

**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 | Denial Reason                | APPROVED | DENIED | Grand Total |
|---|--------------------------|------------------------------|----------|--------|-------------|
| ABALOPARATIDE   |                          |                              | 4        | 0      | 4           |
| ABALOPARATIDE   |                          | Insufficient Information     | 0        | 4      | 4           |
| ABATACEPT   |                          |                              | 17       | 0      | 17          |
| ABATACEPT   |                          | Administrative Denial        | 0        | 2      | 2           |
| ABATACEPT   |                          | Criteria Not Met             | 0        | 2      | 2           |
| ABATACEPT   |                          | Insufficient Information     | 0        | 5      | 5           |
| ABEMACICLIB   |                          |                              | 26       | 0      | 26          |
| ABEMACICLIB   |                          | Insufficient Information     | 0        | 1      | 1           |
| ABIRATERONE   |                          |                              | 9        | 0      | 9           |
| ABIRATERONE   |                          | Insufficient Information     | 0        | 1      | 1           |
| ACALABRUTINIB   |                          |                              | 9        | 0      | 9           |
| ACITRETIN   |                          |                              | 1        | 0      | 1           |
| ACITRETIN   |                          | Duration of Therapy Exceeded | 0        | 1      | 1           |
| ACITRETIN   |                          | Insufficient Information     | 0        | 1      | 1           |
| ACL INHIB-INTEST CHOLEST ABSORP INHIB COMB - TWO INGREDIENT |                          |                              | 2        | 0      | 2           |
| ACL INHIB-INTEST CHOLEST ABSORP INHIB COMB - TWO INGREDIENT |                          | Criteria Not Met             | 0        | 1      | 1           |
| ACL INHIB-INTEST CHOLEST ABSORP INHIB COMB - TWO INGREDIENT |                          | Duration of Therapy Exceeded | 0        | 2      | 2           |
| ACL INHIB-INTEST CHOLEST ABSORP INHIB COMB - TWO INGREDIENT |                          | Insufficient Information     | 0        | 5      | 5           |
| ACNE COMBINATION - THREE INGREDIENT                         |                          |                              | 1        | 0      | 1           |
| ACNE COMBINATION - THREE INGREDIENT                         |                          | Insufficient Information     | 0        | 4      | 4           |
| ACNE COMBINATION - TWO INGREDIENT                           |                          |                              | 15       | 0      | 15          |
| ACNE COMBINATION - TWO INGREDIENT                           |                          | Criteria Not Met             | 0        | 4      | 4           |
| ACNE COMBINATION - TWO INGREDIENT                           |                          | Duration of Therapy Exceeded | 0        | 3      | 3           |
| ACNE COMBINATION - TWO INGREDIENT                           |                          | Insufficient Information     | 0        | 51     | 51          |
| ACYCLOVIR TOPICAL   |                          |                              | 5        | 0      | 5           |
| ACYCLOVIR TOPICAL   |                          | Criteria Not Met             | 0        | 2      | 2           |
| ACYCLOVIR TOPICAL   |                          | Insufficient Information     | 0        | 16     | 16          |
| ADALIMUMAB  |                          |                              | 92       | 0      | 92          |
| ADALIMUMAB  |                          | Criteria Not Met             | 0        | 3      | 3           |
| ADALIMUMAB  |                          | Duration of Therapy Exceeded | 0        | 13     | 13          |
| ADALIMUMAB  |                          | Insufficient Information     | 0        | 20     | 20          |
| ADRENERGIC COMBINATION - TWO INGREDIENT                     |                          |                              | 3        | 0      | 3           |
| ADRENERGIC COMBINATION - TWO INGREDIENT                     |                          | Criteria Not Met             | 0        | 2      | 2           |
| ADRENERGIC COMBINATION - TWO INGREDIENT                     |                          | Insufficient Information     | 0        | 12     | 12          |
| AFLIBERCEPT   |                          |                              | 69       | 0      | 69          |
| AFLIBERCEPT   |                          | Administrative Denial        | 0        | 1      | 1           |
| AFLIBERCEPT   |                          | Criteria Not Met             | 0        | 22     | 22          |
| AFLIBERCEPT   |                          | Insufficient Information     | 0        | 34     | 34          |
| ALBUTEROL   |                          |                              | 0        | 3      | 3           |
| ALECTINIB   |                          |                              | 1        | 0      | 1           |
| ALIROCUMAB  |                          | Insufficient Information     | 0        | 1      | 1           |
| ALPRAZOLAM  |                          |                              | 2        | 0      | 2           |
| ALPRAZOLAM  |                          | Insufficient Information     | 0        | 1      | 1           |
| AMBRISANTAN   |                          |                              | 5        | 0      | 5           |
| AMBRISANTAN   |                          | Criteria Not Met             | 0        | 1      | 1           |
| AMIKACIN  |                          |                              | 1        | 0      | 1           |
| AMIKACIN  |                          | Insufficient Information     | 0        | 1      | 1           |
| AMINOCAPROIC ACID   |                          |                              | 0        | 1      | 1           |
| AMIODARONE  |                          |                              | 1        | 0      | 1           |
| AMIODARONE  |                          | Insufficient Information     | 0        | 1      | 1           |
| AMLODIPINE  |                          |                              | 4        | 0      | 4           |
| AMLODIPINE  |                          | Duration of Therapy Exceeded | 0        | 2      | 2           |
| AMLODIPINE  |                          | Insufficient Information     | 0        | 3      | 3           |

|  |                              |     |    |     |
|--|------------------------------|-----|----|-----|
| AMPHETAMINE  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| AMPHETAMINE  | Insufficient Information     | 0   | 1  | 1   |
| AMPHETAMINE MIXTURES - TWO INGREDIENT                        |                              | 122 | 0  | 122 |
| AMPHETAMINE MIXTURES - TWO INGREDIENT                        | Criteria Not Met             | 0   | 5  | 5   |
| AMPHETAMINE MIXTURES - TWO INGREDIENT                        | Duration of Therapy Exceeded | 0   | 7  | 7   |
| AMPHETAMINE MIXTURES - TWO INGREDIENT                        | Insufficient Information     | 0   | 11 | 11  |
| ANALGESICS-SEDATIVE COMBINATION - THREE INGREDIENT           | Insufficient Information     | 0   | 1  | 1   |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS & THIAZIDES - TWO INGRED |                              | 4   | 0  | 4   |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS & THIAZIDES - TWO INGRED | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS & THIAZIDES - TWO INGRED | Insufficient Information     | 0   | 5  | 5   |
| ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES     |                              | 2   | 0  | 2   |
| ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES     | Insufficient Information     | 0   | 1  | 1   |
| ANIFROLUMAB  |                              | 6   | 0  | 6   |
| ANIFROLUMAB  | Insufficient Information     | 0   | 1  | 1   |
| ANOREXIANT COMBINATION - TWO INGREDIENT                      | Administrative Denial        | 0   | 1  | 1   |
| ANOREXIANT COMBINATION - TWO INGREDIENT                      | Non-Covered Benefit          | 0   | 4  | 4   |
| ANTI-CATAPLECTIC COMBINATION - FOUR INGREDIENT               |                              | 2   | 0  | 2   |
| ANTIDEPRESSANT - MISC. COMBINATIONS - TWO INGREDIENT         |                              | 11  | 0  | 11  |
| ANTIDEPRESSANT - MISC. COMBINATIONS - TWO INGREDIENT         | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ANTIDEPRESSANT - MISC. COMBINATIONS - TWO INGREDIENT         | Insufficient Information     | 0   | 4  | 4   |
| ANTIEMETIC COMBINATION - TWO INGREDIENT                      |                              | 6   | 0  | 6   |
| ANTIEMETIC COMBINATION - TWO INGREDIENT                      | Criteria Not Met             | 0   | 1  | 1   |
| ANTIEMETIC COMBINATION - TWO INGREDIENT                      | Insufficient Information     | 0   | 2  | 2   |
| ANTIHEMOPHILIC FACTOR  |                              | 6   | 0  | 6   |
| ANTIHEMOPHILIC FACTOR  | Insufficient Information     | 0   | 2  | 2   |
| ANTIHISTAMINE HYPNOTIC COMBINATION - TWO INGREDIENT          |                              | 1   | 0  | 1   |
| ANTIHISTAMINE-STERIOD TWO INGREDIENT                         |                              | 2   | 0  | 2   |
| ANTIHISTAMINE-STERIOD TWO INGREDIENT                         | Insufficient Information     | 0   | 4  | 4   |
| ANTINEOPLASTIC COMBINATION - THREE INGREDIENT                |                              | 7   | 0  | 7   |
| ANTINEOPLASTIC COMBINATION - THREE INGREDIENT                | Administrative Denial        | 0   | 1  | 1   |
| ANTINEOPLASTIC COMBINATION - THREE INGREDIENT                | Criteria Not Met             | 0   | 2  | 2   |
| ANTINEOPLASTIC COMBINATION - THREE INGREDIENT                | Insufficient Information     | 0   | 2  | 2   |
| ANTINEOPLASTIC COMBINATION - TWO INGREDIENT                  |                              | 15  | 0  | 15  |
| ANTINEOPLASTIC COMBINATION - TWO INGREDIENT                  | Administrative Denial        | 0   | 3  | 3   |
| ANTINEOPLASTIC COMBINATION - TWO INGREDIENT                  | Criteria Not Met             | 0   | 4  | 4   |
| ANTINEOPLASTIC COMBINATION - TWO INGREDIENT                  | Insufficient Information     | 0   | 4  | 4   |
| ANTIRETROVIRAL COMBINATION - THREE INGREDIENT                |                              | 4   | 0  | 4   |
| ANTIRETROVIRAL COMBINATION - TWO INGREDIENT                  |                              | 26  | 0  | 26  |
| ANTIRETROVIRAL COMBINATION - TWO INGREDIENT                  | Criteria Not Met             | 0   | 3  | 3   |
| ANTIRETROVIRAL COMBINATION - TWO INGREDIENT                  | Insufficient Information     | 0   | 6  | 6   |
| APALUTAMIDE  |                              | 4   | 0  | 4   |
| APREMILAST   |                              | 18  | 0  | 18  |
| APREMILAST   | Criteria Not Met             | 0   | 2  | 2   |
| APREMILAST   | Duration of Therapy Exceeded | 0   | 1  | 1   |
| APREMILAST   | Insufficient Information     | 0   | 10 | 10  |
| APREPITANT   |                              | 2   | 0  | 2   |
| APREPITANT   | Administrative Denial        | 0   | 1  | 1   |
| APREPITANT   | Insufficient Information     | 0   | 3  | 3   |
| ARIPRAZOLE   |                              | 16  | 0  | 16  |
| ARIPRAZOLE   | Duration of Therapy Exceeded | 0   | 2  | 2   |
| ARIPRAZOLE   | Insufficient Information     | 0   | 4  | 4   |
| ARMODAFINIL  |                              | 8   | 0  | 8   |
| ARMODAFINIL  | Duration of Therapy Exceeded | 0   | 2  | 2   |
| ARMODAFINIL  | Insufficient Information     | 0   | 2  | 2   |
| ARNI-ANGIOTENSIN II RECEPT ANTAG COMB - TWO INGREDIENT       |                              | 115 | 0  | 115 |
| ARNI-ANGIOTENSIN II RECEPT ANTAG COMB - TWO INGREDIENT       | Duration of Therapy Exceeded | 0   | 19 | 19  |
| ARNI-ANGIOTENSIN II RECEPT ANTAG COMB - TWO INGREDIENT       | Insufficient Information     | 0   | 8  | 8   |
| ATEZOLIZUMAB   |                              | 7   | 0  | 7   |
| ATEZOLIZUMAB   | Administrative Denial        | 0   | 4  | 4   |

|                 |  |                              |    |    |    |
|-----------------|--|------------------------------|----|----|----|
| ATEZOLIZUMAB    |  | Criteria Not Met             | 0  | 1  | 1  |
| ATOGEANT        |  |                              | 20 | 0  | 20 |
| ATOGEANT        |  | Criteria Not Met             | 0  | 4  | 4  |
| ATOGEANT        |  | Duration of Therapy Exceeded | 0  | 4  | 4  |
| ATOGEANT        |  | Insufficient Information     | 0  | 27 | 27 |
| ATOGEANT        |  | Non-Covered Benefit          | 0  | 1  | 1  |
| ATOMOXETINE     |  |                              | 27 | 0  | 27 |
| ATOMOXETINE     |  | Criteria Not Met             | 0  | 5  | 5  |
| ATOMOXETINE     |  | Duration of Therapy Exceeded | 0  | 5  | 5  |
| ATOMOXETINE     |  | Insufficient Information     | 0  | 42 | 42 |
| ATOVAQUONE      |  |                              | 14 | 0  | 14 |
| ATOVAQUONE      |  | Criteria Not Met             | 0  | 1  | 1  |
| ATOVAQUONE      |  | Insufficient Information     | 0  | 6  | 6  |
| AVATROMBOPAG    |  |                              | 5  | 0  | 5  |
| AVATROMBOPAG    |  | Insufficient Information     | 0  | 3  | 3  |
| AZATHIOPRINE    |  |                              | 1  | 0  | 1  |
| AZELAIC ACID    |  |                              | 2  | 0  | 2  |
| AZELAIC ACID    |  | Insufficient Information     | 0  | 8  | 8  |
| AZELASTINE      |  |                              | 3  | 0  | 3  |
| AZELASTINE      |  | Criteria Not Met             | 0  | 5  | 5  |
| AZELASTINE      |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| AZELASTINE      |  | Insufficient Information     | 0  | 37 | 37 |
| AZELASTINE      |  | Step Therapy                 | 0  | 1  | 1  |
| AZILSARTAN      |  |                              | 2  | 0  | 2  |
| AZILSARTAN      |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| AZITHROMYCIN    |  |                              | 4  | 0  | 4  |
| BACLOFEN        |  |                              | 1  | 0  | 1  |
| BACLOFEN        |  | Criteria Not Met             | 0  | 1  | 1  |
| BARICITINIB     |  | Administrative Denial        | 0  | 2  | 2  |
| BELIMUMAB       |  |                              | 14 | 0  | 14 |
| BELIMUMAB       |  | Criteria Not Met             | 0  | 4  | 4  |
| BELIMUMAB       |  | Insufficient Information     | 0  | 4  | 4  |
| BELZUTIFAN      |  |                              | 7  | 0  | 7  |
| BEMPEDOIC ACID  |  |                              | 2  | 0  | 2  |
| BEMPEDOIC ACID  |  | Insufficient Information     | 0  | 8  | 8  |
| BENDAMUSTINE    |  |                              | 4  | 0  | 4  |
| BENDAMUSTINE    |  | Administrative Denial        | 0  | 1  | 1  |
| BENDAMUSTINE    |  | Criteria Not Met             | 0  | 1  | 1  |
| BENDAMUSTINE    |  | Insufficient Information     | 0  | 3  | 3  |
| BENRALIZUMAB    |  |                              | 4  | 0  | 4  |
| BENRALIZUMAB    |  | Insufficient Information     | 0  | 5  | 5  |
| BEPOTASTINE     |  | Criteria Not Met             | 0  | 1  | 1  |
| BEPOTASTINE     |  | Insufficient Information     | 0  | 1  | 1  |
| BEVACIZUMAB     |  |                              | 63 | 0  | 63 |
| BEVACIZUMAB     |  | Administrative Denial        | 0  | 3  | 3  |
| BEVACIZUMAB     |  | Criteria Not Met             | 0  | 6  | 6  |
| BEVACIZUMAB     |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| BEVACIZUMAB     |  | Insufficient Information     | 0  | 20 | 20 |
| BIMATOPROST     |  | Criteria Not Met             | 0  | 1  | 1  |
| BIMATOPROST     |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| BIMATOPROST     |  | Insufficient Information     | 0  | 3  | 3  |
| BLINATUMOMAB    |  |                              | 2  | 0  | 2  |
| BLINATUMOMAB    |  | Criteria Not Met             | 0  | 1  | 1  |
| BLINATUMOMAB    |  | Insufficient Information     | 0  | 3  | 3  |
| BORTEZOMIB      |  |                              | 8  | 0  | 8  |
| BORTEZOMIB      |  | Criteria Not Met             | 0  | 3  | 3  |
| BORTEZOMIB      |  | Insufficient Information     | 0  | 1  | 1  |
| BOTULINUM TOXIN |  |                              | 60 | 0  | 60 |
| BOTULINUM TOXIN |  | Administrative Denial        | 0  | 4  | 4  |

|   |  |                              |    |    |    |
|---|--|------------------------------|----|----|----|
| BOTULINUM TOXIN                               |  | Criteria Not Met             | 0  | 13 | 13 |
| BOTULINUM TOXIN                               |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| BOTULINUM TOXIN                               |  | Insufficient Information     | 0  | 48 | 48 |
| BOTULINUM TOXIN                               |  | Non-Covered Benefit          | 0  | 2  | 2  |
| BOWEL EVACUANT COMBINATION - THREE INGREDIENT |  |                              | 1  | 0  | 1  |
| BOWEL EVACUANT COMBINATION - THREE INGREDIENT |  | Criteria Not Met             | 0  | 1  | 1  |
| BOWEL EVACUANT COMBINATION - THREE INGREDIENT |  | Insufficient Information     | 0  | 1  | 1  |
| BRENTUXIMAB                                   |  |                              | 8  | 0  | 8  |
| BRENTUXIMAB                                   |  | Criteria Not Met             | 0  | 1  | 1  |
| BRENTUXIMAB                                   |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| BRENTUXIMAB                                   |  | Insufficient Information     | 0  | 4  | 4  |
| BREXPIRAZOLE                                  |  |                              | 10 | 0  | 10 |
| BREXPIRAZOLE                                  |  | Criteria Not Met             | 0  | 1  | 1  |
| BREXPIRAZOLE                                  |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| BREXPIRAZOLE                                  |  | Insufficient Information     | 0  | 13 | 13 |
| BRIVARACETAM                                  |  |                              | 7  | 0  | 7  |
| BRIVARACETAM                                  |  | Insufficient Information     | 0  | 2  | 2  |
| BUDESONIDE                                    |  |                              | 22 | 0  | 22 |
| BUDESONIDE                                    |  | Criteria Not Met             | 0  | 1  | 1  |
| BUDESONIDE                                    |  | Insufficient Information     | 0  | 14 | 14 |
| BUPRENORPHINE                                 |  |                              | 18 | 0  | 18 |
| BUPRENORPHINE                                 |  | Criteria Not Met             | 0  | 1  | 1  |
| BUPRENORPHINE                                 |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| BUPRENORPHINE                                 |  | Insufficient Information     | 0  | 14 | 14 |
| BUPROPION                                     |  |                              | 3  | 0  | 3  |
| BUPROPION                                     |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| BUPROPION                                     |  | Insufficient Information     | 0  | 6  | 6  |
| BUROSUMAB                                     |  |                              | 3  | 0  | 3  |
| BUROSUMAB                                     |  | Insufficient Information     | 0  | 1  | 1  |
| CABAZITAXEL                                   |  |                              | 2  | 0  | 2  |
| CABAZITAXEL                                   |  | Criteria Not Met             | 0  | 1  | 1  |
| CABOTEGRAVIR                                  |  |                              | 6  | 0  | 6  |
| CABOTEGRAVIR                                  |  | Insufficient Information     | 0  | 3  | 3  |
| CABOZANTINIB                                  |  |                              | 14 | 0  | 14 |
| CALCIPOTRIENE                                 |  |                              | 2  | 0  | 2  |
| CALCIPOTRIENE                                 |  | Criteria Not Met             | 0  | 2  | 2  |
| CALCIPOTRIENE                                 |  | Insufficient Information     | 0  | 10 | 10 |
| CANAGLIFLOZIN                                 |  |                              | 0  | 3  | 3  |
| CAPECITABINE                                  |  |                              | 23 | 0  | 23 |
| CAPECITABINE                                  |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| CAPECITABINE                                  |  | Insufficient Information     | 0  | 4  | 4  |
| CAPIVASERTIB                                  |  |                              | 0  | 1  | 1  |
| CAPSAICIN                                     |  | Criteria Not Met             | 0  | 1  | 1  |
| CAPSAICIN                                     |  | Insufficient Information     | 0  | 1  | 1  |
| CARBOPLATIN                                   |  |                              | 0  | 1  | 1  |
| CARBOPLATIN                                   |  | Insufficient Information     | 0  | 1  | 1  |
| CARFILZOMIB                                   |  |                              | 2  | 0  | 2  |
| CARFILZOMIB                                   |  | Insufficient Information     | 0  | 1  | 1  |
| CARIPRAZINE                                   |  |                              | 32 | 0  | 32 |
| CARIPRAZINE                                   |  | Criteria Not Met             | 0  | 2  | 2  |
| CARIPRAZINE                                   |  | Duration of Therapy Exceeded | 0  | 4  | 4  |
| CARIPRAZINE                                   |  | Insufficient Information     | 0  | 24 | 24 |
| CARVEDILOL                                    |  |                              | 1  | 0  | 1  |
| CARVEDILOL                                    |  | Insufficient Information     | 0  | 1  | 1  |
| CEFEPIME                                      |  |                              | 5  | 0  | 5  |
| CEFTRIAXONE                                   |  |                              | 2  | 0  | 2  |
| CEFTRIAXONE                                   |  | Criteria Not Met             | 0  | 1  | 1  |
| CEMIPLIMAB                                    |  |                              | 1  | 0  | 1  |
| CEMIPLIMAB                                    |  | Insufficient Information     | 0  | 1  | 1  |
| CENEGERMIN                                    |  |                              | 1  | 0  | 1  |

|   |  |                              |     |     |     |
|---|--|------------------------------|-----|-----|-----|
| CENEGERMIN  |  | Criteria Not Met             | 0   | 1   | 1   |
| CENEGERMIN  |  | Insufficient Information     | 0   | 2   | 2   |
| CENOBAMATE  |  |                              | 7   | 0   | 7   |
| CENOBAMATE  |  | Criteria Not Met             | 0   | 1   | 1   |
| CERTOLIZUMAB  |  |                              | 13  | 0   | 13  |
| CERTOLIZUMAB  |  | Criteria Not Met             | 0   | 6   | 6   |
| CERTOLIZUMAB  |  | Insufficient Information     | 0   | 10  | 10  |
| CETUXIMAB   |  |                              | 7   | 0   | 7   |
| CEVIMELINE  |  |                              | 5   | 0   | 5   |
| CEVIMELINE  |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| CEVIMELINE  |  | Insufficient Information     | 0   | 6   | 6   |
| CHLORZOXAZONE                                       |  |                              | 2   | 0   | 2   |
| CHOLESTYRAMINE                                      |  |                              | 1   | 0   | 1   |
| CHORIOGONADOTROPIN                                  |  | Non-Covered Benefit          | 0   | 1   | 1   |
| CICLOPIROX  |  |                              | 3   | 0   | 3   |
| CICLOPIROX  |  | Criteria Not Met             | 0   | 1   | 1   |
| CICLOPIROX  |  | Insufficient Information     | 0   | 5   | 5   |
| CICLOPIROX  |  | Non-Covered Benefit          | 0   | 1   | 1   |
| CINACALCET  |  |                              | 23  | 0   | 23  |
| CINACALCET  |  | Administrative Denial        | 0   | 1   | 1   |
| CINACALCET  |  | Criteria Not Met             | 0   | 1   | 1   |
| CINACALCET  |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| CINACALCET  |  | Insufficient Information     | 0   | 6   | 6   |
| CITALOPRAM  |  |                              | 1   | 0   | 1   |
| CITALOPRAM  |  | Insufficient Information     | 0   | 1   | 1   |
| CLASCOTERONE  |  |                              | 1   | 0   | 1   |
| CLASCOTERONE  |  | Insufficient Information     | 0   | 7   | 7   |
| CLINDAMYCIN   |  |                              | 4   | 0   | 4   |
| CLINDAMYCIN   |  | Insufficient Information     | 0   | 3   | 3   |
| CLOBETASOL  |  | Criteria Not Met             | 0   | 2   | 2   |
| CLOBETASOL  |  | Insufficient Information     | 0   | 2   | 2   |
| CLOMIPHENE  |  | Administrative Denial        | 0   | 1   | 1   |
| CLOMIPHENE  |  | Non-Covered Benefit          | 0   | 2   | 2   |
| CLONAZEPAM  |  |                              | 3   | 0   | 3   |
| CLONAZEPAM  |  | Criteria Not Met             | 0   | 1   | 1   |
| CLONAZEPAM  |  | Insufficient Information     | 0   | 2   | 2   |
| CLONIDINE   |  |                              | 2   | 0   | 2   |
| CLONIDINE   |  | Insufficient Information     | 0   | 3   | 3   |
| COAGULATION FACTOR IX                               |  |                              | 8   | 0   | 8   |
| CODEINE COMBINATION - TWO INGREDIENT                |  |                              | 25  | 0   | 25  |
| CODEINE COMBINATION - TWO INGREDIENT                |  | Criteria Not Met             | 0   | 1   | 1   |
| CODEINE COMBINATION - TWO INGREDIENT                |  | Duration of Therapy Exceeded | 0   | 2   | 2   |
| CODEINE COMBINATION - TWO INGREDIENT                |  | Insufficient Information     | 0   | 13  | 13  |
| COLCHICINE  |  |                              | 1   | 0   | 1   |
| COLLAGENASE   |  |                              | 7   | 0   | 7   |
| COLLAGENASE   |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| COLLAGENASE   |  | Insufficient Information     | 0   | 9   | 9   |
| COLLAGENASE CLOSTRIDIUM HISTOLYTICUM                |  |                              | 2   | 0   | 2   |
| COLLAGENASE CLOSTRIDIUM HISTOLYTICUM                |  | Criteria Not Met             | 0   | 1   | 1   |
| COLLAGENASE CLOSTRIDIUM HISTOLYTICUM                |  | Insufficient Information     | 0   | 2   | 2   |
| COMBINATION CONTRACEPTIVES - ORAL TWO INGREDIENT    |  | Insufficient Information     | 0   | 3   | 3   |
| COMBINATION CONTRACEPTIVES - VAGINAL TWO INGREDIENT |  | Criteria Not Met             | 0   | 1   | 1   |
| CONTINUOUS GLUCOSE MONITOR SYSTEM AND/OR SUPPLIES   |  |                              | 203 | 0   | 203 |
| CONTINUOUS GLUCOSE MONITOR SYSTEM AND/OR SUPPLIES   |  | Criteria Not Met             | 0   | 41  | 41  |
| CONTINUOUS GLUCOSE MONITOR SYSTEM AND/OR SUPPLIES   |  | Duration of Therapy Exceeded | 0   | 36  | 36  |
| CONTINUOUS GLUCOSE MONITOR SYSTEM AND/OR SUPPLIES   |  | Insufficient Information     | 0   | 210 | 210 |
| CORTICOTROPIN                                       |  |                              | 1   | 0   | 1   |
| CORTICOTROPIN                                       |  | Criteria Not Met             | 0   | 2   | 2   |
| CORTICOTROPIN                                       |  | Insufficient Information     | 0   | 1   | 1   |

|  |  |                              |     |    |     |
|--|--|------------------------------|-----|----|-----|
| CRISABOROLE  |  |                              | 7   | 0  | 7   |
| CRISABOROLE  |  | Criteria Not Met             | 0   | 1  | 1   |
| CRISABOROLE  |  | Insufficient Information     | 0   | 4  | 4   |
| CYCLOBENZAPRINE                                      |  | Insufficient Information     | 0   | 1  | 1   |
| CYCLOPHOSPHAMIDE                                     |  |                              | 1   | 0  | 1   |
| CYCLOSPORINE   |  |                              | 48  | 0  | 48  |
| CYCLOSPORINE   |  | Criteria Not Met             | 0   | 6  | 6   |
| CYCLOSPORINE   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| CYCLOSPORINE   |  | Insufficient Information     | 0   | 44 | 44  |
| CYSTEAMINE   |  |                              | 4   | 0  | 4   |
| CYSTIC FIBROSIS AGENT COMBINATION - THREE INGREDIENT |  |                              | 2   | 0  | 2   |
| DABIGATRAN   |  | Insufficient Information     | 0   | 1  | 1   |
| DALBAVANCIN  |  |                              | 2   | 0  | 2   |
| DALBAVANCIN  |  | Insufficient Information     | 0   | 4  | 4   |
| DALFAMPRIDINE  |  |                              | 3   | 0  | 3   |
| DALFAMPRIDINE  |  | Insufficient Information     | 0   | 2  | 2   |
| DAPAGLIFLOZIN  |  |                              | 124 | 0  | 124 |
| DAPAGLIFLOZIN  |  | Criteria Not Met             | 0   | 1  | 1   |
| DAPAGLIFLOZIN  |  | Duration of Therapy Exceeded | 0   | 6  | 6   |
| DAPAGLIFLOZIN  |  | Insufficient Information     | 0   | 31 | 31  |
| DAPAGLIFLOZIN  |  | Step Therapy                 | 0   | 1  | 1   |
| DAPTOMYCIN   |  |                              | 20  | 0  | 20  |
| DAPTOMYCIN   |  | Criteria Not Met             | 0   | 1  | 1   |
| DAPTOMYCIN   |  | Insufficient Information     | 0   | 14 | 14  |
| DARATUMUMAB  |  |                              | 1   | 0  | 1   |
| DARATUMUMAB  |  | Administrative Denial        | 0   | 1  | 1   |
| DARATUMUMAB  |  | Insufficient Information     | 0   | 1  | 1   |
| DARBEOETIN   |  |                              | 12  | 0  | 12  |
| DARBEOETIN   |  | Criteria Not Met             | 0   | 5  | 5   |
| DARBEOETIN   |  | Insufficient Information     | 0   | 5  | 5   |
| DARIDOREXANT   |  | Criteria Not Met             | 0   | 1  | 1   |
| DARIDOREXANT   |  | Insufficient Information     | 0   | 1  | 1   |
| DAROLUTAMIDE   |  |                              | 4   | 0  | 4   |
| DASATINIB  |  |                              | 6   | 0  | 6   |
| DASATINIB  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DEFERASIROX  |  |                              | 2   | 0  | 2   |
| DENOSUMAB  |  |                              | 40  | 0  | 40  |
| DENOSUMAB  |  | Administrative Denial        | 0   | 2  | 2   |
| DENOSUMAB  |  | Criteria Not Met             | 0   | 1  | 1   |
| DENOSUMAB  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DENOSUMAB  |  | Insufficient Information     | 0   | 22 | 22  |
| DESMOPRESSIN   |  |                              | 5   | 0  | 5   |
| DESMOPRESSIN   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DESMOPRESSIN   |  | Insufficient Information     | 0   | 3  | 3   |
| DESVENLAFAXINE                                       |  |                              | 1   | 0  | 1   |
| DEUCRAVACITINIB                                      |  |                              | 2   | 0  | 2   |
| DEXAMETHASONE  |  |                              | 1   | 0  | 1   |
| DEXAMETHASONE  |  | Criteria Not Met             | 0   | 4  | 4   |
| DEXAMETHASONE  |  | Insufficient Information     | 0   | 14 | 14  |
| DEXLANSOPRAZOLE                                      |  |                              | 10  | 0  | 10  |
| DEXLANSOPRAZOLE                                      |  | Criteria Not Met             | 0   | 2  | 2   |
| DEXLANSOPRAZOLE                                      |  | Insufficient Information     | 0   | 4  | 4   |
| DEXMETHYLPHENIDATE                                   |  |                              | 13  | 0  | 13  |
| DEXMETHYLPHENIDATE                                   |  | Criteria Not Met             | 0   | 4  | 4   |
| DEXMETHYLPHENIDATE                                   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DEXMETHYLPHENIDATE                                   |  | Insufficient Information     | 0   | 10 | 10  |
| DEXTROAMPHETAMINE                                    |  |                              | 3   | 0  | 3   |
| DEXTROAMPHETAMINE                                    |  | Insufficient Information     | 0   | 1  | 1   |
| DICLOFENAC   |  | Insufficient Information     | 0   | 10 | 10  |

|   |  |                              |     |    |     |
|---|--|------------------------------|-----|----|-----|
| DICYCLOMINE   |  |                              | 1   | 0  | 1   |
| DIFLUPREDNATE   |  |                              | 5   | 0  | 5   |
| DIFLUPREDNATE   |  | Criteria Not Met             | 0   | 1  | 1   |
| DIFLUPREDNATE   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DIFLUPREDNATE   |  | Insufficient Information     | 0   | 10 | 10  |
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE - TWO INGREDIENT |  |                              | 2   | 0  | 2   |
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE - TWO INGREDIENT |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE - TWO INGREDIENT |  | Insufficient Information     | 0   | 1  | 1   |
| DIROXIMEL FUMARATE  |  |                              | 1   | 0  | 1   |
| DIROXIMEL FUMARATE  |  | Criteria Not Met             | 0   | 1  | 1   |
| DOCETAXEL   |  |                              | 2   | 0  | 2   |
| DOCETAXEL   |  | Insufficient Information     | 0   | 2  | 2   |
| DOXORUBICIN   |  |                              | 9   | 0  | 9   |
| DOXORUBICIN   |  | Administrative Denial        | 0   | 1  | 1   |
| DOXORUBICIN   |  | Criteria Not Met             | 0   | 2  | 2   |
| DOXORUBICIN   |  | Insufficient Information     | 0   | 2  | 2   |
| DOXYCYCLINE   |  |                              | 1   | 0  | 1   |
| DOXYCYCLINE   |  | Criteria Not Met             | 0   | 3  | 3   |
| DOXYCYCLINE   |  | Insufficient Information     | 0   | 13 | 13  |
| DOXYCYCLINE   |  | Non-Covered Benefit          | 0   | 1  | 1   |
| DRONABINOL  |  |                              | 7   | 0  | 7   |
| DRONABINOL  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| DRONABINOL  |  | Insufficient Information     | 0   | 5  | 5   |
| DRONEDARONE   |  |                              | 2   | 0  | 2   |
| DRONEDARONE   |  | Insufficient Information     | 0   | 1  | 1   |
| DROSPIRENONE  |  |                              | 2   | 0  | 2   |
| DROSPIRENONE  |  | Insufficient Information     | 0   | 6  | 6   |
| DROXIDOPA   |  |                              | 1   | 0  | 1   |
| DROXIDOPA   |  | Duration of Therapy Exceeded | 0   | 2  | 2   |
| DROXIDOPA   |  | Insufficient Information     | 0   | 2  | 2   |
| DULAGLUTIDE   |  |                              | 136 | 0  | 136 |
| DULAGLUTIDE   |  | Administrative Denial        | 0   | 1  | 1   |
| DULAGLUTIDE   |  | Criteria Not Met             | 0   | 11 | 11  |
| DULAGLUTIDE   |  | Duration of Therapy Exceeded | 0   | 6  | 6   |
| DULAGLUTIDE   |  | Insufficient Information     | 0   | 32 | 32  |
| DULAGLUTIDE   |  | Non-Covered Benefit          | 0   | 1  | 1   |
| DULAGLUTIDE   |  | Step Therapy                 | 0   | 1  | 1   |
| DULOXETINE  |  |                              | 3   | 0  | 3   |
| DULOXETINE  |  | Insufficient Information     | 0   | 4  | 4   |
| DUPILUMAB   |  |                              | 46  | 0  | 46  |
| DUPILUMAB   |  | Criteria Not Met             | 0   | 2  | 2   |
| DUPILUMAB   |  | Duration of Therapy Exceeded | 0   | 4  | 4   |
| DUPILUMAB   |  | Insufficient Information     | 0   | 11 | 11  |
| DURVALUMAB  |  |                              | 15  | 0  | 15  |
| DURVALUMAB  |  | Administrative Denial        | 0   | 3  | 3   |
| DURVALUMAB  |  | Criteria Not Met             | 0   | 5  | 5   |
| DURVALUMAB  |  | Insufficient Information     | 0   | 1  | 1   |
| DURVALUMAB  |  | Non-Covered Benefit          | 0   | 1  | 1   |
| ECONAZOLE   |  |                              | 1   | 0  | 1   |
| ECONAZOLE   |  | Criteria Not Met             | 0   | 1  | 1   |
| ECONAZOLE   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ECONAZOLE   |  | Insufficient Information     | 0   | 14 | 14  |
| ECULIZUMAB  |  |                              | 1   | 0  | 1   |
| EDARAVONE   |  |                              | 1   | 0  | 1   |
| EFINACONAZOLE   |  | Insufficient Information     | 0   | 1  | 1   |
| ELAGOLIX  |  |                              | 2   | 0  | 2   |
| ELAGOLIX  |  | Insufficient Information     | 0   | 2  | 2   |
| ELETRIPTAN  |  |                              | 1   | 0  | 1   |
| ELETRIPTAN  |  | Criteria Not Met             | 0   | 1  | 1   |

|   |  |                              |     |    |     |
|---|--|------------------------------|-----|----|-----|
| ELETRIPTAN  |  | Duration of Therapy Exceeded | 0   | 2  | 2   |
| ELETRIPTAN  |  | Insufficient Information     | 0   | 4  | 4   |
| ELIGLUSTAT  |  |                              | 1   | 0  | 1   |
| ELTROMBOPAG   |  |                              | 7   | 0  | 7   |
| ELTROMBOPAG   |  | Insufficient Information     | 0   | 6  | 6   |
| EMPAGLIFLOZIN   |  |                              | 161 | 0  | 161 |
| EMPAGLIFLOZIN   |  | Criteria Not Met             | 0   | 5  | 5   |
| EMPAGLIFLOZIN   |  | Duration of Therapy Exceeded | 0   | 10 | 10  |
| EMPAGLIFLOZIN   |  | Insufficient Information     | 0   | 55 | 55  |
| EMPAGLIFLOZIN   |  | Step Therapy                 | 0   | 1  | 1   |
| ENFORTUMAB  |  |                              | 1   | 0  | 1   |
| ENTRECTINIB   |  |                              | 1   | 0  | 1   |
| ENZALUTAMIDE  |  |                              | 8   | 0  | 8   |
| EPINEPHRINE   |  |                              | 2   | 0  | 2   |
| EPINEPHRINE   |  | Insufficient Information     | 0   | 3  | 3   |
| EPOETIN   |  |                              | 5   | 0  | 5   |
| EPOETIN   |  | Criteria Not Met             | 0   | 5  | 5   |
| EPOETIN   |  | Insufficient Information     | 0   | 16 | 16  |
| EPOPROSTENOL  |  |                              | 1   | 0  | 1   |
| EPTINEZUMAB   |  | Insufficient Information     | 0   | 3  | 3   |
| ERENUMAB  |  |                              | 1   | 0  | 1   |
| ERENUMAB  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ERENUMAB  |  | Insufficient Information     | 0   | 5  | 5   |
| ERIBULIN  |  |                              | 1   | 0  | 1   |
| ERIBULIN  |  | Criteria Not Met             | 0   | 1  | 1   |
| ERTAPENEM   |  |                              | 5   | 0  | 5   |
| ERTAPENEM   |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ERTAPENEM   |  | Insufficient Information     | 0   | 1  | 1   |
| ERTUGLIFLOZIN   |  |                              | 1   | 0  | 1   |
| ERTUGLIFLOZIN   |  | Criteria Not Met             | 0   | 2  | 2   |
| ESCITALOPRAM  |  |                              | 4   | 0  | 4   |
| ESCITALOPRAM  |  | Criteria Not Met             | 0   | 1  | 1   |
| ESCITALOPRAM  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ESKETAMINE  |  |                              | 10  | 0  | 10  |
| ESKETAMINE  |  | Duration of Therapy Exceeded | 0   | 2  | 2   |
| ESKETAMINE  |  | Insufficient Information     | 0   | 5  | 5   |
| ESOMEPRAZOLE  |  |                              | 4   | 0  | 4   |
| ESOMEPRAZOLE  |  | Insufficient Information     | 0   | 12 | 12  |
| ESTRADIOL   |  | Criteria Not Met             | 0   | 1  | 1   |
| ESTRADIOL   |  | Insufficient Information     | 0   | 2  | 2   |
| ESTROGEN-PROGESTIN-GNRH ANTAGONIST - THREE INGREDIENT |  |                              | 4   | 0  | 4   |
| ESTROGEN-PROGESTIN-GNRH ANTAGONIST - THREE INGREDIENT |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| ESTROGEN-PROGESTIN-GNRH ANTAGONIST - THREE INGREDIENT |  | Insufficient Information     | 0   | 9  | 9   |
| ETANERCEPT  |  |                              | 28  | 0  | 28  |
| ETANERCEPT  |  | Duration of Therapy Exceeded | 0   | 6  | 6   |
| ETANERCEPT  |  | Insufficient Information     | 0   | 3  | 3   |
| ETELCALCETIDE   |  |                              | 6   | 0  | 6   |
| ETELCALCETIDE   |  | Insufficient Information     | 0   | 1  | 1   |
| ETOPOSIDE   |  |                              | 4   | 0  | 4   |
| EVEROLIMUS  |  |                              | 4   | 0  | 4   |
| EVEROLIMUS  |  | Insufficient Information     | 0   | 1  | 1   |
| EVOLOCUMAB  |  |                              | 55  | 0  | 55  |
| EVOLOCUMAB  |  | Criteria Not Met             | 0   | 6  | 6   |
| EVOLOCUMAB  |  | Duration of Therapy Exceeded | 0   | 5  | 5   |
| EVOLOCUMAB  |  | Insufficient Information     | 0   | 50 | 50  |
| FAMOTIDINE  |  | Insufficient Information     | 0   | 1  | 1   |
| FARICIMAB   |  |                              | 23  | 0  | 23  |
| FARICIMAB   |  | Criteria Not Met             | 0   | 7  | 7   |
| FARICIMAB   |  | Insufficient Information     | 0   | 13 | 13  |

|                       |  |                              |    |    |    |
|-----------------------|--|------------------------------|----|----|----|
| FEBUXOSTAT            |  |                              | 8  | 0  | 8  |
| FEBUXOSTAT            |  | Criteria Not Met             | 0  | 2  | 2  |
| FEBUXOSTAT            |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| FEBUXOSTAT            |  | Insufficient Information     | 0  | 7  | 7  |
| FENOFIBRATE           |  | Insufficient Information     | 0  | 5  | 5  |
| FENTANYL              |  |                              | 25 | 0  | 25 |
| FENTANYL              |  | Criteria Not Met             | 0  | 1  | 1  |
| FENTANYL              |  | Insufficient Information     | 0  | 5  | 5  |
| FERRIC CARBOXYMALTOSE |  |                              | 4  | 0  | 4  |
| FERRIC CARBOXYMALTOSE |  | Criteria Not Met             | 0  | 6  | 6  |
| FERRIC CARBOXYMALTOSE |  | Insufficient Information     | 0  | 20 | 20 |
| FERRIC CITRATE        |  |                              | 2  | 0  | 2  |
| FERRIC CITRATE        |  | Criteria Not Met             | 0  | 1  | 1  |
| FERRIC CITRATE        |  | Insufficient Information     | 0  | 1  | 1  |
| FERRIC DERISOMALTOSE  |  |                              | 3  | 0  | 3  |
| FERRIC DERISOMALTOSE  |  | Criteria Not Met             | 0  | 1  | 1  |
| FERRIC DERISOMALTOSE  |  | Insufficient Information     | 0  | 8  | 8  |
| FERRIC MALTOL         |  |                              | 7  | 0  | 7  |
| FERRIC MALTOL         |  | Insufficient Information     | 0  | 5  | 5  |
| FERUMOXYTOL           |  |                              | 6  | 0  | 6  |
| FERUMOXYTOL           |  | Administrative Denial        | 0  | 1  | 1  |
| FERUMOXYTOL           |  | Criteria Not Met             | 0  | 1  | 1  |
| FERUMOXYTOL           |  | Insufficient Information     | 0  | 10 | 10 |
| FESOTERODINE          |  | Insufficient Information     | 0  | 1  | 1  |
| FEZOLINETANT          |  |                              | 8  | 0  | 8  |
| FEZOLINETANT          |  | Criteria Not Met             | 0  | 1  | 1  |
| FEZOLINETANT          |  | Insufficient Information     | 0  | 13 | 13 |
| FIDAXOMICIN           |  |                              | 1  | 0  | 1  |
| FIDAXOMICIN           |  | Insufficient Information     | 0  | 5  | 5  |
| FILGRASTIM            |  |                              | 21 | 0  | 21 |
| FILGRASTIM            |  | Administrative Denial        | 0  | 1  | 1  |
| FILGRASTIM            |  | Criteria Not Met             | 0  | 3  | 3  |
| FILGRASTIM            |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| FILGRASTIM            |  | Insufficient Information     | 0  | 13 | 13 |
| FINASTERIDE           |  | Administrative Denial        | 0  | 1  | 1  |
| FINASTERIDE           |  | Non-Covered Benefit          | 0  | 1  | 1  |
| FINERENONE            |  |                              | 15 | 0  | 15 |
| FINERENONE            |  | Criteria Not Met             | 0  | 3  | 3  |
| FINERENONE            |  | Duration of Therapy Exceeded | 0  | 4  | 4  |
| FINERENONE            |  | Insufficient Information     | 0  | 14 | 14 |
| FLIBANSERIN           |  | Administrative Denial        | 0  | 1  | 1  |
| FLIBANSERIN           |  | Non-Covered Benefit          | 0  | 1  | 1  |
| FLUCONAZOLE           |  |                              | 6  | 0  | 6  |
| FLUOCINOLONE          |  | Insufficient Information     | 0  | 2  | 2  |
| FLUOROURACIL          |  |                              | 7  | 0  | 7  |
| FLUOROURACIL          |  | Criteria Not Met             | 0  | 1  | 1  |
| FLUOROURACIL          |  | Insufficient Information     | 0  | 3  | 3  |
| FLUOXETINE            |  |                              | 4  | 0  | 4  |
| FLUOXETINE            |  | Criteria Not Met             | 0  | 2  | 2  |
| FLUOXETINE            |  | Insufficient Information     | 0  | 2  | 2  |
| FLUTICASONE           |  |                              | 5  | 0  | 5  |
| FLUTICASONE           |  | Criteria Not Met             | 0  | 1  | 1  |
| FLUTICASONE           |  | Insufficient Information     | 0  | 2  | 2  |
| FOSAPREPITANT         |  |                              | 2  | 0  | 2  |
| FOSTAMATINIB          |  |                              | 2  | 0  | 2  |
| FREMANEZUMAB          |  |                              | 20 | 0  | 20 |
| FREMANEZUMAB          |  | Criteria Not Met             | 0  | 3  | 3  |
| FREMANEZUMAB          |  | Duration of Therapy Exceeded | 0  | 5  | 5  |
| FREMANEZUMAB          |  | Insufficient Information     | 0  | 9  | 9  |

|  |  |                              |     |    |     |
|--|--|------------------------------|-----|----|-----|
| FRUQUINTINIB                                   |  |                              | 4   | 0  | 4   |
| GABAPENTIN                                     |  |                              | 4   | 0  | 4   |
| GABAPENTIN                                     |  | Insufficient Information     | 0   | 2  | 2   |
| GALCANEZUMAB                                   |  |                              | 30  | 0  | 30  |
| GALCANEZUMAB                                   |  | Criteria Not Met             | 0   | 1  | 1   |
| GALCANEZUMAB                                   |  | Duration of Therapy Exceeded | 0   | 5  | 5   |
| GALCANEZUMAB                                   |  | Insufficient Information     | 0   | 9  | 9   |
| GANCICLOVIR                                    |  |                              | 5   | 0  | 5   |
| GANCICLOVIR                                    |  | Insufficient Information     | 0   | 1  | 1   |
| GEL BASE                                       |  |                              | 1   | 0  | 1   |
| GEMCITABINE                                    |  |                              | 2   | 0  | 2   |
| GEMCITABINE                                    |  | Criteria Not Met             | 0   | 2  | 2   |
| GLATIRAMER                                     |  |                              | 2   | 0  | 2   |
| GLUCAGON                                       |  | Criteria Not Met             | 0   | 1  | 1   |
| GLUCAGON                                       |  | Insufficient Information     | 0   | 2  | 2   |
| GLUCOSE BLOOD                                  |  |                              | 1   | 0  | 1   |
| GLUCOSE BLOOD                                  |  | Insufficient Information     | 0   | 8  | 8   |
| GLUTAMINE                                      |  | Criteria Not Met             | 0   | 1  | 1   |
| GLYCOPYRRONIUM                                 |  |                              | 1   | 0  | 1   |
| GOLIMUMAB                                      |  |                              | 20  | 0  | 20  |
| GOLIMUMAB                                      |  | Administrative Denial        | 0   | 1  | 1   |
| GOLIMUMAB                                      |  | Criteria Not Met             | 0   | 8  | 8   |
| GOLIMUMAB                                      |  | Insufficient Information     | 0   | 5  | 5   |
| GRANISETRON                                    |  |                              | 3   | 0  | 3   |
| GRANISETRON                                    |  | Insufficient Information     | 0   | 1  | 1   |
| GUANFACINE                                     |  |                              | 4   | 0  | 4   |
| GUANFACINE                                     |  | Criteria Not Met             | 0   | 2  | 2   |
| GUANFACINE                                     |  | Insufficient Information     | 0   | 2  | 2   |
| GUSELKUMAB                                     |  |                              | 29  | 0  | 29  |
| GUSELKUMAB                                     |  | Criteria Not Met             | 0   | 1  | 1   |
| GUSELKUMAB                                     |  | Insufficient Information     | 0   | 3  | 3   |
| HEPATITIS C AGENT COMBINATION - TWO INGREDIENT |  |                              | 17  | 0  | 17  |
| HEPATITIS C AGENT COMBINATION - TWO INGREDIENT |  | Criteria Not Met             | 0   | 3  | 3   |
| HEPATITIS C AGENT COMBINATION - TWO INGREDIENT |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| HEPATITIS C AGENT COMBINATION - TWO INGREDIENT |  | Insufficient Information     | 0   | 16 | 16  |
| HYALURONAN                                     |  |                              | 24  | 0  | 24  |
| HYALURONAN                                     |  | Criteria Not Met             | 0   | 5  | 5   |
| HYALURONAN                                     |  | Insufficient Information     | 0   | 22 | 22  |
| HYDROCODONE COMBINATION - TWO INGREDIENT       |  |                              | 113 | 0  | 113 |
| HYDROCODONE COMBINATION - TWO INGREDIENT       |  | Criteria Not Met             | 0   | 3  | 3   |
| HYDROCODONE COMBINATION - TWO INGREDIENT       |  | Duration of Therapy Exceeded | 0   | 9  | 9   |
| HYDROCODONE COMBINATION - TWO INGREDIENT       |  | Insufficient Information     | 0   | 27 | 27  |
| HYDROCORTISONE                                 |  |                              | 1   | 0  | 1   |
| HYDROCORTISONE                                 |  | Insufficient Information     | 0   | 1  | 1   |
| HYDROCORTISONE                                 |  | Non-Covered Benefit          | 0   | 4  | 4   |
| HYDROMORPHONE                                  |  |                              | 9   | 0  | 9   |
| HYDROMORPHONE                                  |  | Duration of Therapy Exceeded | 0   | 1  | 1   |
| HYDROQUINONE                                   |  | Non-Covered Benefit          | 0   | 1  | 1   |
| HYDROXYZINE                                    |  |                              | 1   | 0  | 1   |
| HYLAN G-F 20                                   |  | Criteria Not Met             | 0   | 1  | 1   |
| HYLAN G-F 20                                   |  | Insufficient Information     | 0   | 12 | 12  |
| IBREXAFUNGERP                                  |  |                              | 2   | 0  | 2   |
| IBRUTINIB                                      |  |                              | 2   | 0  | 2   |
| IBUPROFEN                                      |  |                              | 3   | 0  | 3   |
| IBUPROFEN                                      |  | Criteria Not Met             | 0   | 1  | 1   |
| ICOSAPENT                                      |  |                              | 9   | 0  | 9   |
| ICOSAPENT                                      |  | Criteria Not Met             | 0   | 6  | 6   |
| ICOSAPENT                                      |  | Duration of Therapy Exceeded | 0   | 3  | 3   |
| ICOSAPENT                                      |  | Insufficient Information     | 0   | 20 | 20  |

|   |  |                              |    |    |    |
|---|--|------------------------------|----|----|----|
| IMATINIB  |  |                              | 8  | 0  | 8  |
| IMATINIB  |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| IMIQUIMOD   |  |                              | 17 | 0  | 17 |
| IMIQUIMOD   |  | Criteria Not Met             | 0  | 2  | 2  |
| IMIQUIMOD   |  | Insufficient Information     | 0  | 8  | 8  |
| IMMUNE GLOBULIN   |  |                              | 47 | 0  | 47 |
| IMMUNE GLOBULIN   |  | Administrative Denial        | 0  | 2  | 2  |
| IMMUNE GLOBULIN   |  | Criteria Not Met             | 0  | 12 | 12 |
| IMMUNE GLOBULIN   |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| IMMUNE GLOBULIN   |  | Insufficient Information     | 0  | 15 | 15 |
| IMMUNOMODULATOR COMBINATION - TWO INGREDIENT                |  |                              | 1  | 0  | 1  |
| IMMUNOMODULATOR COMBINATION - TWO INGREDIENT                |  | Administrative Denial        | 0  | 1  | 1  |
| IMMUNOMODULATOR COMBINATION - TWO INGREDIENT                |  | Criteria Not Met             | 0  | 2  | 2  |
| IMMUNOMODULATOR COMBINATION - TWO INGREDIENT                |  | Insufficient Information     | 0  | 1  | 1  |
| INCLISIRAN  |  |                              | 4  | 0  | 4  |
| INCLISIRAN  |  | Criteria Not Met             | 0  | 1  | 1  |
| INCLISIRAN  |  | Insufficient Information     | 0  | 8  | 8  |
| INDOMETHACIN  |  | Insufficient Information     | 0  | 1  | 1  |
| INEBILIZUMAB  |  |                              | 1  | 0  | 1  |
| INEBILIZUMAB  |  | Insufficient Information     | 0  | 1  | 1  |
| INFLIXIMAB  |  |                              | 29 | 0  | 29 |
| INFLIXIMAB  |  | Administrative Denial        | 0  | 1  | 1  |
| INFLIXIMAB  |  | Criteria Not Met             | 0  | 7  | 7  |
| INFLIXIMAB  |  | Insufficient Information     | 0  | 16 | 16 |
| INJECTION DEVICES   |  |                              | 2  | 0  | 2  |
| INJECTION DEVICES   |  | Insufficient Information     | 0  | 5  | 5  |
| INJECTION DEVICES   |  | Non-Covered Benefit          | 0  | 1  | 1  |
| INOTUZUMAB  |  |                              | 1  | 0  | 1  |
| INSULIN ASPART  |  |                              | 3  | 0  | 3  |
| INSULIN ASPART  |  | Insufficient Information     | 0  | 3  | 3  |
| INSULIN DEGLUDEC  |  |                              | 2  | 0  | 2  |
| INSULIN DEGLUDEC  |  | Insufficient Information     | 0  | 1  | 1  |
| INSULIN GLARGINE  |  |                              | 10 | 0  | 10 |
| INSULIN GLARGINE  |  | Criteria Not Met             | 0  | 3  | 3  |
| INSULIN GLARGINE  |  | Duration of Therapy Exceeded | 0  | 12 | 12 |
| INSULIN GLARGINE  |  | Insufficient Information     | 0  | 28 | 28 |
| INSULIN INFUSION PUMP                                       |  |                              | 53 | 0  | 53 |
| INSULIN INFUSION PUMP                                       |  | Criteria Not Met             | 0  | 1  | 1  |
| INSULIN INFUSION PUMP                                       |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| INSULIN INFUSION PUMP                                       |  | Insufficient Information     | 0  | 17 | 17 |
| INSULIN LISPRO  |  |                              | 10 | 0  | 10 |
| INSULIN LISPRO  |  | Criteria Not Met             | 0  | 2  | 2  |
| INSULIN LISPRO  |  | Duration of Therapy Exceeded | 0  | 3  | 3  |
| INSULIN LISPRO  |  | Insufficient Information     | 0  | 9  | 9  |
| INSULIN NPH (HUMAN) (ISOPHANE)                              |  |                              | 0  | 1  | 1  |
| INSULIN NPH ISOPHANE & REG (HUMAN)                          |  |                              | 2  | 0  | 2  |
| INSULIN REGULAR (HUMAN)                                     |  |                              | 10 | 0  | 10 |
| INSULIN REGULAR (HUMAN)                                     |  | Insufficient Information     | 0  | 1  | 1  |
| INTERFERON  |  |                              | 1  | 0  | 1  |
| INTERFERON  |  | Insufficient Information     | 0  | 1  | 1  |
| INTEST CHOLEST ABSORP INHIB-HMG COA REDUCT INHIB COMB 2 ING |  |                              | 3  | 0  | 3  |
| INTEST CHOLEST ABSORP INHIB-HMG COA REDUCT INHIB COMB 2 ING |  | Criteria Not Met             | 0  | 1  | 1  |
| INTEST CHOLEST ABSORP INHIB-HMG COA REDUCT INHIB COMB 2 ING |  | Insufficient Information     | 0  | 6  | 6  |
| IPILIMUMAB  |  |                              | 1  | 0  | 1  |
| IPILIMUMAB  |  | Criteria Not Met             | 0  | 1  | 1  |
| IRINOTECAN  |  |                              | 1  | 0  | 1  |
| ISATUXIMAB  |  |                              | 1  | 0  | 1  |
| ISATUXIMAB  |  | Criteria Not Met             | 0  | 2  | 2  |
| ISAVUCONAZONIUM   |  |                              | 1  | 0  | 1  |

|                 |  |                              |    |    |    |
|-----------------|--|------------------------------|----|----|----|
| ISAVUCONAZONIUM |  | Insufficient Information     | 0  | 1  | 1  |
| ISOTRETINOIN    |  |                              | 40 | 0  | 40 |
| ISOTRETINOIN    |  | Administrative Denial        | 0  | 1  | 1  |
| ISOTRETINOIN    |  | Duration of Therapy Exceeded | 0  | 3  | 3  |
| ISOTRETINOIN    |  | Insufficient Information     | 0  | 22 | 22 |
| ITRACONAZOLE    |  |                              | 1  | 0  | 1  |
| IVABRADINE      |  |                              | 6  | 0  | 6  |
| IVABRADINE      |  | Insufficient Information     | 0  | 2  | 2  |
| IVERMECTIN      |  |                              | 1  | 0  | 1  |
| IVERMECTIN      |  | Insufficient Information     | 0  | 3  | 3  |
| IXEKIZUMAB      |  |                              | 6  | 0  | 6  |
| IXEKIZUMAB      |  | Criteria Not Met             | 0  | 1  | 1  |
| IXEKIZUMAB      |  | Insufficient Information     | 0  | 3  | 3  |
| J0640           | INJECTION LEUCOVORIN CALCIUM PER 50 MG |                              | 1  | 0  | 1  |
| J1930           | INJECTION LANREOTIDE 1 MG              |                              | 1  | 0  | 1  |
| J9171           | INJECTION DOCETAXEL 1 MG               |                              | 1  | 0  | 1  |
| J9173           | INJECTION DURVALUMAB 10 MG             |                              | 1  | 0  | 1  |
| J9271           | INJECTION PEMBROLIZUMAB 1 MG           | Criteria Not Met             | 0  | 1  | 1  |
| J9299           | INJECTION NIVOLUMAB 1 MG               |                              | 1  | 0  | 1  |
| J9306           | INJECTION PERTUZUMAB 1 MG              |                              | 1  | 0  | 1  |
| KETOROLAC       |  | Insufficient Information     | 0  | 1  | 1  |
| LACOSAMIDE      |  |                              | 1  | 0  | 1  |
| LACOSAMIDE      |  | Criteria Not Met             | 0  | 1  | 1  |
| LACTOBACILLUS   |  | Administrative Denial        | 0  | 1  | 1  |
| LACTULOSE       |  | Criteria Not Met             | 0  | 1  | 1  |
| LAMOTRIGINE     |  |                              | 5  | 0  | 5  |
| LAMOTRIGINE     |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| LAMOTRIGINE     |  | Insufficient Information     | 0  | 2  | 2  |
| LANREOTIDE      |  |                              | 7  | 0  | 7  |
| LANREOTIDE      |  | Insufficient Information     | 0  | 2  | 2  |
| LANSOPRAZOLE    |  | Insufficient Information     | 0  | 2  | 2  |
| LANTHANUM       |  |                              | 3  | 0  | 3  |
| LASMIDITAN      |  |                              | 1  | 0  | 1  |
| LASMIDITAN      |  | Insufficient Information     | 0  | 1  | 1  |
| LATANOPROSTENE  |  |                              | 3  | 0  | 3  |
| LATANOPROSTENE  |  | Criteria Not Met             | 0  | 1  | 1  |
| LATANOPROSTENE  |  | Insufficient Information     | 0  | 6  | 6  |
| LAZERTINIB      |  |                              | 2  | 0  | 2  |
| LEMBOREXANT     |  |                              | 1  | 0  | 1  |
| LENALIDOMIDE    |  |                              | 28 | 0  | 28 |
| LENALIDOMIDE    |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| LENVATINIB      |  |                              | 4  | 0  | 4  |
| LETERMOVIR      |  |                              | 3  | 0  | 3  |
| LETERMOVIR      |  | Criteria Not Met             | 0  | 1  | 1  |
| LETERMOVIR      |  | Insufficient Information     | 0  | 9  | 9  |
| LEUCOVORIN      |  |                              | 2  | 0  | 2  |
| LEUPROLIDE      |  |                              | 22 | 0  | 22 |
| LEUPROLIDE      |  | Administrative Denial        | 0  | 1  | 1  |
| LEUPROLIDE      |  | Insufficient Information     | 0  | 11 | 11 |
| LEUPROLIDE      |  | Non-Covered Benefit          | 0  | 1  | 1  |
| LEVALBUTEROL    |  |                              | 2  | 0  | 2  |
| LEVALBUTEROL    |  | Criteria Not Met             | 0  | 1  | 1  |
| LEVALBUTEROL    |  | Insufficient Information     | 0  | 2  | 2  |
| LEVOCETIRIZINE  |  |                              | 1  | 0  | 1  |
| LEVOTHYROXINE   |  |                              | 2  | 0  | 2  |
| LEVOTHYROXINE   |  | Insufficient Information     | 0  | 2  | 2  |
| LIDOCAINE       |  |                              | 26 | 0  | 26 |
| LIDOCAINE       |  | Criteria Not Met             | 0  | 19 | 19 |
| LIDOCAINE       |  | Duration of Therapy Exceeded | 0  | 6  | 6  |

|                      |  |                              |    |     |     |
|----------------------|--|------------------------------|----|-----|-----|
| LIDOCAINE            |  | Insufficient Information     | 0  | 142 | 142 |
| LIFITEGRAST          |  |                              | 6  | 0   | 6   |
| LIFITEGRAST          |  | Insufficient Information     | 0  | 6   | 6   |
| LINACLOTIDE          |  |                              | 74 | 0   | 74  |
| LINACLOTIDE          |  | Criteria Not Met             | 0  | 18  | 18  |
| LINACLOTIDE          |  | Duration of Therapy Exceeded | 0  | 6   | 6   |
| LINACLOTIDE          |  | Insufficient Information     | 0  | 96  | 96  |
| LINAGLIPTIN          |  |                              | 2  | 0   | 2   |
| LINAGLIPTIN          |  | Insufficient Information     | 0  | 5   | 5   |
| LINEZOLID            |  |                              | 9  | 0   | 9   |
| LINEZOLID            |  | Insufficient Information     | 0  | 7   | 7   |
| LIRAGLUTIDE          |  |                              | 27 | 0   | 27  |
| LIRAGLUTIDE          |  | Administrative Denial        | 0  | 3   | 3   |
| LIRAGLUTIDE          |  | Criteria Not Met             | 0  | 1   | 1   |
| LIRAGLUTIDE          |  | Duration of Therapy Exceeded | 0  | 3   | 3   |
| LIRAGLUTIDE          |  | Insufficient Information     | 0  | 7   | 7   |
| LIRAGLUTIDE          |  | Non-Covered Benefit          | 0  | 5   | 5   |
| LISDEXAMFETAMINE     |  |                              | 98 | 0   | 98  |
| LISDEXAMFETAMINE     |  | Criteria Not Met             | 0  | 9   | 9   |
| LISDEXAMFETAMINE     |  | Duration of Therapy Exceeded | 0  | 9   | 9   |
| LISDEXAMFETAMINE     |  | Insufficient Information     | 0  | 88  | 88  |
| LISINAPRIL           |  | Insufficient Information     | 0  | 5   | 5   |
| LORAZEPAM            |  | Insufficient Information     | 0  | 1   | 1   |
| LORLATINIB           |  |                              | 4  | 0   | 4   |
| LORLATINIB           |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| LOSARTAN             |  |                              | 4  | 0   | 4   |
| LOSARTAN             |  | Insufficient Information     | 0  | 6   | 6   |
| LOTEPREDNOL          |  |                              | 2  | 0   | 2   |
| LOTEPREDNOL          |  | Criteria Not Met             | 0  | 1   | 1   |
| LOTEPREDNOL          |  | Duration of Therapy Exceeded | 0  | 2   | 2   |
| LOTEPREDNOL          |  | Insufficient Information     | 0  | 10  | 10  |
| LOTILANER            |  |                              | 14 | 0   | 14  |
| LOTILANER            |  | Insufficient Information     | 0  | 12  | 12  |
| LUBIPROSTONE         |  |                              | 21 | 0   | 21  |
| LUBIPROSTONE         |  | Criteria Not Met             | 0  | 1   | 1   |
| LUBIPROSTONE         |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| LUBIPROSTONE         |  | Insufficient Information     | 0  | 24  | 24  |
| LUMATEPERONE         |  |                              | 10 | 0   | 10  |
| LUMATEPERONE         |  | Criteria Not Met             | 0  | 2   | 2   |
| LUMATEPERONE         |  | Insufficient Information     | 0  | 5   | 5   |
| LURASIDONE           |  |                              | 28 | 0   | 28  |
| LURASIDONE           |  | Criteria Not Met             | 0  | 2   | 2   |
| LURASIDONE           |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| LURASIDONE           |  | Insufficient Information     | 0  | 5   | 5   |
| MACITENTAN           |  |                              | 11 | 0   | 11  |
| MACITENTAN           |  | Insufficient Information     | 0  | 2   | 2   |
| MAVACAMTEN           |  |                              | 1  | 0   | 1   |
| MAVACAMTEN           |  | Insufficient Information     | 0  | 1   | 1   |
| MEGESTROL (APPETITE) |  |                              | 1  | 0   | 1   |
| MELOXICAM            |  |                              | 2  | 0   | 2   |
| MELOXICAM            |  | Criteria Not Met             | 0  | 1   | 1   |
| MELOXICAM            |  | Insufficient Information     | 0  | 1   | 1   |
| MEPOLIZUMAB          |  |                              | 6  | 0   | 6   |
| MEPOLIZUMAB          |  | Insufficient Information     | 0  | 1   | 1   |
| MEROPENEM            |  |                              | 2  | 0   | 2   |
| MESALAMINE           |  |                              | 4  | 0   | 4   |
| MESALAMINE           |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| MESALAMINE           |  | Insufficient Information     | 0  | 16  | 16  |
| MESNA                |  | Insufficient Information     | 0  | 1   | 1   |

|                  |  |                              |    |    |    |
|------------------|--|------------------------------|----|----|----|
| METAXALONE       |  |                              | 1  | 0  | 1  |
| METAXALONE       |  | Criteria Not Met             | 0  | 1  | 1  |
| METAXALONE       |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| METAXALONE       |  | Insufficient Information     | 0  | 5  | 5  |
| METHADONE        |  |                              | 3  | 0  | 3  |
| METHOCARBAMOL    |  |                              | 2  | 0  | 2  |
| METHOCARBAMOL    |  | Insufficient Information     | 0  | 1  | 1  |
| METHOTREXATE     |  |                              | 4  | 0  | 4  |
| METHYLNALTREXONE |  |                              | 5  | 0  | 5  |
| METHYLNALTREXONE |  | Insufficient Information     | 0  | 6  | 6  |
| METHYLPHENIDATE  |  |                              | 29 | 0  | 29 |
| METHYLPHENIDATE  |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| METHYLPHENIDATE  |  | Insufficient Information     | 0  | 13 | 13 |
| METOCLOPRAMIDE   |  |                              | 1  | 0  | 1  |
| METOCLOPRAMIDE   |  | Insufficient Information     | 0  | 2  | 2  |
| METOPROLOL       |  |                              | 2  | 0  | 2  |
| METOPROLOL       |  | Insufficient Information     | 0  | 2  | 2  |
| METRONIDAZOLE    |  |                              | 2  | 0  | 2  |
| METRONIDAZOLE    |  | Criteria Not Met             | 0  | 2  | 2  |
| METRONIDAZOLE    |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| METRONIDAZOLE    |  | Insufficient Information     | 0  | 1  | 1  |
| MIDAZOLAM        |  |                              | 2  | 0  | 2  |
| MIDAZOLAM        |  | Insufficient Information     | 0  | 4  | 4  |
| MILNACIPRAN      |  |                              | 1  | 0  | 1  |
| MINOCYCLINE      |  |                              | 2  | 0  | 2  |
| MINOCYCLINE      |  | Insufficient Information     | 0  | 1  | 1  |
| MIRABEGRON       |  |                              | 9  | 0  | 9  |
| MIRABEGRON       |  | Criteria Not Met             | 0  | 3  | 3  |
| MIRABEGRON       |  | Duration of Therapy Exceeded | 0  | 3  | 3  |
| MIRABEGRON       |  | Insufficient Information     | 0  | 47 | 47 |
| MIRTAZAPINE      |  |                              | 2  | 0  | 2  |
| MIRTAZAPINE      |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| MIRTAZAPINE      |  | Insufficient Information     | 0  | 4  | 4  |
| MODAFINIL        |  |                              | 8  | 0  | 8  |
| MODAFINIL        |  | Criteria Not Met             | 0  | 2  | 2  |
| MODAFINIL        |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| MODAFINIL        |  | Insufficient Information     | 0  | 8  | 8  |
| MOLNUPIRAVIR     |  |                              | 1  | 0  | 1  |
| MOLNUPIRAVIR     |  | Criteria Not Met             | 0  | 1  | 1  |
| MOMETASONE       |  |                              | 1  | 0  | 1  |
| MOMETASONE       |  | Criteria Not Met             | 0  | 1  | 1  |
| MORPHINE         |  |                              | 20 | 0  | 20 |
| MORPHINE         |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| MORPHINE         |  | Insufficient Information     | 0  | 2  | 2  |
| MYCOPHENOLATE    |  |                              | 2  | 0  | 2  |
| NAFCILLIN        |  |                              | 1  | 0  | 1  |
| NAFTIFINE        |  | Criteria Not Met             | 0  | 1  | 1  |
| NALOXEGOL        |  |                              | 1  | 0  | 1  |
| NALOXEGOL        |  | Insufficient Information     | 0  | 8  | 8  |
| NALTREXONE       |  |                              | 1  | 0  | 1  |
| NALTREXONE       |  | Insufficient Information     | 0  | 2  | 2  |
| NAPROXEN         |  |                              | 1  | 0  | 1  |
| NATALIZUMAB      |  |                              | 3  | 0  | 3  |
| NATALIZUMAB      |  | Insufficient Information     | 0  | 1  | 1  |
| NERATINIB        |  |                              | 2  | 0  | 2  |
| NETARSUDIL       |  |                              | 3  | 0  | 3  |
| NETARSUDIL       |  | Criteria Not Met             | 0  | 1  | 1  |
| NETARSUDIL       |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| NETARSUDIL       |  | Insufficient Information     | 0  | 3  | 3  |

|   |                              |  |    |    |    |
|---|------------------------------|--|----|----|----|
| NIFEDIPINE  |                              |  | 7  | 0  | 7  |
| NIFEDIPINE  | Duration of Therapy Exceeded |  | 0  | 4  | 4  |
| NILOTINIB   |                              |  | 7  | 0  | 7  |
| NINTEDANIB  |                              |  | 4  | 0  | 4  |
| NINTEDANIB  | Insufficient Information     |  | 0  | 2  | 2  |
| NIRAPARIB   |                              |  | 1  | 0  | 1  |
| NITAZOXANIDE  |                              |  | 1  | 0  | 1  |
| NITROFURANTOIN  |                              |  | 1  | 0  | 1  |
| NITROGLYCERIN   | Insufficient Information     |  | 0  | 2  | 2  |
| NIVOLUMAB   |                              |  | 16 | 0  | 16 |
| NIVOLUMAB   | Administrative Denial        |  | 0  | 1  | 1  |
| NIVOLUMAB   | Criteria Not Met             |  | 0  | 3  | 3  |
| NIVOLUMAB   | Insufficient Information     |  | 0  | 5  | 5  |
| NORETHINDRONE   |                              |  | 2  | 0  | 2  |
| NORETHINDRONE   | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| OBINUTUZUMAB  |                              |  | 1  | 0  | 1  |
| OBINUTUZUMAB  | Insufficient Information     |  | 0  | 2  | 2  |
| OCRELIZUMAB   |                              |  | 6  | 0  | 6  |
| OCRELIZUMAB   | Administrative Denial        |  | 0  | 1  | 1  |
| OCRELIZUMAB   | Insufficient Information     |  | 0  | 7  | 7  |
| OCTREOTIDE  |                              |  | 5  | 0  | 5  |
| OFATUMUMAB  |                              |  | 7  | 0  | 7  |
| OFATUMUMAB  | Insufficient Information     |  | 0  | 3  | 3  |
| OLANZAPINE  |                              |  | 3  | 0  | 3  |
| OLANZAPINE  | Insufficient Information     |  | 0  | 3  | 3  |
| OLAPARIB  |                              |  | 8  | 0  | 8  |
| OLMESARTAN  |                              |  | 1  | 0  | 1  |
| OLOPATADINE   |                              |  | 1  | 0  | 1  |
| OMADACYCLINE  |                              |  | 5  | 0  | 5  |
| OMADACYCLINE  | Insufficient Information     |  | 0  | 1  | 1  |
| OMALIZUMAB  |                              |  | 7  | 0  | 7  |
| OMALIZUMAB  | Criteria Not Met             |  | 0  | 1  | 1  |
| OMALIZUMAB  | Duration of Therapy Exceeded |  | 0  | 3  | 3  |
| OMALIZUMAB  | Insufficient Information     |  | 0  | 6  | 6  |
| OMEPRAZOLE  |                              |  | 2  | 0  | 2  |
| OMEPRAZOLE  | Insufficient Information     |  | 0  | 1  | 1  |
| ONDANSETRON   |                              |  | 1  | 0  | 1  |
| OPHTHALMIC KINASE INHIBITORS COMBINATION - TWO INGREDIENT |                              |  | 1  | 0  | 1  |
| OPIOID COMBINATION - TWO INGREDIENT                       |                              |  | 19 | 0  | 19 |
| OPIOID COMBINATION - TWO INGREDIENT                       | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| OPIOID COMBINATION - TWO INGREDIENT                       | Insufficient Information     |  | 0  | 2  | 2  |
| OSIMERTINIB   |                              |  | 11 | 0  | 11 |
| OSPEMIFENE  | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| OSPEMIFENE  | Insufficient Information     |  | 0  | 1  | 1  |
| OTIC STEROID-ANTI-INFECTIVE COMBINATION - TWO INGREDIENT  |                              |  | 4  | 0  | 4  |
| OTIC STEROID-ANTI-INFECTIVE COMBINATION - TWO INGREDIENT  | Criteria Not Met             |  | 0  | 8  | 8  |
| OTIC STEROID-ANTI-INFECTIVE COMBINATION - TWO INGREDIENT  | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| OTIC STEROID-ANTI-INFECTIVE COMBINATION - TWO INGREDIENT  | Insufficient Information     |  | 0  | 64 | 64 |
| OXAPROZIN   |                              |  | 1  | 0  | 1  |
| OXAPROZIN   | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| OXAPROZIN   | Insufficient Information     |  | 0  | 1  | 1  |
| OXCARBAZEPINE   |                              |  | 3  | 0  | 3  |
| OXCARBAZEPINE   | Insufficient Information     |  | 0  | 2  | 2  |
| OXYBUTYNIN  |                              |  | 1  | 0  | 1  |
| OXYBUTYNIN  | Insufficient Information     |  | 0  | 3  | 3  |
| OXYCODONE   |                              |  | 31 | 0  | 31 |
| OXYCODONE   | Criteria Not Met             |  | 0  | 2  | 2  |
| OXYCODONE   | Duration of Therapy Exceeded |  | 0  | 2  | 2  |
| OXYCODONE   | Insufficient Information     |  | 0  | 7  | 7  |

|  |  |                              |    |    |    |
|--|--|------------------------------|----|----|----|
| OXYMETAZOLINE  |  | Insufficient Information     | 0  | 1  | 1  |
| PACLITAXEL   |  |                              | 9  | 0  | 9  |
| PACLITAXEL   |  | Criteria Not Met             | 0  | 6  | 6  |
| PACLITAXEL   |  | Insufficient Information     | 0  | 3  | 3  |
| PALBOCICLIB  |  |                              | 2  | 0  | 2  |
| PALBOCICLIB  |  | Criteria Not Met             | 0  | 1  | 1  |
| PALIPERIDONE   |  |                              | 22 | 0  | 22 |
| PALIPERIDONE   |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| PALIPERIDONE   |  | Insufficient Information     | 0  | 2  | 2  |
| PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)                       |  |                              | 6  | 0  | 6  |
| PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)                       |  | Criteria Not Met             | 0  | 1  | 1  |
| PANCRELIPASE (LIPASE-PROTEASE-AMYLASE)                       |  | Insufficient Information     | 0  | 3  | 3  |
| PANITUMUMAB  |  |                              | 7  | 0  | 7  |
| PANITUMUMAB  |  | Criteria Not Met             | 0  | 2  | 2  |
| PANITUMUMAB  |  | Insufficient Information     | 0  | 3  | 3  |
| PANTOPRAZOLE   |  |                              | 1  | 0  | 1  |
| PANTOPRAZOLE   |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| PANTOPRAZOLE   |  | Insufficient Information     | 0  | 2  | 2  |
| PAROXETINE   |  |                              | 2  | 0  | 2  |
| PASSIVE IMMUNIZING AGENT COMBINATION - TWO INGREDIENT        |  |                              | 2  | 0  | 2  |
| PASSIVE IMMUNIZING AGENT COMBINATION - TWO INGREDIENT        |  | Criteria Not Met             | 0  | 2  | 2  |
| PAZOPANIB  |  |                              | 1  | 0  | 1  |
| PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMB-TWO INGRED |  |                              | 4  | 0  | 4  |
| PDE INHIBITOR-ENDOTHELIN RECEPTOR ANTAGONIST COMB-TWO INGRED |  | Insufficient Information     | 0  | 1  | 1  |
| PEGASPARGASE   |  |                              | 1  | 0  | 1  |
| PEGFILGRASTIM  |  |                              | 82 | 0  | 82 |
| PEGFILGRASTIM  |  | Administrative Denial        | 0  | 5  | 5  |
| PEGFILGRASTIM  |  | Criteria Not Met             | 0  | 39 | 39 |
| PEGFILGRASTIM  |  | Insufficient Information     | 0  | 58 | 58 |
| PEMBROLIZUMAB  |  |                              | 59 | 0  | 59 |
| PEMBROLIZUMAB  |  | Administrative Denial        | 0  | 4  | 4  |
| PEMBROLIZUMAB  |  | Criteria Not Met             | 0  | 14 | 14 |
| PEMBROLIZUMAB  |  | Insufficient Information     | 0  | 14 | 14 |
| PEMETREXED   |  |                              | 7  | 0  | 7  |
| PEMETREXED   |  | Administrative Denial        | 0  | 1  | 1  |
| PEMETREXED   |  | Criteria Not Met             | 0  | 1  | 1  |
| PEMETREXED   |  | Insufficient Information     | 0  | 2  | 2  |
| PENCICLOVIR  |  |                              | 1  | 0  | 1  |
| PENCICLOVIR  |  | Insufficient Information     | 0  | 1  | 1  |
| PENICILLIN COMBINATION - TWO INGREDIENT                      |  |                              | 3  | 0  | 3  |
| PENICILLIN COMBINATION - TWO INGREDIENT                      |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| PENTAMIDINE  |  |                              | 2  | 0  | 2  |
| PERFLUOROHEXYLOCTANE   |  |                              | 2  | 0  | 2  |
| PERFLUOROHEXYLOCTANE   |  | Criteria Not Met             | 0  | 1  | 1  |
| PERFLUOROHEXYLOCTANE   |  | Insufficient Information     | 0  | 18 | 18 |
| PERTUZUMAB   |  |                              | 9  | 0  | 9  |
| PERTUZUMAB   |  | Administrative Denial        | 0  | 1  | 1  |
| PERTUZUMAB   |  | Criteria Not Met             | 0  | 2  | 2  |
| PERTUZUMAB   |  | Insufficient Information     | 0  | 2  | 2  |
| PHENOBARBITAL  |  |                              | 1  | 0  | 1  |
| PHENTERMINE  |  | Non-Covered Benefit          | 0  | 4  | 4  |
| PIRFENIDONE  |  |                              | 1  | 0  | 1  |
| PIRFENIDONE  |  | Insufficient Information     | 0  | 1  | 1  |
| PITAVASTATIN   |  |                              | 1  | 0  | 1  |
| PITAVASTATIN   |  | Insufficient Information     | 0  | 1  | 1  |
| PLECANATIDE  |  |                              | 7  | 0  | 7  |
| PLECANATIDE  |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| PLECANATIDE  |  | Insufficient Information     | 0  | 13 | 13 |
| POLATUZUMAB  |  |                              | 5  | 0  | 5  |

|  |   |                              |    |    |    |
|--|---|------------------------------|----|----|----|
| POLATUZUMAB  |   | Criteria Not Met             | 0  | 1  | 1  |
| POMALIDOMIDE   |   |                              | 3  | 0  | 3  |
| PONATINIB  |   |                              | 5  | 0  | 5  |
| PONATINIB  |   | Insufficient Information     | 0  | 1  | 1  |
| POSACONAZOLE   |   |                              | 9  | 0  | 9  |
| POSACONAZOLE   |   | Insufficient Information     | 0  | 1  | 1  |
| PREGABALIN   |   |                              | 4  | 0  | 4  |
| PREGABALIN   |   | Criteria Not Met             | 0  | 1  | 1  |
| PREGABALIN   |   | Insufficient Information     | 0  | 2  | 2  |
| PRENATAL VIT W/ FE POLYSACCH COMPLEX-L METHYLFOLATE-FA-DHA |   | Insufficient Information     | 0  | 1  | 1  |
| PROGESTERONE   |   |                              | 2  | 0  | 2  |
| PROGESTERONE   |   | Duration of Therapy Exceeded | 0  | 1  | 1  |
| PROGESTERONE   |   | Insufficient Information     | 0  | 1  | 1  |
| PROGESTERONE   |   | Non-Covered Benefit          | 0  | 1  | 1  |
| PROGESTERONE VAGINAL                                       |   |                              | 1  | 0  | 1  |
| PROMETHAZINE   |   | Insufficient Information     | 0  | 1  | 1  |
| PROSTATIC HYPERTROPHY AGENT COMBINATION - TWO INGREDIENT   |   | Criteria Not Met             | 0  | 1  | 1  |
| PROSTATIC HYPERTROPHY AGENT COMBINATION - TWO INGREDIENT   |   | Insufficient Information     | 0  | 3  | 3  |
| Q5107  | INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG | Administrative Denial        | 0  | 1  | 1  |
| Q5116  | INJECTION TRASTUZUMAB-QYP BIOSIMILAR 10 MG  |                              | 1  | 0  | 1  |
| Q5118  | INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG |                              | 1  | 0  | 1  |
| QUETIAPINE   |   |                              | 2  | 0  | 2  |
| QUETIAPINE   |   | Insufficient Information     | 0  | 2  | 2  |
| RAMELTEON  |   |                              | 7  | 0  | 7  |
| RAMELTEON  |   | Criteria Not Met             | 0  | 3  | 3  |
| RAMELTEON  |   | Duration of Therapy Exceeded | 0  | 3  | 3  |
| RAMELTEON  |   | Insufficient Information     | 0  | 12 | 12 |
| RAMIPRIL   |   |                              | 1  | 0  | 1  |
| RAMUCIRUMAB  |   |                              | 4  | 0  | 4  |
| RANIBIZUMAB  |   |                              | 8  | 0  | 8  |
| RANIBIZUMAB  |   | Criteria Not Met             | 0  | 3  | 3  |
| RANIBIZUMAB  |   | Insufficient Information     | 0  | 2  | 2  |
| RANOLAZINE   |   |                              | 4  | 0  | 4  |
| RANOLAZINE   |   | Duration of Therapy Exceeded | 0  | 1  | 1  |
| RANOLAZINE   |   | Insufficient Information     | 0  | 2  | 2  |
| RECTAL ANESTHETIC/STEROIDS - TWO INGREDIENT                |   |                              | 2  | 0  | 2  |
| RECTAL ANESTHETIC/STEROIDS - TWO INGREDIENT                |   | Administrative Denial        | 0  | 1  | 1  |
| RECTAL ANESTHETIC/STEROIDS - TWO INGREDIENT                |   | Insufficient Information     | 0  | 2  | 2  |
| RELUGOLIX  |   |                              | 3  | 0  | 3  |
| RELUGOLIX  |   | Criteria Not Met             | 0  | 1  | 1  |
| RELUGOLIX  |   | Insufficient Information     | 0  | 5  | 5  |
| RESMETIROM   |   |                              | 19 | 0  | 19 |
| RESMETIROM   |   | Criteria Not Met             | 0  | 1  | 1  |
| RESMETIROM   |   | Insufficient Information     | 0  | 3  | 3  |
| RIBOCICLIB   |   |                              | 12 | 0  | 12 |
| RIBOCICLIB   |   | Insufficient Information     | 0  | 1  | 1  |
| RIFAXIMIN  |   |                              | 55 | 0  | 55 |
| RIFAXIMIN  |   | Criteria Not Met             | 0  | 6  | 6  |
| RIFAXIMIN  |   | Duration of Therapy Exceeded | 0  | 5  | 5  |
| RIFAXIMIN  |   | Insufficient Information     | 0  | 22 | 22 |
| RIMEGEPANT   |   |                              | 25 | 0  | 25 |
| RIMEGEPANT   |   | Criteria Not Met             | 0  | 10 | 10 |
| RIMEGEPANT   |   | Duration of Therapy Exceeded | 0  | 12 | 12 |
| RIMEGEPANT   |   | Insufficient Information     | 0  | 38 | 38 |
| RIOCIGUAT  |   |                              | 3  | 0  | 3  |
| RISANKIZUMAB   |   |                              | 50 | 0  | 50 |
| RISANKIZUMAB   |   | Administrative Denial        | 0  | 1  | 1  |
| RISANKIZUMAB   |   | Criteria Not Met             | 0  | 1  | 1  |
| RISANKIZUMAB   |   | Insufficient Information     | 0  | 8  | 8  |

|   |  |                              |     |     |     |
|---|--|------------------------------|-----|-----|-----|
| RISPERIDONE   |  |                              | 2   | 0   | 2   |
| RISPERIDONE   |  | Duration of Therapy Exceeded | 0   | 2   | 2   |
| RISPERIDONE   |  | Insufficient Information     | 0   | 4   | 4   |
| RITUXIMAB   |  |                              | 34  | 0   | 34  |
| RITUXIMAB   |  | Administrative Denial        | 0   | 3   | 3   |
| RITUXIMAB   |  | Criteria Not Met             | 0   | 13  | 13  |
| RITUXIMAB   |  | Insufficient Information     | 0   | 33  | 33  |
| RIVASTIGMINE  |  | Criteria Not Met             | 0   | 1   | 1   |
| ROFLUMILAST   |  |                              | 2   | 0   | 2   |
| ROFLUMILAST   |  | Criteria Not Met             | 0   | 2   | 2   |
| ROFLUMILAST   |  | Insufficient Information     | 0   | 12  | 12  |
| ROMIPLOSTIM   |  |                              | 9   | 0   | 9   |
| ROMIPLOSTIM   |  | Administrative Denial        | 0   | 1   | 1   |
| ROMIPLOSTIM   |  | Criteria Not Met             | 0   | 1   | 1   |
| ROMIPLOSTIM   |  | Insufficient Information     | 0   | 5   | 5   |
| ROMOSOZUMAB   |  |                              | 5   | 0   | 5   |
| ROMOSOZUMAB   |  | Criteria Not Met             | 0   | 1   | 1   |
| ROMOSOZUMAB   |  | Insufficient Information     | 0   | 3   | 3   |
| ROSUVASTATIN  |  |                              | 2   | 0   | 2   |
| ROSUVASTATIN  |  | Insufficient Information     | 0   | 1   | 1   |
| RUXOLITINIB   |  |                              | 19  | 0   | 19  |
| RUXOLITINIB   |  | Criteria Not Met             | 0   | 1   | 1   |
| RUXOLITINIB   |  | Insufficient Information     | 0   | 9   | 9   |
| RUXOLITINIB   |  | Non-Covered Benefit          | 0   | 1   | 1   |
| SACITUZUMAB   |  |                              | 3   | 0   | 3   |
| SACITUZUMAB   |  | Criteria Not Met             | 0   | 1   | 1   |
| SACITUZUMAB   |  | Insufficient Information     | 0   | 1   | 1   |
| SARILUMAB   |  |                              | 1   | 0   | 1   |
| SAXAGLIPTIN   |  |                              | 4   | 0   | 4   |
| SAXAGLIPTIN   |  | Criteria Not Met             | 0   | 2   | 2   |
| SAXAGLIPTIN   |  | Insufficient Information     | 0   | 1   | 1   |
| SECUKINUMAB   |  |                              | 25  | 0   | 25  |
| SECUKINUMAB   |  | Insufficient Information     | 0   | 5   | 5   |
| SELEXIPAG   |  |                              | 7   | 0   | 7   |
| SELEXIPAG   |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| SELINEXOR   |  |                              | 2   | 0   | 2   |
| SEMAGLUTIDE   |  |                              | 541 | 0   | 541 |
| SEMAGLUTIDE   |  | Administrative Denial        | 0   | 28  | 28  |
| SEMAGLUTIDE   |  | Criteria Not Met             | 0   | 73  | 73  |
| SEMAGLUTIDE   |  | Duration of Therapy Exceeded | 0   | 27  | 27  |
| SEMAGLUTIDE   |  | Insufficient Information     | 0   | 253 | 253 |
| SEMAGLUTIDE   |  | Non-Covered Benefit          | 0   | 104 | 104 |
| SEVELAMER   |  |                              | 16  | 0   | 16  |
| SEVELAMER   |  | Criteria Not Met             | 0   | 2   | 2   |
| SEVELAMER   |  | Insufficient Information     | 0   | 6   | 6   |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS - TWO INGRED |  |                              | 2   | 0   | 2   |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS - TWO INGRED |  | Insufficient Information     | 0   | 1   | 1   |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS - TWO INGRED |  | Step Therapy                 | 0   | 1   | 1   |
| SILDENAFIL  |  |                              | 9   | 0   | 9   |
| SILDENAFIL  |  | Administrative Denial        | 0   | 7   | 7   |
| SILDENAFIL  |  | Criteria Not Met             | 0   | 2   | 2   |
| SILDENAFIL  |  | Duration of Therapy Exceeded | 0   | 2   | 2   |
| SILDENAFIL  |  | Insufficient Information     | 0   | 2   | 2   |
| SILDENAFIL  |  | Non-Covered Benefit          | 0   | 6   | 6   |
| SILODOSIN   |  |                              | 1   | 0   | 1   |
| SILODOSIN   |  | Criteria Not Met             | 0   | 2   | 2   |
| SILODOSIN   |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| SILODOSIN   |  | Insufficient Information     | 0   | 2   | 2   |
| SITAGLIPTIN   |  |                              | 14  | 0   | 14  |

|  |  |                              |    |     |     |
|--|--|------------------------------|----|-----|-----|
| SITAGLIPTIN  |  | Duration of Therapy Exceeded | 0  | 2   | 2   |
| SITAGLIPTIN  |  | Insufficient Information     | 0  | 3   | 3   |
| SODIUM HYALURONATE   |  |                              | 51 | 0   | 51  |
| SODIUM HYALURONATE   |  | Criteria Not Met             | 0  | 16  | 16  |
| SODIUM HYALURONATE   |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| SODIUM HYALURONATE   |  | Insufficient Information     | 0  | 117 | 117 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIB-BIGUANIDE - TWO INGRED |  |                              | 12 | 0   | 12  |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIB-BIGUANIDE - TWO INGRED |  | Criteria Not Met             | 0  | 1   | 1   |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIB-BIGUANIDE - TWO INGRED |  | Insufficient Information     | 0  | 6   | 6   |
| SOLIFENACIN  |  |                              | 9  | 0   | 9   |
| SOLIFENACIN  |  | Criteria Not Met             | 0  | 2   | 2   |
| SOLIFENACIN  |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| SOLIFENACIN  |  | Insufficient Information     | 0  | 9   | 9   |
| SOLRIAMFETOL   |  |                              | 1  | 0   | 1   |
| SOLRIAMFETOL   |  | Criteria Not Met             | 0  | 1   | 1   |
| SOLRIAMFETOL   |  | Insufficient Information     | 0  | 1   | 1   |
| SOMATROPIN   |  |                              | 7  | 0   | 7   |
| SOMATROPIN   |  | Administrative Denial        | 0  | 1   | 1   |
| SOMATROPIN   |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| SOMATROPIN   |  | Insufficient Information     | 0  | 4   | 4   |
| SOTATERCEPT  |  |                              | 10 | 0   | 10  |
| SOTATERCEPT  |  | Insufficient Information     | 0  | 1   | 1   |
| STIMULANT COMBINATIONS - TWO INGREDIENT                      |  |                              | 3  | 0   | 3   |
| STIMULANT COMBINATIONS - TWO INGREDIENT                      |  | Criteria Not Met             | 0  | 1   | 1   |
| SUCRALFATE   |  |                              | 1  | 0   | 1   |
| SUCRALFATE   |  | Insufficient Information     | 0  | 2   | 2   |
| SUCROFERRIC  |  |                              | 3  | 0   | 3   |
| SUCROFERRIC  |  | Insufficient Information     | 0  | 4   | 4   |
| SUMATRIPTAN  |  | Criteria Not Met             | 0  | 2   | 2   |
| SUMATRIPTAN  |  | Insufficient Information     | 0  | 1   | 1   |
| SUVOREXANT   |  |                              | 9  | 0   | 9   |
| SUVOREXANT   |  | Criteria Not Met             | 0  | 1   | 1   |
| SUVOREXANT   |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| SUVOREXANT   |  | Insufficient Information     | 0  | 3   | 3   |
| TACROLIMUS   |  |                              | 25 | 0   | 25  |
| TACROLIMUS   |  | Administrative Denial        | 0  | 3   | 3   |
| TACROLIMUS   |  | Criteria Not Met             | 0  | 5   | 5   |
| TACROLIMUS   |  | Duration of Therapy Exceeded | 0  | 8   | 8   |
| TACROLIMUS   |  | Insufficient Information     | 0  | 22  | 22  |
| TADALAFIL  |  |                              | 6  | 0   | 6   |
| TADALAFIL  |  | Criteria Not Met             | 0  | 3   | 3   |
| TADALAFIL  |  | Insufficient Information     | 0  | 1   | 1   |
| TADALAFIL  |  | Non-Covered Benefit          | 0  | 4   | 4   |
| TAPENTADOL   |  |                              | 1  | 0   | 1   |
| TAPINAROF  |  |                              | 5  | 0   | 5   |
| TAPINAROF  |  | Criteria Not Met             | 0  | 1   | 1   |
| TAPINAROF  |  | Insufficient Information     | 0  | 9   | 9   |
| TAZAROTENE   |  |                              | 2  | 0   | 2   |
| TAZAROTENE   |  | Criteria Not Met             | 0  | 2   | 2   |
| TAZAROTENE   |  | Duration of Therapy Exceeded | 0  | 1   | 1   |
| TAZAROTENE   |  | Insufficient Information     | 0  | 8   | 8   |
| TEDUGLUTIDE (RDNA)   |  |                              | 2  | 0   | 2   |
| TELMISARTAN  |  |                              | 4  | 0   | 4   |
| TELMISARTAN  |  | Duration of Therapy Exceeded | 0  | 2   | 2   |
| TELMISARTAN  |  | Insufficient Information     | 0  | 4   | 4   |
| TEMOZOLOMIDE   |  |                              | 12 | 0   | 12  |
| TENAPANOR  |  |                              | 6  | 0   | 6   |
| TENAPANOR  |  | Criteria Not Met             | 0  | 1   | 1   |
| TENAPANOR  |  | Duration of Therapy Exceeded | 0  | 3   | 3   |

|  |  |                              |     |     |     |
|--|--|------------------------------|-----|-----|-----|
| TENAPANOR  |  | Insufficient Information     | 0   | 7   | 7   |
| TENOFOVIR  |  |                              | 23  | 0   | 23  |
| TENOFOVIR  |  | Duration of Therapy Exceeded | 0   | 3   | 3   |
| TENOFOVIR  |  | Insufficient Information     | 0   | 8   | 8   |
| TEPROTUMUMAB   |  |                              | 2   | 0   | 2   |
| TEPROTUMUMAB   |  | Insufficient Information     | 0   | 1   | 1   |
| TERIPARATIDE   |  |                              | 1   | 0   | 1   |
| TERIPARATIDE   |  | Insufficient Information     | 0   | 4   | 4   |
| TESAMORELIN  |  | Criteria Not Met             | 0   | 1   | 1   |
| TESAMORELIN  |  | Insufficient Information     | 0   | 1   | 1   |
| TESAMORELIN  |  | Non-Covered Benefit          | 0   | 2   | 2   |
| TESTOSTERONE   |  |                              | 6   | 0   | 6   |
| TESTOSTERONE   |  | Criteria Not Met             | 0   | 3   | 3   |
| TESTOSTERONE   |  | Insufficient Information     | 0   | 15  | 15  |
| TETRABENAZINE  |  |                              | 2   | 0   | 2   |
| TETRABENAZINE  |  | Insufficient Information     | 0   | 1   | 1   |
| TEZEPelumAB  |  |                              | 1   | 0   | 1   |
| TEZEPelumAB  |  | Insufficient Information     | 0   | 1   | 1   |
| THIENBENZODIAZEPINES & OPIOID ANTAGONISTS - TWO INGREDIENT |  |                              | 4   | 0   | 4   |
| THIENBENZODIAZEPINES & OPIOID ANTAGONISTS - TWO INGREDIENT |  | Insufficient Information     | 0   | 1   | 1   |
| TICAGRELOR   |  |                              | 16  | 0   | 16  |
| TICAGRELOR   |  | Criteria Not Met             | 0   | 3   | 3   |
| TICAGRELOR   |  | Duration of Therapy Exceeded | 0   | 10  | 10  |
| TICAGRELOR   |  | Insufficient Information     | 0   | 7   | 7   |
| TIRZEPATIDE  |  |                              | 115 | 0   | 115 |
| TIRZEPATIDE  |  | Administrative Denial        | 0   | 36  | 36  |
| TIRZEPATIDE  |  | Criteria Not Met             | 0   | 78  | 78  |
| TIRZEPATIDE  |  | Duration of Therapy Exceeded | 0   | 24  | 24  |
| TIRZEPATIDE  |  | Insufficient Information     | 0   | 348 | 348 |
| TIRZEPATIDE  |  | Non-Covered Benefit          | 0   | 127 | 127 |
| TISOTUMAB  |  |                              | 1   | 0   | 1   |
| TISOTUMAB  |  | Criteria Not Met             | 0   | 1   | 1   |
| TISOTUMAB  |  | Insufficient Information     | 0   | 1   | 1   |
| TIZANIDINE   |  |                              | 2   | 0   | 2   |
| TOBRAMYCIN   |  |                              | 2   | 0   | 2   |
| TOCILIZUMAB  |  |                              | 11  | 0   | 11  |
| TOCILIZUMAB  |  | Administrative Denial        | 0   | 3   | 3   |
| TOCILIZUMAB  |  | Criteria Not Met             | 0   | 3   | 3   |
| TOCILIZUMAB  |  | Insufficient Information     | 0   | 3   | 3   |
| TOFACITINIB  |  |                              | 9   | 0   | 9   |
| TOFACITINIB  |  | Duration of Therapy Exceeded | 0   | 1   | 1   |
| TOFACITINIB  |  | Insufficient Information     | 0   | 2   | 2   |
| TOLTERODINE  |  | Criteria Not Met             | 0   | 1   | 1   |
| TOLTERODINE  |  | Insufficient Information     | 0   | 4   | 4   |
| TOLVAPTAN  |  |                              | 2   | 0   | 2   |
| TOLVAPTAN  |  | Insufficient Information     | 0   | 2   | 2   |
| TRABECTEDIN  |  |                              | 2   | 0   | 2   |
| TRABECTEDIN  |  | Insufficient Information     | 0   | 1   | 1   |
| TRALOKINUMAB   |  |                              | 3   | 0   | 3   |
| TRAMADOL   |  |                              | 47  | 0   | 47  |
| TRAMADOL   |  | Criteria Not Met             | 0   | 4   | 4   |
| TRAMADOL   |  | Duration of Therapy Exceeded | 0   | 6   | 6   |
| TRAMADOL   |  | Insufficient Information     | 0   | 33  | 33  |
| TRAMADOL COMBINATION - TWO INGREDIENT                      |  |                              | 1   | 0   | 1   |
| TRAMADOL COMBINATION - TWO INGREDIENT                      |  | Insufficient Information     | 0   | 2   | 2   |
| TRASTUZUMAB  |  |                              | 43  | 0   | 43  |
| TRASTUZUMAB  |  | Administrative Denial        | 0   | 4   | 4   |
| TRASTUZUMAB  |  | Criteria Not Met             | 0   | 7   | 7   |
| TRASTUZUMAB  |  | Insufficient Information     | 0   | 10  | 10  |

|  |                              |  |    |    |    |
|--|------------------------------|--|----|----|----|
| TRAZODONE  |                              |  | 3  | 0  | 3  |
| TRAZODONE  | Criteria Not Met             |  | 0  | 1  | 1  |
| TRAZODONE  | Insufficient Information     |  | 0  | 2  | 2  |
| TREPROSTINIL   |                              |  | 12 | 0  | 12 |
| TREPROSTINIL   | Insufficient Information     |  | 0  | 1  | 1  |
| TRETINOIN  |                              |  | 26 | 0  | 26 |
| TRETINOIN  | Criteria Not Met             |  | 0  | 5  | 5  |
| TRETINOIN  | Duration of Therapy Exceeded |  | 0  | 2  | 2  |
| TRETINOIN  | Insufficient Information     |  | 0  | 56 | 56 |
| TRIAMCINOLONE  | Insufficient Information     |  | 0  | 4  | 4  |
| TRIENTINE  |                              |  | 1  | 0  | 1  |
| TRIFAROTENE  | Criteria Not Met             |  | 0  | 1  | 1  |
| TROSPIMUM  |                              |  | 2  | 0  | 2  |
| TROSPIMUM  | Insufficient Information     |  | 0  | 1  | 1  |
| UBLITUXIMAB  |                              |  | 1  | 0  | 1  |
| UBLITUXIMAB  | Insufficient Information     |  | 0  | 1  | 1  |
| UBROGEPANT   |                              |  | 79 | 0  | 79 |
| UBROGEPANT   | Criteria Not Met             |  | 0  | 6  | 6  |
| UBROGEPANT   | Duration of Therapy Exceeded |  | 0  | 13 | 13 |
| UBROGEPANT   | Insufficient Information     |  | 0  | 52 | 52 |
| ULCER ANTI-INFECTIVE W/BISMUTH COMBINATION - 3 INGREDIENT    |                              |  | 1  | 0  | 1  |
| ULCER ANTI-INFECTIVE W/BISMUTH COMBINATION - 3 INGREDIENT    | Insufficient Information     |  | 0  | 4  | 4  |
| ULCER ANTI-INFECTIVE W/PROTON PUMP INHIBIT -THREE INGREDIENT | Insufficient Information     |  | 0  | 3  | 3  |
| ULCER ANTI-INFECTIVE-PCAB COMBINATIONS - THREE INGREDIENT    |                              |  | 1  | 0  | 1  |
| ULCER ANTI-INFECTIVE-PCAB COMBINATIONS - THREE INGREDIENT    | Insufficient Information     |  | 0  | 3  | 3  |
| UPADACITINIB   |                              |  | 38 | 0  | 38 |
| UPADACITINIB   | Duration of Therapy Exceeded |  | 0  | 5  | 5  |
| UPADACITINIB   | Insufficient Information     |  | 0  | 13 | 13 |
| URSODIOL   |                              |  | 9  | 0  | 9  |
| URSODIOL   | Insufficient Information     |  | 0  | 1  | 1  |
| USTEKINUMAB  |                              |  | 14 | 0  | 14 |
| USTEKINUMAB  | Duration of Therapy Exceeded |  | 0  | 3  | 3  |
| USTEKINUMAB  | Insufficient Information     |  | 0  | 1  | 1  |
| VAGINAL CONTRACEPTIVE PH MODULATOR COMBINATIONS - 3 INGRED   |                              |  | 3  | 0  | 3  |
| VAGINAL CONTRACEPTIVE PH MODULATOR COMBINATIONS - 3 INGRED   | Insufficient Information     |  | 0  | 1  | 1  |
| VALACYCLOVIR   |                              |  | 1  | 0  | 1  |
| VALBENZAZINE   |                              |  | 3  | 0  | 3  |
| VALBENZAZINE   | Duration of Therapy Exceeded |  | 0  | 2  | 2  |
| VALBENZAZINE   | Insufficient Information     |  | 0  | 6  | 6  |
| VALGANCICLOVIR   |                              |  | 31 | 0  | 31 |
| VALGANCICLOVIR   | Insufficient Information     |  | 0  | 2  | 2  |
| VALSARTAN  | Insufficient Information     |  | 0  | 2  | 2  |
| VANCOMYCIN   |                              |  | 6  | 0  | 6  |
| VANCOMYCIN   | Insufficient Information     |  | 0  | 1  | 1  |
| VARENICLINE  | Insufficient Information     |  | 0  | 1  | 1  |
| VEDOLIZUMAB  |                              |  | 10 | 0  | 10 |
| VEDOLIZUMAB  | Criteria Not Met             |  | 0  | 2  | 2  |
| VEDOLIZUMAB  | Duration of Therapy Exceeded |  | 0  | 1  | 1  |
| VEDOLIZUMAB  | Insufficient Information     |  | 0  | 6  | 6  |
| VENETOCLAX   |                              |  | 3  | 0  | 3  |
| VENETOCLAX   | Insufficient Information     |  | 0  | 1  | 1  |
| VENLAFAXINE  |                              |  | 5  | 0  | 5  |
| VENLAFAXINE  | Insufficient Information     |  | 0  | 5  | 5  |
| VIBEGRON   |                              |  | 4  | 0  | 4  |
| VIBEGRON   | Criteria Not Met             |  | 0  | 3  | 3  |
| VIBEGRON   | Insufficient Information     |  | 0  | 12 | 12 |
| VILAZODONE   |                              |  | 10 | 0  | 10 |
| VILAZODONE   | Criteria Not Met             |  | 0  | 2  | 2  |
| VILAZODONE   | Duration of Therapy Exceeded |  | 0  | 2  | 2  |

|   |  |                              |    |    |    |
|---|--|------------------------------|----|----|----|
| VILAZODONE  |  | Insufficient Information     | 0  | 2  | 2  |
| VILOXAZINE  |  |                              | 4  | 0  | 4  |
| VILOXAZINE  |  | Criteria Not Met             | 0  | 2  | 2  |
| VILOXAZINE  |  | Insufficient Information     | 0  | 11 | 11 |
| VOCLOSPORIN   |  |                              | 1  | 0  | 1  |
| VONOPRAZAN  |  |                              | 5  | 0  | 5  |
| VONOPRAZAN  |  | Criteria Not Met             | 0  | 1  | 1  |
| VONOPRAZAN  |  | Insufficient Information     | 0  | 13 | 13 |
| VORICONAZOLE  |  |                              | 10 | 0  | 10 |
| VORICONAZOLE  |  | Insufficient Information     | 0  | 1  | 1  |
| VORTIOXETINE  |  |                              | 17 | 0  | 17 |
| VORTIOXETINE  |  | Criteria Not Met             | 0  | 2  | 2  |
| VORTIOXETINE  |  | Duration of Therapy Exceeded | 0  | 2  | 2  |
| VORTIOXETINE  |  | Insufficient Information     | 0  | 12 | 12 |
| ZANUBRUTINIB  |  |                              | 3  | 0  | 3  |
| ZANUBRUTINIB  |  | Criteria Not Met             | 0  | 1  | 1  |
| ZANUBRUTINIB  |  | Insufficient Information     | 0  | 1  | 1  |
| ZAVEGEPANT  |  |                              | 2  | 0  | 2  |
| ZAVEGEPANT  |  | Insufficient Information     | 0  | 1  | 1  |
| ZOLEDRONIC ACID                                       |  |                              | 1  | 0  | 1  |
| ZOLMITRIPTAN  |  | Insufficient Information     | 0  | 2  | 2  |
| ZOLPIDEM  |  |                              | 3  | 0  | 3  |
| ZOLPIDEM  |  | Criteria Not Met             | 0  | 2  | 2  |
| ZOLPIDEM  |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| ZOLPIDEM  |  | Insufficient Information     | 0  | 2  | 2  |
| ZURANOLONE  |  |                              | 1  | 0  | 1  |
| ZURANOLONE  |  | Insufficient Information     | 0  | 2  | 2  |
| DEUTETRABENAZINE                                      |  |                              | 1  | 0  | 1  |
| DEUTETRABENAZINE                                      |  | Duration of Therapy Exceeded | 0  | 1  | 1  |
| DEUTETRABENAZINE                                      |  | Insufficient Information     | 0  | 5  | 5  |
| IRON SUCROSE  |  |                              | 4  | 0  | 4  |
| DIGOXIN   |  |                              | 1  | 0  | 1  |
| TECENTRIQ 840/14 INJ                                  |  |                              | 1  | 0  | 1  |
| TECENTRIQ 840/14 INJ                                  |  | Insufficient Information     | 0  | 1  | 1  |
| CYCLOPHOSPHAMIDE 500MG INJ                            |  | Insufficient Information     | 0  | 1  | 1  |
| KEYTRUDA 100MG/4M INJ                                 |  | Criteria Not Met             | 0  | 1  | 1  |
| KEYTRUDA 100MG/4M INJ                                 |  | Insufficient Information     | 0  | 1  | 1  |
| DOXORUBICIN HCL 20/10ML INJ                           |  | Insufficient Information     | 0  | 1  | 1  |
| ESTROGEN & PROGESTIN - TWO INGREDIENT                 |  |                              | 1  | 0  | 1  |
| ESTROGEN & PROGESTIN - TWO INGREDIENT                 |  | Criteria Not Met             | 0  | 1  | 1  |
| ESTROGEN & PROGESTIN - TWO INGREDIENT                 |  | Insufficient Information     | 0  | 7  | 7  |
| ANTICHOLINERGIC COMBINATION - TWO INGREDIENT          |  | Insufficient Information     | 0  | 1  | 1  |
| INSULIN-INCRETIN MIMETIC COMBINATION - TWO INGREDIENT |  |                              | 3  | 0  | 3  |
| INSULIN-INCRETIN MIMETIC COMBINATION - TWO INGREDIENT |  | Insufficient Information     | 0  | 2  | 2  |
| PRASTERONE  |  | Insufficient Information     | 0  | 3  | 3  |
| DOXORUBICIN HCL 50MG INJ                              |  | Criteria Not Met             | 0  | 1  | 1  |
| VINORELBINE TARTRATE 10MG/ML INJ                      |  | Criteria Not Met             | 0  | 1  | 1  |
| IRINOTECAN 20 MG                                      |  |                              | 1  | 0  | 1  |
| ZIRABEV 100/4ML INJ                                   |  |                              | 1  | 0  | 1  |
| FLUOROURACIL 500 MG                                   |  |                              | 1  | 0  | 1  |
| LEUCOVORIN CALCIUM 50MG INJ                           |  |                              | 1  | 0  | 1  |
| MEMANTINE   |  |                              | 2  | 0  | 2  |
| MEMANTINE   |  | Criteria Not Met             | 0  | 1  | 1  |
| MEMANTINE   |  | Insufficient Information     | 0  | 2  | 2  |
| ENOXAPARIN  |  |                              | 1  | 0  | 1  |
| VELCADE 3.5MG INJ                                     |  | Administrative Denial        | 0  | 1  | 1  |
| DARZALEX FASPRO FASPRO SOL                            |  | Administrative Denial        | 0  | 1  | 1  |
| DOXEPIN   |  |                              | 3  | 0  | 3  |
| DOXEPIN   |  | Criteria Not Met             | 0  | 1  | 1  |

|   |  |                              |   |   |   |
|---|--|------------------------------|---|---|---|
| DOXEPIN   |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| DOXEPIN   |  | Insufficient Information     | 0 | 9 | 9 |
| HEPATITIS C AGENT COMBINATION - THREE INGREDIENT            |  |                              | 1 | 0 | 1 |
| TREMELIMUMAB  |  |                              | 2 | 0 | 2 |
| TREMELIMUMAB  |  | Criteria Not Met             | 0 | 2 | 2 |
| PACLITAXEL 30MG/5ML INJ                                     |  |                              | 1 | 0 | 1 |
| ZIRABEV SOLN 100MG/4ML                                      |  |                              | 1 | 0 | 1 |
| AKYNZEO INJ   |  |                              | 1 | 0 | 1 |
| CARBOPLATIN INJ   |  |                              | 1 | 0 | 1 |
| LIOTHYRONINE  |  | Insufficient Information     | 0 | 1 | 1 |
| FOLIC ACID/FOLATE COMBINATION - THREE INGREDIENT            |  | Insufficient Information     | 0 | 1 | 1 |
| OPIOID ANTITUSSIVE-ANTIHISTAMINE - TWO INGREDIENT           |  | Insufficient Information     | 0 | 1 | 1 |
| ATORVASTATIN  |  |                              | 2 | 0 | 2 |
| ATORVASTATIN  |  | Insufficient Information     | 0 | 2 | 2 |
| UREA  |  | Insufficient Information     | 0 | 4 | 4 |
| INSULIN GLULISINE   |  | Criteria Not Met             | 0 | 1 | 1 |
| INSULIN GLULISINE   |  | Insufficient Information     | 0 | 1 | 1 |
| BENZTROPINE   |  |                              | 1 | 0 | 1 |
| CLADRIBINE  |  |                              | 1 | 0 | 1 |
| CLADRIBINE  |  | Insufficient Information     | 0 | 1 | 1 |
| REVEFENACIN   |  |                              | 1 | 0 | 1 |
| ANTI-OBESITY COMBINATION - TWO INGREDIENT                   |  | Administrative Denial        | 0 | 2 | 2 |
| ANTI-OBESITY COMBINATION - TWO INGREDIENT                   |  | Non-Covered Benefit          | 0 | 2 | 2 |
| AMIVANTAMAB   |  |                              | 1 | 0 | 1 |
| AMIVANTAMAB   |  | Criteria Not Met             | 0 | 2 | 2 |
| BIMEKIZUMAB   |  |                              | 7 | 0 | 7 |
| BIMEKIZUMAB   |  | Insufficient Information     | 0 | 6 | 6 |
| TERIFLUNOMIDE   |  |                              | 2 | 0 | 2 |
| SERTRALINE  |  |                              | 5 | 0 | 5 |
| SERTRALINE  |  | Criteria Not Met             | 0 | 1 | 1 |
| SERTRALINE  |  | Insufficient Information     | 0 | 1 | 1 |
| DUTASTERIDE   |  |                              | 2 | 0 | 2 |
| ENCORAFENIB   |  |                              | 1 | 0 | 1 |
| CROSS-LINKED HYALURONIC ACID                                |  | Criteria Not Met             | 0 | 1 | 1 |
| CROSS-LINKED HYALURONIC ACID                                |  | Insufficient Information     | 0 | 3 | 3 |
| IVOSIDENIB  |  |                              | 1 | 0 | 1 |
| DAPSONE   |  |                              | 1 | 0 | 1 |
| DAPSONE   |  | Criteria Not Met             | 0 | 1 | 1 |
| CALCIFEDIOL   |  |                              | 1 | 0 | 1 |
| CALCIFEDIOL   |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| FLURANDRENOLIDE   |  |                              | 1 | 0 | 1 |
| VARDENAFIL  |  | Criteria Not Met             | 0 | 1 | 1 |
| ANGIOTENSIN II RECEPT ANTAG & CA CHAN BLOCK COMB - 2 INGRED |  |                              | 2 | 0 | 2 |
| ANGIOTENSIN II RECEPT ANTAG & CA CHAN BLOCK COMB - 2 INGRED |  | Criteria Not Met             | 0 | 1 | 1 |
| ANGIOTENSIN II RECEPT ANTAG & CA CHAN BLOCK COMB - 2 INGRED |  | Insufficient Information     | 0 | 4 | 4 |
| EMICIZUMAB  |  |                              | 3 | 0 | 3 |
| RABEPRAZOLE   |  | Criteria Not Met             | 0 | 2 | 2 |
| RABEPRAZOLE   |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| LAPATINIB   |  |                              | 2 | 0 | 2 |
| AXITINIB  |  |                              | 3 | 0 | 3 |
| DORNASE   |  |                              | 1 | 0 | 1 |
| IRON COMBINATION - SIX INGREDIENT                           |  | Criteria Not Met             | 0 | 1 | 1 |
| IRON COMBINATION - SIX INGREDIENT                           |  | Insufficient Information     | 0 | 1 | 1 |
| AZTREONAM   |  |                              | 1 | 0 | 1 |
| MIRVETUXIMAB SORAVTANSINE                                   |  |                              | 1 | 0 | 1 |
| RITLECITINIB  |  | Administrative Denial        | 0 | 1 | 1 |
| RITLECITINIB  |  | Non-Covered Benefit          | 0 | 2 | 2 |
| VORASIDENIB   |  |                              | 3 | 0 | 3 |
| ZORYVE 0.3% EX FOAM   |  | Insufficient Information     | 0 | 1 | 1 |

|  |  |                              |   |   |   |
|--|--|------------------------------|---|---|---|
| RIVAROXBAN   |  |                              | 1 | 0 | 1 |
| ZORYVE 0.3% EX CREA  |  |                              | 1 | 0 | 1 |
| LEVODOPA COMBINATION - TWO INGREDIENT                      |  |                              | 1 | 0 | 1 |
| LEVODOPA COMBINATION - TWO INGREDIENT                      |  | Insufficient Information     | 0 | 1 | 1 |
| SINECATECHINS  |  | Insufficient Information     | 0 | 1 | 1 |
| BROMFENAC  |  | Criteria Not Met             | 0 | 1 | 1 |
| BROMFENAC  |  | Insufficient Information     | 0 | 1 | 1 |
| EFLAPEGRASTIM  |  | Insufficient Information     | 0 | 4 | 4 |
| ZORYVE 0.15% EX CREA                                       |  | Insufficient Information     | 0 | 1 | 1 |
| CA CHANNEL BLOCKER & HMG COA REDUCTASE INHIB COMB 2 INGRED |  |                              | 1 | 0 | 1 |
| CA CHANNEL BLOCKER & HMG COA REDUCTASE INHIB COMB 2 INGRED |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| CETIRIZINE   |  |                              | 2 | 0 | 2 |
| CETIRIZINE   |  | Insufficient Information     | 0 | 3 | 3 |
| CRIZANLIZUMAB  |  |                              | 4 | 0 | 4 |
| TRETINOIN (CHEMOTHERAPY)                                   |  |                              | 1 | 0 | 1 |
| ELUXADOLINE  |  |                              | 1 | 0 | 1 |
| ELUXADOLINE  |  | Insufficient Information     | 0 | 1 | 1 |
| TORIPALIMAB  |  |                              | 2 | 0 | 2 |
| TORIPALIMAB  |  | Criteria Not Met             | 0 | 1 | 1 |
| NEMOLIZUMAB  |  |                              | 6 | 0 | 6 |
| NEMOLIZUMAB  |  | Criteria Not Met             | 0 | 1 | 1 |
| ESTRADIOL VAGINAL  |  | Insufficient Information     | 0 | 2 | 2 |
| SODIUM OXYBATE   |  |                              | 4 | 0 | 4 |
| SODIUM OXYBATE   |  | Insufficient Information     | 0 | 2 | 2 |
| CROFELEMER   |  | Criteria Not Met             | 0 | 1 | 1 |
| CEPHALOSPORIN COMBINATION - TWO INGREDIENT                 |  |                              | 1 | 0 | 1 |
| METFORMIN  |  |                              | 2 | 0 | 2 |
| METFORMIN  |  | Insufficient Information     | 0 | 3 | 3 |
| MILRINONE  |  |                              | 1 | 0 | 1 |
| IPTACOPAN  |  |                              | 1 | 0 | 1 |
| IPTACOPAN  |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| PEGVISOMANT  |  |                              | 1 | 0 | 1 |
| COBIMETINIB  |  |                              | 3 | 0 | 3 |
| VERICIGUAT   |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| VERICIGUAT   |  | Insufficient Information     | 0 | 4 | 4 |
| BETA-BLOCKERS - OPHTHALMIC COMBINATION - THREE INGREDIENT  |  |                              | 1 | 0 | 1 |
| RASBURICASE  |  | Insufficient Information     | 0 | 1 | 1 |
| NALDEMEDINE  |  | Insufficient Information     | 0 | 1 | 1 |
| ADAPALENE  |  |                              | 1 | 0 | 1 |
| ADAPALENE  |  | Insufficient Information     | 0 | 2 | 2 |
| NEBIVOLOL  |  | Insufficient Information     | 0 | 1 | 1 |
| CONCIZUMAB   |  |                              | 2 | 0 | 2 |
| SARECYCLINE  |  |                              | 1 | 0 | 1 |
| SARECYCLINE  |  | Insufficient Information     | 0 | 1 | 1 |
| HALOPERIDOL  |  |                              | 1 | 0 | 1 |
| HALOPERIDOL  |  | Insufficient Information     | 0 | 2 | 2 |
| TOPIRAMATE   |  |                              | 1 | 0 | 1 |
| TOPIRAMATE   |  | Insufficient Information     | 0 | 1 | 1 |
| SELENIUM   |  | Insufficient Information     | 0 | 1 | 1 |
| PODOFILOX  |  |                              | 1 | 0 | 1 |
| ALOGLIPTIN   |  |                              | 2 | 0 | 2 |
| ELACESTRANT  |  |                              | 3 | 0 | 3 |
| PENICILLIN G   |  |                              | 2 | 0 | 2 |
| NIROGACESTAT   |  |                              | 1 | 0 | 1 |
| NIROGACESTAT   |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| RAVULIZUMAB  |  |                              | 1 | 0 | 1 |
| RAVULIZUMAB  |  | Criteria Not Met             | 0 | 1 | 1 |
| RAVULIZUMAB  |  | Insufficient Information     | 0 | 1 | 1 |
| TOPICAL STEROID COMBINATION - TWO INGREDIENT               |  | Insufficient Information     | 0 | 2 | 2 |

|   |  |                          |   |   |   |
|---|--|--------------------------|---|---|---|
| APIXABAN  |  |                          | 1 | 0 | 1 |
| ALENDRONATE   |  |                          | 1 | 0 | 1 |
| ORLISTAT  |  | Administrative Denial    | 0 | 1 | 1 |
| FECAL MICROBIOTA SPORES, LIVE                               |  | Insufficient Information | 0 | 1 | 1 |
| REGORAFENIB   |  |                          | 5 | 0 | 5 |
| SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE -THREE ING    |  | Insufficient Information | 0 | 1 | 1 |
| ALOSETRON   |  |                          | 1 | 0 | 1 |
| EFGARTIGIMOD  |  | Insufficient Information | 0 | 1 | 1 |
| TIMOLOL   |  | Insufficient Information | 0 | 1 | 1 |
| BUSPIRONE   |  | Insufficient Information | 0 | 2 | 2 |
| SUZETRIGINE   |  | Insufficient Information | 0 | 4 | 4 |
| PENTOSAN POLYSULFATE SODIUM                                 |  |                          | 1 | 0 | 1 |
| PENTOSAN POLYSULFATE SODIUM                                 |  | Insufficient Information | 0 | 1 | 1 |
| ROPEGINTERFERON ALFA-2B                                     |  |                          | 1 | 0 | 1 |
| TRIPTORELIN   |  |                          | 1 | 0 | 1 |
| TRIPTORELIN   |  | Insufficient Information | 0 | 1 | 1 |
| ISOSORBIDE MONONITRATE                                      |  |                          | 1 | 0 | 1 |
| MARIBAVIR   |  |                          | 4 | 0 | 4 |
| VEMURAFENIB   |  |                          | 1 | 0 | 1 |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATION - 2 INGRED |  | Insufficient Information | 0 | 1 | 1 |
| FUROSEMIDE  |  |                          | 3 | 0 | 3 |
| FUROSEMIDE  |  | Insufficient Information | 0 | 2 | 2 |
| DOSTARLIMAB   |  |                          | 2 | 0 | 2 |
| DOSTARLIMAB   |  | Criteria Not Met         | 0 | 2 | 2 |
| DOSTARLIMAB   |  | Insufficient Information | 0 | 1 | 1 |
| QUIZARTINIB   |  |                          | 4 | 0 | 4 |
| QUIZARTINIB   |  | Insufficient Information | 0 | 1 | 1 |
| FOSTEMSAVIR   |  |                          | 1 | 0 | 1 |
| IRON W/ FOLIC ACID - FIVE INGREDIENT                        |  | Insufficient Information | 0 | 1 | 1 |
| INSULIN SYRINGES  |  | Insufficient Information | 0 | 1 | 1 |
| ANTIMALARIAL COMBINATION - TWO INGREDIENT                   |  | Insufficient Information | 0 | 1 | 1 |
| IRON COMBINATION - EIGHT INGREDIENT                         |  | Insufficient Information | 0 | 1 | 1 |
| COAGULATION FACTOR VIIA                                     |  |                          | 1 | 0 | 1 |
| PRAZQUANTEL   |  |                          | 1 | 0 | 1 |
| DIETARY MANAGEMENT PRODUCT COMBINATION                      |  | Insufficient Information | 0 | 1 | 1 |
| DIETARY MANAGEMENT PRODUCT COMBINATION                      |  | Non-Covered Benefit      | 0 | 1 | 1 |
| AMITRIPTYLINE   |  |                          | 1 | 0 | 1 |
| AMITRIPTYLINE   |  | Insufficient Information | 0 | 1 | 1 |
| SALICYLIC ACID  |  |                          | 1 | 0 | 1 |
| DONEPEZIL   |  |                          | 1 | 0 | 1 |
| DONEPEZIL   |  | Insufficient Information | 0 | 1 | 1 |
| TOPICAL ANESTHETIC COMBINATION - FOUR INGREDIENT            |  | Insufficient Information | 0 | 1 | 1 |
| SPARSENTAN  |  | Insufficient Information | 0 | 2 | 2 |
| FEXOFENADINE  |  |                          | 1 | 0 | 1 |
| METHYLPREDNISOLONE  |  |                          | 3 | 0 | 3 |
| METHYLPREDNISOLONE  |  | Insufficient Information | 0 | 2 | 2 |
| MAGNESIUM   |  | Insufficient Information | 0 | 1 | 1 |
| TALQUETAMAB   |  |                          | 1 | 0 | 1 |
| TALQUETAMAB   |  | Criteria Not Met         | 0 | 1 | 1 |
| TALQUETAMAB   |  | Insufficient Information | 0 | 1 | 1 |
| IRON COMBINATION - FOUR INGREDIENT                          |  | Insufficient Information | 0 | 2 | 2 |
| DATOPOTAMAB   |  | Criteria Not Met         | 0 | 2 | 2 |
| LACTIC ACID (AMMONIUM LACTATE)                              |  | Insufficient Information | 0 | 1 | 1 |
| HEPARIN SODIUM  |  | Criteria Not Met         | 0 | 1 | 1 |
| HEPARIN SODIUM  |  | Insufficient Information | 0 | 1 | 1 |
| ASENAPINE   |  |                          | 1 | 0 | 1 |
| TELISOTUZUMAB   |  | Insufficient Information | 0 | 1 | 1 |
| SELPERCATINIB   |  |                          | 2 | 0 | 2 |
| PIRTOBRUTINIB   |  |                          | 2 | 0 | 2 |

|  |  |                              |   |   |   |
|--|--|------------------------------|---|---|---|
| ALTEPLASE  |  | Insufficient Information     | 0 | 1 | 1 |
| THIAZOLIDINEDIONE-BIGUANIDE COMBINATION - TWO INGREDIENT     |  | Duration of Therapy Exceeded | 0 | 1 | 1 |
| THIAZOLIDINEDIONE-BIGUANIDE COMBINATION - TWO INGREDIENT     |  | Insufficient Information     | 0 | 1 | 1 |
| SOFPIRONIUM  |  | Insufficient Information     | 0 | 2 | 2 |
| MUSCARINIC AGENT COMBINATION - TWO INGREDIENT                |  |                              | 7 | 0 | 7 |
| SELADELPAR   |  | Insufficient Information     | 0 | 1 | 1 |
| METHAMPHETAMINE  |  | Insufficient Information     | 0 | 1 | 1 |
| TIGECYCLINE  |  |                              | 1 | 0 | 1 |
| LURBINECTEDIN  |  |                              | 1 | 0 | 1 |
| LURBINECTEDIN  |  | Insufficient Information     | 0 | 1 | 1 |
| SELECTIVE SEROTONIN AGONIST-NSAID COMBINATION -2 INGREDIENT  |  |                              | 1 | 0 | 1 |
| SELECTIVE SEROTONIN AGONIST-NSAID COMBINATION -2 INGREDIENT  |  | Insufficient Information     | 0 | 1 | 1 |
| ULCER ANTI-INFECTIVE-PCAB COMBINATIONS - TWO INGREDIENT      |  | Insufficient Information     | 0 | 1 | 1 |
| ACETYLCYSTEINE   |  | Non-Covered Benefit          | 0 | 1 | 1 |
| ANTIDIARRHEAL/PROBIOTIC COMBINATION - TWO INGREDIENT         |  | Insufficient Information     | 0 | 1 | 1 |
| NATEGLINIDE  |  | Insufficient Information     | 0 | 1 | 1 |
| CEFAZOLIN  |  |                              | 3 | 0 | 3 |
| CEFAZOLIN  |  | Non-Covered Benefit          | 0 | 1 | 1 |
| ROPINIROLE   |  | Insufficient Information     | 0 | 1 | 1 |
| PEDIATRIC MULTIPLE VITAMIN W/ MINERALS                       |  |                              | 1 | 0 | 1 |
| SPIRONOLACTONE   |  |                              | 1 | 0 | 1 |
| PRUCALOPRIDE   |  |                              | 1 | 0 | 1 |
| PRUCALOPRIDE   |  | Insufficient Information     | 0 | 1 | 1 |
| CALCIUM CARBONATE  |  |                              | 1 | 0 | 1 |
| BERDAZIMER   |  | Insufficient Information     | 0 | 1 | 1 |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL TWO INGREDIENT      |  | Insufficient Information     | 0 | 1 | 1 |
| TYPHOID VACCINE  |  | Insufficient Information     | 0 | 1 | 1 |
| PROTON PUMP INHIBITOR-ANTACID COMBINATION - TWO INGREDIENT   |  | Insufficient Information     | 0 | 1 | 1 |
| DELAFLOXACIN   |  |                              | 1 | 0 | 1 |
| PIROXICAM  |  | Insufficient Information     | 0 | 1 | 1 |
| TUCATINIB  |  |                              | 2 | 0 | 2 |
| ETRASIMOD  |  | Insufficient Information     | 0 | 2 | 2 |
| PIMAVANSERIN   |  | Insufficient Information     | 0 | 1 | 1 |
| MUPIROCI   |  |                              | 1 | 0 | 1 |
| ALLOPURINOL  |  | Insufficient Information     | 0 | 1 | 1 |
| TARLATAMAB   |  |                              | 1 | 0 | 1 |
| TARLATAMAB   |  | Insufficient Information     | 0 | 1 | 1 |
| BRIGATINIB   |  |                              | 2 | 0 | 2 |
| HYOSCYAMINE  |  | Non-Covered Benefit          | 0 | 1 | 1 |
| LENACAPAVIR  |  |                              | 2 | 0 | 2 |
| NUTRITIONAL SUPPLEMENTS                                      |  | Insufficient Information     | 0 | 1 | 1 |
| BISOPROLOL   |  |                              | 1 | 0 | 1 |
| BISOPROLOL   |  | Insufficient Information     | 0 | 1 | 1 |
| GIVOSIRAN  |  |                              | 1 | 0 | 1 |
| HYDROXYCHLOROQUINE   |  |                              | 1 | 0 | 1 |
| SECNIDAZOLE  |  | Insufficient Information     | 0 | 1 | 1 |
| CRIZOTINIB   |  |                              | 1 | 0 | 1 |
| PRENATAL W/O VIT A W/ FE CARBONYL-FE ASP GLYC-METHFOL-FA-DHA |  | Insufficient Information     | 0 | 1 | 1 |
| CHOLECALCIFEROL  |  |                              | 1 | 0 | 1 |
| CAPMATINIB   |  |                              | 1 | 0 | 1 |
| ACOLTREMOM   |  | Insufficient Information     | 0 | 1 | 1 |
| LEBRIKIZUMAB   |  | Insufficient Information     | 0 | 1 | 1 |
| MEBENDAZOLE  |  | Insufficient Information     | 0 | 1 | 1 |
| CELECOXIB  |  | Insufficient Information     | 0 | 1 | 1 |
| OPIUM  |  |                              | 1 | 0 | 1 |
| NABUMETONE   |  | Insufficient Information     | 0 | 1 | 1 |
| AMANTADINE   |  |                              | 1 | 0 | 1 |
| MONTELUKAST  |  |                              | 1 | 0 | 1 |
| FLUPHENAZINE   |  |                              | 1 | 0 | 1 |

|                    |  |                          |             |             |              |
|--------------------|--|--------------------------|-------------|-------------|--------------|
| ZOLBETUXIMAB       |  | Criteria Not Met         | 0           | 1           | 1            |
| LORATADINE         |  | Insufficient Information | 0           | 1           | 1            |
| CARISOPRODOL       |  | Insufficient Information | 0           | 1           | 1            |
| ALFUZOSIN          |  |                          | 1           | 0           | 1            |
| BREMELANOTIDE      |  | Non-Covered Benefit      | 0           | 1           | 1            |
| ASCIMINIB          |  | Insufficient Information | 0           | 1           | 1            |
| ODEVIXIBAT         |  | Insufficient Information | 0           | 1           | 1            |
| ENSIFENTRINE       |  | Insufficient Information | 0           | 1           | 1            |
| DELGOCITINIB       |  |                          | 1           | 0           | 1            |
| NERANDOMILAST      |  | Insufficient Information | 0           | 1           | 1            |
| <b>Grand Total</b> |  |                          | <b>5798</b> | <b>5765</b> | <b>11563</b> |