	40	52
APPROVED		12	0	12
DENIED		0	40	40
Administrative Denial		0	1	1
Criteria Not Met		0	37	37
Duration of Therapy Exceeded		0	2	2
Tazarotene (Acne)		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Tedizolid		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Telavancin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Telmisartan		137	59	196
APPROVED		137	0	137
DENIED		0	59	59
Criteria Not Met		0	38	38
Duration of Therapy Exceeded		0	21	21
Temazepam		1	11	12
APPROVED		1	0	1
DENIED		0	11	11
Criteria Not Met		0	11	11
Temozolomide		15	6	21
APPROVED		15	0	15
DENIED		0	6	6
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	4	4
Tenofovir		112	88	200
APPROVED		112	0	112
DENIED		0	88	88
Criteria Not Met		0	61	61
Duration of Therapy Exceeded		0	27	27

Teriflunomide		4	11	15
APPROVED		4	0	4
DENIED		0	11	11
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	5	5
Teriparatide		5	11	16
APPROVED		5	0	5
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
Testosterone		13	76	89
APPROVED		13	0	13
DENIED		0	76	76
Criteria Not Met		0	71	71
Duration of Therapy Exceeded		0	5	5
Thalidomide		4	0	4
APPROVED		4	0	4
Thiazolidinedione-Biguanide Combination - Two Ingredient		2	10	12
APPROVED		2	0	2
DENIED		0	10	10
Criteria Not Met		0	10	10
Thienbenzodiazepines & SSRIs - Two Ingredient		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Thyroid		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Thyrotropin		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Administrative Denial		0	1	1
Insufficient Info		0	1	1
Ticagrelor		142	122	264
APPROVED		142	0	142
DENIED		0	122	122
Criteria Not Met		0	94	94
Duration of Therapy Exceeded		0	28	28
Tigecycline		1	0	1
APPROVED		1	0	1
Tildrakizumab		1	4	5

APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Timolol		5	0	5
APPROVED		5	0	5
Tiopronin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Tiotropium		12	44	56
APPROVED		12	0	12
DENIED		0	44	44
Criteria Not Met		0	38	38
Duration of Therapy Exceeded		0	6	6
Tizanidine		4	35	39
APPROVED		4	0	4
DENIED		0	35	35
Criteria Not Met		0	31	31
Duration of Therapy Exceeded		0	4	4
Tobramycin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Tocilizumab		7	20	27
APPROVED		7	0	7
DENIED		0	20	20
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	1	1
Tofacitinib		32	62	94
APPROVED		32	0	32
DENIED		0	62	62
Administrative Denial		0	1	1
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	16	16
Non-Covered Benefit		0	2	2
Tolterodine		26	25	51
APPROVED		26	0	26
DENIED		0	25	25
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	5	5
Tolvaptan		7	1	8

APPROVED		7	0	7
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Topical Anesthetic Combination - Three Ingredient		0	13	13
DENIED		0	13	13
Criteria Not Met		0	13	13
Topical Anesthetic Combination - Two Ingredient		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Topical Steroid Combination - Two Ingredient		4	32	36
APPROVED		4	0	4
DENIED		0	32	32
Criteria Not Met		0	31	31
Non-Covered Benefit		0	1	1
Topiramate		7	13	20
APPROVED		7	0	7
DENIED		0	13	13
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	2	2
Toxoid Combination - Three Ingredient		2	8	10
APPROVED		2	0	2
DENIED		0	8	8
Administrative Denial		0	5	5
Non-Covered Benefit		0	3	3
Tramadol		185	272	457
APPROVED		185	0	185
DENIED		0	272	272
Appeal Withdrawn		0	2	2
Criteria Not Met		0	256	256
Duration of Therapy Exceeded		0	14	14
Tramadol Combination - Two Ingredient		3	34	37
APPROVED		3	0	3
DENIED		0	34	34
Criteria Not Met		0	32	32
Duration of Therapy Exceeded		0	2	2
Trametinib		9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Criteria Not Met		0	2	2
Trastuzumab		0	1	1
DENIED		0	1	1

Administrative Denial		0	1	1
Travoprost		9	6	15
APPROVED		9	0	9
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Trazodone		0	9	9
DENIED		0	9	9
Criteria Not Met		0	9	9
Tretinoin		281	181	462
APPROVED		281	0	281
DENIED		0	181	181
Administrative Denial		0	5	5
Criteria Not Met		0	169	169
Duration of Therapy Exceeded		0	3	3
Non-Covered Benefit		0	4	4
Tretinoin (Chemotherapy)		1	0	1
APPROVED		1	0	1
Triamcinolone		2	17	19
APPROVED		2	0	2
DENIED		0	17	17
Criteria Not Met		0	17	17
Triazolam		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Trientine		1	0	1
APPROVED		1	0	1
Trifarotene		3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Criteria Not Met		0	6	6
Trijardy XR 10-5-1000MG OR TB24		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
TRIJARDY XR 12.5-2.5 TAB		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Trijardy XR 12.5-2.5-1000MG OR TB24		1	0	1
APPROVED		1	0	1
TRIJARDY XR 25-5-1000 TAB		0	1	1

DENIED		0	1	1
Criteria Not Met		0	1	1
Trijardy XR 25-5-1000MG OR TB24		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Trijardy XR 5-2.5-1000MG OR TB24		0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Trijardy XR TB24 10-5-1000MG		1	0	1
APPROVED		1	0	1
Trijardy XR TB24 12.5-2.5-1000MG		1	0	1
APPROVED		1	0	1
Trijardy XR TB24 25-5-1000MG		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Trikafta 100-50-75 & 150MG OR TBPk		2	0	2
APPROVED		2	0	2
Triptorelin		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
Trosipium		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Truxima SOLN 100MG/10ML		35	16	51
APPROVED		35	0	35
DENIED		0	16	16
Administrative Denial		0	1	1
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	5	5
Tukysa 150MG OR TABS		6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Insufficient Info		0	1	1
TUKYSA 150MG TAB		4	1	5
APPROVED		4	0	4
DENIED		0	1	1

Criteria Not Met		0	1	1
Ubrelvy 100MG OR TABS		10	35	45
APPROVED		10	0	10
DENIED		0	35	35
Criteria Not Met		0	35	35
UBRELVY 100MG TAB		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Ubrelvy 50MG OR TABS		4	41	45
APPROVED		4	0	4
DENIED		0	41	41
Criteria Not Met		0	36	36
Duration of Therapy Exceeded		0	5	5
Ubrelvy TABS 100MG		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Ubrelvy TABS 50MG		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Ulcer Anti-Infective w/Bismuth Combination - 3 Ingredient		11	32	43
APPROVED		11	0	11
DENIED		0	32	32
Criteria Not Met		0	32	32
Ulcer Anti-Infective w/Proton Pump Inhibit - Three Ingredient		74	86	160
APPROVED		74	0	74
DENIED		0	86	86
Criteria Not Met		0	85	85
Duration of Therapy Exceeded		0	1	1
Upadacitinib		19	46	65
APPROVED		19	0	19
DENIED		0	46	46
Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	6	6
URIBEL 118MG CAP		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ursodiol		18	4	22
APPROVED		18	0	18
DENIED		0	4	4

Criteria Not Met		0	4	4
Ustekinumab		37	42	79
APPROVED		37	0	37
DENIED		0	42	42
Administrative Denial		0	1	1
Criteria Not Met		0	30	30
Duration of Therapy Exceeded		0	11	11
Valbenazine		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Valganciclovir		30	15	45
APPROVED		30	0	30
DENIED		0	15	15
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Valsartan		17	16	33
APPROVED		17	0	17
DENIED		0	16	16
Criteria Not Met		0	16	16
Vancomycin		46	20	66
APPROVED		46	0	46
DENIED		0	20	20
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	3	3
Non-Covered Benefit		0	1	1
Vardenafil		0	3	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Non-Covered Benefit		0	1	1
Varenicline		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Vascepa CAPS 1GM		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Vedolizumab		20	52	72
APPROVED		20	0	20
DENIED		0	52	52
Administrative Denial		0	2	2

Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	10	10
Venetoclax		13	3	16
APPROVED		13	0	13
DENIED		0	3	3
Criteria Not Met		0	3	3
Venlafaxine		22	26	48
APPROVED		22	0	22
DENIED		0	26	26
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	3	3
Verapamil		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Verteporfin		0	5	5
DENIED		0	5	5
Criteria Not Met		0	4	4
Insufficient Info		0	1	1
Vilazodone		21	37	58
APPROVED		21	0	21
DENIED		0	37	37
Criteria Not Met		0	26	26
Duration of Therapy Exceeded		0	11	11
Vismodegib		4	0	4
APPROVED		4	0	4
Vitamin E		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Voriconazole		15	3	18
APPROVED		15	0	15
DENIED		0	3	3
Criteria Not Met		0	3	3
Vorinostat		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Vortioxetine		38	81	119
APPROVED		38	0	38
DENIED		0	81	81
Appeal Withdrawn		0	2	2

Criteria Not Met		0	77	77
Duration of Therapy Exceeded		0	2	2
Vumerity (Starter) 231MG OR CPDR		1	0	1
APPROVED		1	0	1
Vumerity (Starter) CPDR 231MG		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Vumerity 231MG OR CPDR		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
VYEPTI 100MG/ML INJ		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Zileuton		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Ziprasidone		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Zoledronic Acid		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	7	7
Zolmitriptan		4	17	21
APPROVED		4	0	4
DENIED		0	17	17
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	2	2
Zolpidem		9	24	33
APPROVED		9	0	9
DENIED		0	24	24
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	1	1
Zoster Vaccine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Prior Authorization Grand Totals		18285	23529	41814