

Approvals and Denials

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

Service Code/Drug Name	Service Code Description	APPROVED	DENIED	Total Prior Authorizations
*SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide -Three Ing***		2	0	2
APPROVED		2	0	2
2405 ONDANSETRON HYDROCHLORIDE 40/20ML INJ, P9047 ALBUMIN HUMAN 5% INJ		1	0	1
APPROVED		1	0	1
99223 1ST HOSPITAL IP/OBS CARE HIGH MDM 75 MINUTES		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Abaloparatide		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Abatacept		27	13	40
APPROVED		27	0	27
DENIED		0	13	13
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	5	5
Abemaciclib		27	4	31
APPROVED		27	0	27
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
Abiraterone		17	1	18
APPROVED		17	0	17
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Abrocitinib		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Acalabrutinib		10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Acetazolamide		0	1	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Acitretin		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
ACL Inhib-Intest Cholest Absorp Inhib Comb - Two Ingredient		4	7	11
APPROVED		4	0	4
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Acne Combination - Three Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Acne Combination - Two Ingredient		4	27	31
APPROVED		4	0	4
DENIED		0	27	27
Criteria Not Met		0	27	27
Acyclovir Topical		3	13	16
APPROVED		3	0	3
DENIED		0	13	13
Criteria Not Met		0	13	13
Adalimumab		102	51	153
APPROVED		102	0	102
DENIED		0	51	51
Criteria Not Met		0	36	36
Duration of Therapy Exceeded		0	15	15
Adrenergic Combination - Three Ingredient		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Adrenergic Combination - Two Ingredient		6	5	11
APPROVED		6	0	6
DENIED		0	5	5
Criteria Not Met		0	5	5
Aflibercept		93	61	154
APPROVED		93	0	93
DENIED		0	61	61
Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	17	17
Insufficient Info		0	1	1
Insufficient Information		0	2	2

Medical Necessity		0	1	1
Agalsidase		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Albendazole		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Albuterol		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Alectinib		1	0	1
APPROVED		1	0	1
Alfuzosin		1	0	1
APPROVED		1	0	1
Alirocumab		0	4	4
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Allopurinol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Alogliptin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Alpelisib		1	0	1
APPROVED		1	0	1
Alprazolam		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Alprostadil		0	1	1
DENIED		0	1	1
Administrative Denial		0	1	1
Ambrisentan		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Amikacin		4	0	4

APPROVED		4	0	4
Aminocaproic Acid		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Amlodipine		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Amphetamine		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Amphetamine Mixtures - Two Ingredient		290	63	353
APPROVED		290	0	290
DENIED		0	63	63
Criteria Not Met		0	45	45
Duration of Therapy Exceeded		0	18	18
Amphotericin B		1	0	1
APPROVED		1	0	1
Ampicillin		2	0	2
APPROVED		2	0	2
Analgesics-Sedative Combination - Three Ingredient		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Angiotensin II Recept Antag & Ca Chan Block Comb - 2 Ingred		0	3	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Angiotensin II Receptor Antagonists & Thiazides - Two Ingred		5	11	16
APPROVED		5	0	5
DENIED		0	11	11
Criteria Not Met		0	11	11
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Anifrolumab		1	2	3
APPROVED		1	0	1

DENIED		0	2	2
Criteria Not Met		0	2	2
Anti-Cataleptic Combination - Four Ingredient		2	0	2
APPROVED		2	0	2
Antidepressant - Misc. Combinations - Two Ingredient		13	1	14
APPROVED		13	0	13
DENIED		0	1	1
Criteria Not Met		0	1	1
Antiemetic Combination - Two Ingredient		5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
Antihemophilic Factor		5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Antihemophilic Factor/von Willebrand Factor Complex		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Antihistamine-Steroid Two Ingredient		0	6	6
DENIED		0	6	6
Criteria Not Met		0	6	6
Antineoplastic Combination - Three Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Antineoplastic Combination - Two Ingredient		12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Anti-Obesity Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Non-Covered Benefit		0	1	1
Antiretroviral Combination - Three Ingredient		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Antiretroviral Combination - Two Ingredient		26	16	42
APPROVED		26	0	26

DENIED		0	16	16
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	3	3
Antiseborrheic Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Administrative Denial		0	1	1
Antitussive-Expectorant - Two Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Antitussive-Expectorants-Decongestant - Three Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Apalutamide		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Apixaban		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Apremilast		13	15	28
APPROVED		13	0	13
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
Aprepitant		13	7	20
APPROVED		13	0	13
DENIED		0	7	7
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	3	3
Aripiprazole		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Armodafinil		6	0	6
APPROVED		6	0	6
ARNI-Angiotensin II Recept Antag Comb - Two Ingredient		81	36	117
APPROVED		81	0	81
DENIED		0	36	36

Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	16	16
Asciminib		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Atenolol		1	0	1
APPROVED		1	0	1
Atezolizumab		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Atogepant		3	15	18
APPROVED		3	0	3
DENIED		0	15	15
Criteria Not Met		0	15	15
Atomoxetine		26	45	71
APPROVED		26	0	26
DENIED		0	45	45
Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	5	5
Atorvastatin		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
Atovaquone		13	8	21
APPROVED		13	0	13
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Avatrombopag		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Axitinib		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Azacitidine		2	0	2
APPROVED		2	0	2
Azathioprine		1	0	1
APPROVED		1	0	1

Azelaic Acid		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Azelastine		2	23	25
APPROVED		2	0	2
DENIED		0	23	23
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	5	5
Step Therapy		0	3	3
Azilsartan		1	0	1
APPROVED		1	0	1
Azithromycin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Baclofen		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Baricitinib		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Non-Covered Benefit		0	3	3
B-Complex w/ Vitamin C & Folic Acid		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Becaplermin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Belatacept		1	0	1
APPROVED		1	0	1
Belimumab		24	7	31
APPROVED		24	0	24
DENIED		0	7	7
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	5	5
Belumosudil		1	0	1

APPROVED		1	0	1
Belzutifan		2	0	2
APPROVED		2	0	2
Bempedoic Acid		1	9	10
APPROVED		1	0	1
DENIED		0	9	9
Criteria Not Met		0	9	9
Bendamustine		1	0	1
APPROVED		1	0	1
Benralizumab		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Bepotastine		1	9	10
APPROVED		1	0	1
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
Beta-blockers - Ophthalmic Combination - Two Ingredient		1	0	1
APPROVED		1	0	1
Bevacizumab		11	9	20
APPROVED		11	0	11
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
Bexarotene		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Bezlotoxumab		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Bimatoprost		5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Non-Covered Benefit		0	1	1
Step Therapy		0	2	2
Bisoprolol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Blood Glucose Monitoring Supplies		2	1	3
APPROVED		2	0	2

DENIED		0	1	1
Criteria Not Met		0	1	1
Bortezomib		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Botox SOLR 100UNIT		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Botulinum Toxin		47	89	136
APPROVED		47	0	47
DENIED		0	89	89
Administrative Denial		0	1	1
Criteria Not Met		0	65	65
Duration of Therapy Exceeded		0	22	22
Insufficient Info		0	1	1
Bowel Evacuant Combination - Six Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Bowel Evacuant Combination - Three Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Brentuximab		6	2	8
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Brexiprazole		2	12	14
APPROVED		2	0	2
DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
Brigatinib		3	0	3
APPROVED		3	0	3
Brimonidine		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Brivaracetam		6	2	8
APPROVED		6	0	6
DENIED		0	2	2

Criteria Not Met		0	2	2
Bromfenac		2	0	2
APPROVED		2	0	2
Budesonide		11	13	24
APPROVED		11	0	11
DENIED		0	13	13
Criteria Not Met		0	13	13
Buprenorphine		16	8	24
APPROVED		16	0	16
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Bupropion		5	5	10
APPROVED		5	0	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Burosumab		2	0	2
APPROVED		2	0	2
C9147	INJECTION TREMELIMUMAB-ACTL 1 MG	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
Cabazitaxel		1	0	1
APPROVED		1	0	1
Cabotegravir		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Cabozantinib		26	1	27
APPROVED		26	0	26
DENIED		0	1	1
Criteria Not Met		0	1	1
Calaspargase		1	0	1
APPROVED		1	0	1
Calcifediol		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Calcipotriene		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	2	2

Duration of Therapy Exceeded		0	1	1
Calcium Acetate		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Canagliflozin		2	0	2
APPROVED		2	0	2
Candesartan		3	0	3
APPROVED		3	0	3
Capecitabine		29	4	33
APPROVED		29	0	29
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Capsaicin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Carboplatin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Carfilzomib		1	0	1
APPROVED		1	0	1
Cariprazine		33	34	67
APPROVED		33	0	33
DENIED		0	34	34
Criteria Not Met		0	30	30
Duration of Therapy Exceeded		0	4	4
Carvedilol		2	0	2
APPROVED		2	0	2
Cefazolin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cefepime		1	0	1
APPROVED		1	0	1
Cefiderocol		1	0	1
APPROVED		1	0	1
Ceftriaxone		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cefuroxime		0	1	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Cenobamate		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Certolizumab		19	21	40
APPROVED		19	0	19
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
Cetirizine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cetuximab		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Duration of Therapy Exceeded		0	1	1
Cevimeline		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Chlorthalidone		2	0	2
APPROVED		2	0	2
Cholestyramine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Ciclopirox		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cinacalcet		6	10	16
APPROVED		6	0	6
DENIED		0	10	10
Criteria Not Met		0	10	10
Cisplatin		1	0	1
APPROVED		1	0	1
Citalopram		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Citrates		1	0	1
APPROVED		1	0	1
Cladribine		3	1	4
APPROVED		3	0	3
DENIED		0	1	1

Criteria Not Met		0	1	1
Clarithromycin		1	0	1
APPROVED		1	0	1
Clascoterone		1	0	1
APPROVED		1	0	1
Clindamycin Vaginal		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Clobazam		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Clobetasol		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Clomiphene		0	4	4
DENIED		0	4	4
Administrative Denial		0	3	3
Non-Covered Benefit		0	1	1
Clonazepam		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Clonidine		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Step Therapy		0	2	2
Cobimetinib		2	0	2
APPROVED		2	0	2
Codeine Combination - Four Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Codeine Combination - Two Ingredient		11	17	28
APPROVED		11	0	11
DENIED		0	17	17
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	2	2
Colchicine		2	2	4
APPROVED		2	0	2

DENIED		0	2	2
Criteria Not Met		0	2	2
Collagenase		10	9	19
APPROVED		10	0	10
DENIED		0	9	9
Criteria Not Met		0	9	9
Collagenase Clostridium Histolyticum		2	10	12
APPROVED		2	0	2
DENIED		0	10	10
Criteria Not Met		0	10	10
Combination Contraceptives - Oral Two Ingredient		1	0	1
APPROVED		1	0	1
Combination Contraceptives - Vaginal Two Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Continuous Blood Glucose Monitor System and/or Supplies		160	231	391
APPROVED		160	0	160
DENIED		0	231	231
Criteria Not Met		0	213	213
Duration of Therapy Exceeded		0	17	17
Insufficient Info		0	1	1
COVID-19 (SARS-CoV-2) Virus Vaccine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Crisaborole		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Crizanlizumab		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Crizotinib		2	0	2
APPROVED		2	0	2
Cross-Linked Hyaluronate		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Cyanocobalamin		1	0	1
APPROVED		1	0	1
Cyclobenzaprine		5	3	8
APPROVED		5	0	5

DENIED		0	3	3
Criteria Not Met		0	3	3
Cyclophosphamide		5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
Cyclosporine		56	41	97
APPROVED		56	0	56
DENIED		0	41	41
Criteria Not Met		0	39	39
Duration of Therapy Exceeded		0	2	2
Cystic Fibrosis Agent Combination - Three Ingredient		1	0	1
APPROVED		1	0	1
Cystic Fibrosis Agent Combination - Two Ingredient		1	0	1
APPROVED		1	0	1
Dabrafenib		7	0	7
APPROVED		7	0	7
Dalbavancin		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Dalfampridine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Dapagliflozin		69	26	95
APPROVED		69	0	69
DENIED		0	26	26
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	3	3
Daptomycin		6	7	13
APPROVED		6	0	6
DENIED		0	7	7
Criteria Not Met		0	6	6
Insufficient Information		0	1	1
Daratumumab		3	0	3
APPROVED		3	0	3
Darbepoetin		16	22	38
APPROVED		16	0	16
DENIED		0	22	22
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	6	6
Daridorexant		1	5	6

APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
Darolutamide		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Dasatinib		8	0	8
APPROVED		8	0	8
Deferasirox		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Deflazacort		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Degarelix		1	0	1
APPROVED		1	0	1
Denosumab		55	55	110
APPROVED		55	0	55
DENIED		0	55	55
Administrative Denial		0	3	3
Criteria Not Met		0	48	48
Duration of Therapy Exceeded		0	4	4
Desvenlafaxine		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Deucravacitinib		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Deutetrabenazine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Dexlansoprazole		6	8	14
APPROVED		6	0	6
DENIED		0	8	8
Criteria Not Met		0	7	7
Step Therapy		0	1	1
Dexmethylphenidate		14	11	25

APPROVED		14	0	14
DENIED		0	11	11
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	4	4
Dextroamphetamine		9	11	20
APPROVED		9	0	9
DENIED		0	11	11
Criteria Not Met		0	11	11
Diazepam		1	0	1
APPROVED		1	0	1
Diclofenac		6	15	21
APPROVED		6	0	6
DENIED		0	15	15
Criteria Not Met		0	15	15
Diclofenac (Migraine)		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Difluprednate		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Dimethyl Fumarate		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Dipeptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient		10	15	25
APPROVED		10	0	10
DENIED		0	15	15
Criteria Not Met		0	15	15
Diroximel Fumarate		5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
Dobutamine		1	0	1
APPROVED		1	0	1
Dolutegravir		1	0	1
APPROVED		1	0	1
Donepezil		1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Doxazosin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Doxepin		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Doxycycline		1	8	9
APPROVED		1	0	1
DENIED		0	8	8
Criteria Not Met		0	8	8
Dronabinol		14	6	20
APPROVED		14	0	14
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Dronedarone		5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Drospirenone		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Dulaglutide		45	24	69
APPROVED		45	0	45
DENIED		0	24	24
Administrative Denial		0	2	2
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	4	4
Non-Covered Benefit		0	2	2
Duloxetine		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Dupilumab		64	23	87
APPROVED		64	0	64
DENIED		0	23	23
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	6	6

Durvalumab		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Econazole		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Eculizumab		6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
Efinaconazole		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
Elacestrant		1	0	1
APPROVED		1	0	1
Elagolix		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Eletriptan		1	0	1
APPROVED		1	0	1
Eliglustat		1	0	1
APPROVED		1	0	1
Eltrombopag		5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Eluxadoline		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Emicizumab		2	0	2
APPROVED		2	0	2
Empagliflozin		61	30	91
APPROVED		61	0	61

DENIED		0	30	30
Criteria Not Met		0	28	28
Duration of Therapy Exceeded		0	2	2
Enalapril		1	0	1
APPROVED		1	0	1
Encorafenib		1	0	1
APPROVED		1	0	1
Entecavir		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Entrectinib		1	0	1
APPROVED		1	0	1
Enzalutamide		10	1	11
APPROVED		10	0	10
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Epinephrine		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Epoetin		22	41	63
APPROVED		22	0	22
DENIED		0	41	41
Criteria Not Met		0	36	36
Duration of Therapy Exceeded		0	5	5
Epoprostenol		2	0	2
APPROVED		2	0	2
Eptinezumab		1	0	1
APPROVED		1	0	1
Erenumab		2	9	11
APPROVED		2	0	2
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
Ergot Combination - Two Ingredient		2	0	2
APPROVED		2	0	2
Ertapenem		23	2	25
APPROVED		23	0	23
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1

Ertugliflozin		3	8	11
APPROVED		3	0	3
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Escitalopram		1	7	8
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	4	4
Esketamine		17	8	25
APPROVED		17	0	17
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Esomeprazole		2	13	15
APPROVED		2	0	2
DENIED		0	13	13
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	4	4
Estrogen & Progestin - Two Ingredient		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Estrogen-Progestin-GnRH Antagonist - Three Ingredient		5	13	18
APPROVED		5	0	5
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Etanercept		39	26	65
APPROVED		39	0	39
DENIED		0	26	26
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	6	6
Etelcalcetide		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Etravirine		1	0	1
APPROVED		1	0	1
Everolimus		3	1	4

APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Evolocumab		35	49	84
APPROVED		35	0	35
DENIED		0	49	49
Criteria Not Met		0	45	45
Duration of Therapy Exceeded		0	4	4
Ezetimibe		14	9	23
APPROVED		14	0	14
DENIED		0	9	9
Administrative Denial		0	2	2
Criteria Not Met		0	3	3
Step Therapy		0	4	4
Factor XIII Concentrate (Human)		1	0	1
APPROVED		1	0	1
Famotidine		1	0	1
APPROVED		1	0	1
Faricimab		23	25	48
APPROVED		23	0	23
DENIED		0	25	25
Administrative Denial		0	2	2
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
Insufficient Information		0	1	1
Febuxostat		3	10	13
APPROVED		3	0	3
DENIED		0	10	10
Criteria Not Met		0	10	10
Fenofibrate		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fenoprofen		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Fentanyl		25	10	35
APPROVED		25	0	25
DENIED		0	10	10
Criteria Not Met		0	9	9

Duration of Therapy Exceeded		0	1	1
Ferric Carboxymaltose		2	26	28
APPROVED		2	0	2
DENIED		0	26	26
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	3	3
Insufficient Information		0	2	2
JCode		0	1	1
Ferric Citrate		4	8	12
APPROVED		4	0	4
DENIED		0	8	8
Criteria Not Met		0	8	8
Ferric Maltol		5	14	19
APPROVED		5	0	5
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
Ferrous Sulfate		0	1	1
DENIED		0	1	1
Administrative Denial		0	1	1
Ferumoxytol		3	23	26
APPROVED		3	0	3
DENIED		0	23	23
Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	1	1
Fesoterodine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fidaxomicin		6	0	6
APPROVED		6	0	6
Filgrastim		23	26	49
APPROVED		23	0	23
DENIED		0	26	26
Administrative Denial		0	1	1
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	4	4
Finerenone		10	20	30
APPROVED		10	0	10
DENIED		0	20	20
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	1	1

Fingolimod		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Flibanserin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fluconazole		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
Flunisolide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fluocinonide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fluoxetine		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Flurandrenolide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fluticasone		13	26	39
APPROVED		13	0	13
DENIED		0	26	26
Criteria Not Met		0	26	26
Formoterol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Fosaprepitant		7	0	7
APPROVED		7	0	7
Fostamatinib		2	0	2
APPROVED		2	0	2
Fremanezumab		7	8	15
APPROVED		7	0	7
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Frovatriptan		0	2	2
DENIED		0	2	2

Criteria Not Met		0	1	1
Step Therapy		0	1	1
FRUZAQLA 5MG CAP		1	0	1
APPROVED		1	0	1
Fulvestrant		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Furosemide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Gabapentin		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Galcanezumab		20	24	44
APPROVED		20	0	20
DENIED		0	24	24
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	3	3
Ganciclovir		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Gefitinib		1	0	1
APPROVED		1	0	1
Gemcitabine		2	0	2
APPROVED		2	0	2
Glatiramer		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
Glucagon		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Glucose Blood		7	7	14
APPROVED		7	0	7
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Glutamine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1

Glycopyrrolate		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Glycopyrronium		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Golimumab		15	11	26
APPROVED		15	0	15
DENIED		0	11	11
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	4	4
Insufficient Information		0	1	1
Guanfacine		4	12	16
APPROVED		4	0	4
DENIED		0	12	12
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	3	3
Guselkumab		5	0	5
APPROVED		5	0	5
Heparin Sodium		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Hepatitis C Agent Combination - Two Ingredient		13	21	34
APPROVED		13	0	13
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
Hyaluronan		13	27	40
APPROVED		13	0	13
DENIED		0	27	27
Administrative Denial		0	1	1
Criteria Not Met		0	26	26
Hydrochlorothiazide		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Hydrocodone		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2

Hydrocodone Combination - Two Ingredient		103	37	140
APPROVED		103	0	103
DENIED		0	37	37
Criteria Not Met		0	31	31
Duration of Therapy Exceeded		0	6	6
Hydrocortisone		2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Administrative Denial		0	3	3
Criteria Not Met		0	4	4
Hydromorphone		4	0	4
APPROVED		4	0	4
Hydroxyurea		2	0	2
APPROVED		2	0	2
Hylan G-F 20		1	23	24
APPROVED		1	0	1
DENIED		0	23	23
Criteria Not Met		0	22	22
JCode		0	1	1
Ibrexafungerp		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Ibrutinib		9	0	9
APPROVED		9	0	9
Ibuprofen		1	0	1
APPROVED		1	0	1
Icosapent		15	42	57
APPROVED		15	0	15
DENIED		0	42	42
Criteria Not Met		0	39	39
Duration of Therapy Exceeded		0	3	3
Imatinib		10	3	13
APPROVED		10	0	10
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Imiquimod		11	10	21
APPROVED		11	0	11
DENIED		0	10	10
Criteria Not Met		0	9	9

Duration of Therapy Exceeded		0	1	1
Immune Globulin		21	18	39
APPROVED		21	0	21
DENIED		0	18	18
Administrative Denial		0	1	1
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
Insufficient Information		0	2	2
Inclisiran		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Inebilizumab		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Infliximab		51	86	137
APPROVED		51	0	51
DENIED		0	86	86
Administrative Denial		0	1	1
Criteria Not Met		0	66	66
Duration of Therapy Exceeded		0	17	17
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Injection Devices		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Inotuzumab		1	0	1
APPROVED		1	0	1
Insulin Aspart		4	0	4
APPROVED		4	0	4
Insulin Degludec		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Insulin Detemir		2	0	2
APPROVED		2	0	2
Insulin Glargine		4	17	21
APPROVED		4	0	4
DENIED		0	17	17
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	2	2

Insulin Infusion Pump		40	16	56
APPROVED		40	0	40
DENIED		0	16	16
Criteria Not Met		0	15	15
Insufficient Info		0	1	1
Insulin Lispro		3	9	12
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
Insulin Lispro Protamine & Lispro		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Insulin NPH (Human) (Isophane)		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Insulin NPH Isophane & Reg (Human)		1	0	1
APPROVED		1	0	1
Insulin-Incretin Mimetic Combination - Two Ingredient		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Interferon		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Intest Cholest Absorp Inhib-HMG CoA Reduct Inhib Comb 2 Ing		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Irinotecan		1	0	1
APPROVED		1	0	1
Iron Combination - Four Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Isavuconazonium		2	0	2
APPROVED		2	0	2
Isotretinoin		11	22	33
APPROVED		11	0	11
DENIED		0	22	22
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	2	2

Ivabradine		9	1	10
APPROVED		9	0	9
DENIED		0	1	1
Criteria Not Met		0	1	1
Ivermectin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ixekizumab		5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
J0695	INJECTION CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG	2	0	2
APPROVED		2	0	2
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0739	INJECTION CABOTEGRAVIR 1 MG FDA-APPROVED PRSC	1	0	1
APPROVED		1	0	1
J0741	INJECTION CABOTEGRAVIR and RILPIVIRINE 2MG/3MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J0744	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG	0	1	1
DENIED		0	1	1
Insufficient Information		0	1	1
J0889	DAPRODUSTAT ORAL 1 MG FOR ESRD ON DIALYSIS	6	0	6
APPROVED		6	0	6
j0894	INJECTION DECITABINE 1 MG	1	0	1
APPROVED		1	0	1
J1170	INJECTION HYDROMORPHONE UP TO 4 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	1	0	1
APPROVED		1	0	1
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1930	INJECTION LANREOTIDE 1 MG	6	3	9

APPROVED		6	0	6
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
J2783	INJECTION RASBURICASE 0.5 MG	1	0	1
APPROVED		1	0	1
J3262	INJECTION TOCILIZUMAB 1 MG	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	4	0	4
APPROVED		4	0	4
J3490	UNCLASSIFIED DRUGS	2	6	8
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	2	2
Insufficient Info		0	3	3
Insufficient Information		0	1	1
J3590	UNCLASSIFIED BIOLOGICS	1	0	1
APPROVED		1	0	1
J7327	HYALURONAN/DERIVATIVE MONOVISC IA INJ PER DOSE	1	0	1
APPROVED		1	0	1
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	0	2	2
DENIED		0	2	2
Insufficient Information		0	2	2
J9022	INJECTION ATEZOLIZUMAB 10 MG	13	4	17
APPROVED		13	0	13
DENIED		0	4	4
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Insufficient Info		0	1	1
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J9035	INJECTION BEVACIZUMAB 10 MG	4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Administrative Denial		0	1	1
Criteria Not Met		0	2	2

Insufficient Info		0	1	1
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM	0	3	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
J9041	INJECTION BORTEZOMIB 0.1 MG	8	7	15
APPROVED		8	0	8
DENIED		0	7	7
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	3	3
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	1	0	1
APPROVED		1	0	1
J9043	INJECTION CABAZITAXEL 1 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9047	INJECTION CARFILZOMIB 1 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9055	INJECTION CETUXIMAB 10 MG	6	1	7
APPROVED		6	0	6
DENIED		0	1	1
Criteria Not Met		0	1	1
J9061	INJECTION, AMIVANTAMAB-VMJW 2 MG	3	0	3
APPROVED		3	0	3
J9070	CYCLOPHOSPHAMIDE 100 MG	4	5	9
APPROVED		4	0	4
DENIED		0	5	5
Criteria Not Met		0	3	3
Insufficient Info		0	2	2
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS	2	0	2
APPROVED		2	0	2
J9119	INJECTION CEMIPILIMAB-RWLC 1 MG	2	0	2
APPROVED		2	0	2
J9144	INJECTION DARATUMUMAB 10 MG and HYALURONIDASE-FIHJ	10	9	19
APPROVED		10	0	10

DENIED		0	9	9
Administrative Denial		0	1	1
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
J9145	INJECTION DARATUMUMAB 10 MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9155	INJECTION DEGARELIX 1 MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J9173	INJECTION DURVALUMAB 10 MG	7	10	17
APPROVED		7	0	7
DENIED		0	10	10
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	2	2
JCode		0	1	1
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Non-Covered Benefit		0	1	1
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	3	0	3
APPROVED		3	0	3
J9196	INJ GEMCITABINE HCI NOT THR EQUIV J9201 200 MG	1	0	1
APPROVED		1	0	1
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9228	INJECTION IPILIMUMAB 1 MG	4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	4	4
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	13	7	20
APPROVED		13	0	13

DENIED		0	7	7
Administrative Denial		0	2	2
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
J9268	INJECTION PENTOSTATIN 10 MG	1	0	1
APPROVED		1	0	1
J9271	INJECTION PEMBROLIZUMAB 1 MG	84	36	120
APPROVED		84	0	84
DENIED		0	36	36
Administrative Denial		0	2	2
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	16	16
Non-Covered Benefit		0	1	1
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9299	INJECTION NIVOLUMAB 1 MG	37	17	54
APPROVED		37	0	37
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
J9301	INJECTION OBINUTUZUMAB 10 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
JCode		0	1	1
J9303	INJECTION PANITUMUMAB 10 MG	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9305	INJECTION PEMETREXED NOS10 MG	11	0	11
APPROVED		11	0	11
J9306	INJECTION PERTUZUMAB 1 MG	11	9	20
APPROVED		11	0	11

DENIED		0	9	9
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	5	5
J9308	INJECTION RAMUCIRUMAB 5 MG	1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	1	0	1
APPROVED		1	0	1
J9312	INJECTION RITUXIMAB 10 MG	3	0	3
APPROVED		3	0	3
J9316	INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
J9317	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG	1	0	1
APPROVED		1	0	1
J9347	INJECTION TREMELIMUMAB-ACTL 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9352	INJECTION TRABECTEDIN 0.1 MG	0	7	7
DENIED		0	7	7
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	5	5
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	9	13	22
APPROVED		9	0	9
DENIED		0	13	13
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	9	9
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	1	0	1
APPROVED		1	0	1

J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	20	6	26
APPROVED		20	0	20
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	3	3
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Ketorolac		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Labetalol		2	0	2
APPROVED		2	0	2
Lacosamide		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Lactic Acid (Ammonium Lactate)		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Lactulose		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Lamotrigine		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Lansoprazole		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Lanthanum		1	0	1
APPROVED		1	0	1
Lasmiditan		4	0	4
APPROVED		4	0	4
Latanoprostene		3	6	9
APPROVED		3	0	3
DENIED		0	6	6
Criteria Not Met		0	6	6
Lemborexant		0	5	5

DENIED		0	5	5
Criteria Not Met		0	5	5
Lenalidomide		23	5	28
APPROVED		23	0	23
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Lenvatinib		12	1	13
APPROVED		12	0	12
DENIED		0	1	1
Criteria Not Met		0	1	1
Letermovir		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
Leucovorin		2	0	2
APPROVED		2	0	2
Leuprolide		26	13	39
APPROVED		26	0	26
DENIED		0	13	13
Administrative Denial		0	4	4
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	4	4
Levalbuterol		4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	3	3
Step Therapy		0	1	1
Levetiracetam		2	0	2
APPROVED		2	0	2
Levothyroxine		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Lidocaine		14	46	60
APPROVED		14	0	14
DENIED		0	46	46
Criteria Not Met		0	46	46
Lifitegrast		10	10	20
APPROVED		10	0	10
DENIED		0	10	10
Criteria Not Met		0	10	10

Linacotide		75	99	174
APPROVED		75	0	75
DENIED		0	99	99
Criteria Not Met		0	93	93
Duration of Therapy Exceeded		0	6	6
Linagliptin		20	18	38
APPROVED		20	0	20
DENIED		0	18	18
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	4	4
Linezolid		9	6	15
APPROVED		9	0	9
DENIED		0	6	6
Criteria Not Met		0	6	6
Liraglutide		13	27	40
APPROVED		13	0	13
DENIED		0	27	27
Administrative Denial		0	10	10
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	3	3
Lisdexamfetamine		90	89	179
APPROVED		90	0	90
DENIED		0	89	89
Criteria Not Met		0	75	75
Duration of Therapy Exceeded		0	14	14
Lisinopril		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Lomustine		4	0	4
APPROVED		4	0	4
Lonapegsomatropin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Lorazepam		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
Lorlatinib		2	0	2

APPROVED		2	0	2
Losartan		6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Criteria Not Met		0	3	3
Loteprednol		0	12	12
DENIED		0	12	12
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	2	2
Lubiprostone		10	14	24
APPROVED		10	0	10
DENIED		0	14	14
Criteria Not Met		0	14	14
Lumateperone		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Lurasidone		19	12	31
APPROVED		19	0	19
DENIED		0	12	12
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	2	2
Macitentan		6	0	6
APPROVED		6	0	6
Maraviroc		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Mavacamten		2	0	2
APPROVED		2	0	2
Meclizine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Medroxyprogesterone		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Meloxicam		0	5	5
DENIED		0	5	5
Criteria Not Met		0	5	5
Memantine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2

Mepolizumab		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	4	4
Meropenem		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Mesalamine		5	13	18
APPROVED		5	0	5
DENIED		0	13	13
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	5	5
Mesna		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Metaxalone		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Metformin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Methadone		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Methocarbamol		2	0	2
APPROVED		2	0	2
Methotrexate		1	0	1
APPROVED		1	0	1
Methylnaltrexone		8	7	15
APPROVED		8	0	8
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
Methylphenidate		98	26	124
APPROVED		98	0	98

DENIED		0	26	26
Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	4	4
Metoclopramide		3	0	3
APPROVED		3	0	3
Metolazone		1	0	1
APPROVED		1	0	1
Metoprolol		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Metronidazole		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Micafungin		2	0	2
APPROVED		2	0	2
Midazolam		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Midostaurin		2	0	2
APPROVED		2	0	2
Mifepristone (Hyperglycemia)		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Milnacipran		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Mirabegron		21	29	50
APPROVED		21	0	21
DENIED		0	29	29
Criteria Not Met		0	26	26
Duration of Therapy Exceeded		0	3	3
Mirtazapine		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Modafinil		8	10	18
APPROVED		8	0	8

DENIED		0	10	10
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
Momelotinib		1	0	1
APPROVED		1	0	1
Mometasone		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Montelukast		2	0	2
APPROVED		2	0	2
Morphine		14	5	19
APPROVED		14	0	14
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Mycophenolate		2	0	2
APPROVED		2	0	2
Nabumetone		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Nadolol		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Naftifine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Naldemedine		1	0	1
APPROVED		1	0	1
Naloxegol		4	12	16
APPROVED		4	0	4
DENIED		0	12	12
Criteria Not Met		0	12	12
Naproxen		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Natalizumab		6	3	9
APPROVED		6	0	6
DENIED		0	3	3
Criteria Not Met		0	2	2

Duration of Therapy Exceeded		0	1	1
Nebivolol		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Needles & Syringes		2	0	2
APPROVED		2	0	2
Neratinib		7	0	7
APPROVED		7	0	7
NERATINIB MALEATE TAB 40 MG		2	0	2
APPROVED		2	0	2
Netarsudil		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Nifedipine		8	4	12
APPROVED		8	0	8
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Nilotinib		4	0	4
APPROVED		4	0	4
Nintedanib		3	9	12
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	9	9
Niraparib		1	0	1
APPROVED		1	0	1
Nitazoxanide		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Nitrate & Vasodilator Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Nitroglycerin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Nivolumab		3	4	7
APPROVED		3	0	3

DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Norethindrone		1	0	1
APPROVED		1	0	1
Nutritional Supplements		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	1	1
Non-Covered Benefit		0	1	1
Ocrelizumab		5	15	20
APPROVED		5	0	5
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
Octreotide		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
Ofatumumab		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Ofloxacin		1	0	1
APPROVED		1	0	1
Olanzapine		3	8	11
APPROVED		3	0	3
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
Olaparib		13	0	13
APPROVED		13	0	13
Olmesartan		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
Olopatadine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1

Omacetaxine		1	0	1
APPROVED		1	0	1
Omadacycline		4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	2	2
Omalizumab		20	21	41
APPROVED		20	0	20
DENIED		0	21	21
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	7	7
Omeprazole		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
OnabotulinumtoxinA		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Ondansetron		1	0	1
APPROVED		1	0	1
Ophthalmic Kinase Inhibitors Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Ophthalmic Steroid Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Opicapone		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Opioid Combination - Two Ingredient		11	1	12
APPROVED		11	0	11
DENIED		0	1	1
Criteria Not Met		0	1	1
Oritavancin		1	0	1
APPROVED		1	0	1
Orlistat		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Osimertinib		17	1	18
APPROVED		17	0	17

DENIED		0	1	1
Criteria Not Met		0	1	1
Otic Steroid-Anti-infective Combination - Two Ingredient		3	21	24
APPROVED		3	0	3
DENIED		0	21	21
Criteria Not Met		0	21	21
Oxcarbazepine		2	0	2
APPROVED		2	0	2
Oxybutynin		2	0	2
APPROVED		2	0	2
Oxycodone		33	15	48
APPROVED		33	0	33
DENIED		0	15	15
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Ozanimod		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Paclitaxel		8	0	8
APPROVED		8	0	8
Palbociclib		13	0	13
APPROVED		13	0	13
Paliperidone		5	8	13
APPROVED		5	0	5
DENIED		0	8	8
Criteria Not Met		0	8	8
Palivizumab		2	0	2
APPROVED		2	0	2
Palonosetron		3	0	3
APPROVED		3	0	3
Pamidronate		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Pancrelipase (Lipase-Protease-Amylase)		7	5	12
APPROVED		7	0	7
DENIED		0	5	5
Criteria Not Met		0	5	5
Panitumumab		2	0	2
APPROVED		2	0	2
Pantoprazole		4	7	11

APPROVED		4	0	4
DENIED		0	7	7
Criteria Not Met		0	7	7
Paricalcitol		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Paroxetine		4	2	6
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	2	2
Passive Immunizing Agent Combination - Two Ingredient		1	0	1
APPROVED		1	0	1
Pazopanib		4	0	4
APPROVED		4	0	4
Pegfilgrastim		70	92	162
APPROVED		70	0	70
DENIED		0	92	92
Administrative Denial		0	1	1
Criteria Not Met		0	55	55
Duration of Therapy Exceeded		0	30	30
Insufficient Info		0	3	3
Insufficient Information		0	3	3
Peglucase		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Pembrolizumab		12	8	20
APPROVED		12	0	12
DENIED		0	8	8
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	3	3
Insufficient Info		0	1	1
Penciclovir		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Penicillin Combination - Two Ingredient		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Perfluorohexyloctane		0	3	3
DENIED		0	3	3

Criteria Not Met		0	3	3
Pertuzumab		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Phenobarbital		2	0	2
APPROVED		2	0	2
Phentermine		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Non-Covered Benefit		0	1	1
Pimavanserin		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Pimecrolimus		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Pirfenidone		5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
Piroxicam		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Pitavastatin		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
Platelet Aggregation Inhibitor Combination - Two Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Plecanatide		7	9	16
APPROVED		7	0	7
DENIED		0	9	9
Criteria Not Met		0	9	9
Pomalidomide		2	0	2
APPROVED		2	0	2
Ponatinib		4	0	4

APPROVED		4	0	4
Posaconazole		8	3	11
APPROVED		8	0	8
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Potassium Bicarbonate		1	0	1
APPROVED		1	0	1
Pravastatin		2	0	2
APPROVED		2	0	2
Pregabalin		129	165	294
APPROVED		129	0	129
DENIED		0	165	165
Criteria Not Met		0	148	148
Duration of Therapy Exceeded		0	16	16
Non-Covered Benefit		0	1	1
Prenatal Vit w/ Fe Polysacch Complex-L Methylfolate-FA-DHA		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Prenatal without A w/ Fe Fumarate-L Methylfolate-FA-DHA		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Primidone		1	0	1
APPROVED		1	0	1
Procarbazine		1	0	1
APPROVED		1	0	1
Progesterone		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Propranolol		1	0	1
APPROVED		1	0	1
Prostatic Hypertrophy Agent Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Prucalopride		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Pseudobulbar Affect Agent Combination - Two Ingredient		1	0	1
APPROVED		1	0	1

Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	34	2	36
APPROVED		34	0	34
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Q5108	INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR 0.5 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	5	4	9
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	0	3	3
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	14	4	18
APPROVED		14	0	14
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	55	26	81
APPROVED		55	0	55
DENIED		0	26	26
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	16	16
Quetiapine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Rabeprazole		3	2	5

APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
Ramelteon		5	7	12
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
Ramipril		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Ramucirumab		0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Ranibizumab		28	13	41
APPROVED		28	0	28
DENIED		0	13	13
Administrative Denial		0	2	2
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	7	7
Insufficient Info		0	1	1
Ranolazine		8	8	16
APPROVED		8	0	8
DENIED		0	8	8
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Step Therapy		0	2	2
Ravulizumab		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Rectal Anesthetic/Steroids - Two Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Regorafenib		5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	3	3
Relugolix		2	5	7

APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
Revefenacin		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
Ribociclib		6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Rifaximin		49	26	75
APPROVED		49	0	49
DENIED		0	26	26
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	2	2
Riluzole		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Rimegepant		15	44	59
APPROVED		15	0	15
DENIED		0	44	44
Criteria Not Met		0	37	37
Duration of Therapy Exceeded		0	7	7
Riociguat		8	1	9
APPROVED		8	0	8
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Risankizumab		19	16	35
APPROVED		19	0	19
DENIED		0	16	16
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	1	1
Risperidone		3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Rituximab		32	21	53
APPROVED		32	0	32
DENIED		0	21	21

Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	1	1
Roflumilast		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Romiplostim		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Romosozumab		0	6	6
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Ropeginterferon alfa-2b		2	0	2
APPROVED		2	0	2
Rosuvastatin		8	0	8
APPROVED		8	0	8
Ruxolitinib		11	12	23
APPROVED		11	0	11
DENIED		0	12	12
Administrative Denial		0	2	2
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
S0189	TESTOSTERONE PELLET 75 MG	1	0	1
APPROVED		1	0	1
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Sacituzumab		2	0	2
APPROVED		2	0	2
Salicylic Acid		1	0	1
APPROVED		1	0	1
Sarecycline		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Scar Treatment Products		0	2	2
DENIED		0	2	2

Administrative Denial		0	2	2
Scopolamine		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Secukinumab		25	6	31
APPROVED		25	0	25
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	3	3
Selexipag		7	3	10
APPROVED		7	0	7
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Selinexor		2	0	2
APPROVED		2	0	2
Semaglutide		257	446	703
APPROVED		257	0	257
DENIED		0	446	446
Administrative Denial		0	94	94
Criteria Not Met		0	268	268
Duration of Therapy Exceeded		0	12	12
Non-Covered Benefit		0	71	71
Step Therapy		0	1	1
Sertraline		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Sevelamer		16	10	26
APPROVED		16	0	16
DENIED		0	10	10
Criteria Not Met		0	7	7
Step Therapy		0	3	3
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations - Two Ingred		3	0	3
APPROVED		3	0	3
Sildenafil		7	10	17
APPROVED		7	0	7
DENIED		0	10	10
Administrative Denial		0	6	6
Criteria Not Met		0	4	4

Silodosin		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Simvastatin		1	0	1
APPROVED		1	0	1
Siponimod		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Sirolimus		1	0	1
APPROVED		1	0	1
Sitagliptin		10	4	14
APPROVED		10	0	10
DENIED		0	4	4
Criteria Not Met		0	4	4
Sodium Ferric Gluconate		1	0	1
APPROVED		1	0	1
Sodium Hyaluronate		56	104	160
APPROVED		56	0	56
DENIED		0	104	104
Administrative Denial		0	1	1
Criteria Not Met		0	99	99
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2
Non-Covered Benefit		0	1	1
Sodium-Glucose Co-Transporter 2 Inhib-Biguanide - Two Ingrid		19	22	41
APPROVED		19	0	19
DENIED		0	22	22
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	1	1
Solifenacin		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Duration of Therapy Exceeded		0	1	1
Step Therapy		0	1	1
Solriamfetol		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Somapacitan		1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Somatropin		13	7	20
APPROVED		13	0	13
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Insufficient Information		0	1	1
Sorafenib		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Sotagliflozin		1	0	1
APPROVED		1	0	1
Sotorasib		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Spacer/Aerosol-Holding Chambers & Supplies		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Steroid-Local Anesthetic Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Stimulant Combinations - Two Ingredient		2	8	10
APPROVED		2	0	2
DENIED		0	8	8
Criteria Not Met		0	8	8
Sucrafate		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
Sucroferric		9	15	24
APPROVED		9	0	9
DENIED		0	15	15
Criteria Not Met		0	15	15
Sulfonylurea-Biguanide Combination - Two Ingredient		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Sumatriptan		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2

Sunitinib		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Suvorexant		5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	2	2
Tacrolimus		29	39	68
APPROVED		29	0	29
DENIED		0	39	39
Administrative Denial		0	2	2
Criteria Not Met		0	34	34
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	2	2
Tadalafil		9	5	14
APPROVED		9	0	9
DENIED		0	5	5
Administrative Denial		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
Tafamidis		2	0	2
APPROVED		2	0	2
Tafluprost		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Tapentadol		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Tapinarof		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Tasimelteon		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Tazarotene		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Teduglutide (rDNA)		1	1	2

APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Telmisartan		1	7	8
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Step Therapy		0	1	1
Temozolomide		17	3	20
APPROVED		17	0	17
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
Tenapanor		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Tenofovir		65	19	84
APPROVED		65	0	65
DENIED		0	19	19
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	7	7
Teriflunomide		1	0	1
APPROVED		1	0	1
Tesamorelin		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Testosterone		5	8	13
APPROVED		5	0	5
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
Tetrabenazine		1	0	1
APPROVED		1	0	1
Tezepelumab		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	2	2
Non-Covered Benefit		0	1	1
Thalidomide		0	1	1

DENIED		0	1	1
Criteria Not Met		0	1	1
Thiazolidinedione-Biguanide Combination - Two Ingredient		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Thienbenzodiazepines & Opioid Antagonists - Two Ingredient		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Ticagrelor		18	20	38
APPROVED		18	0	18
DENIED		0	20	20
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	4	4
Tildrakizumab		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Tiopronin		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Tiotropium		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Tipranavir		1	0	1
APPROVED		1	0	1
Tirzepatide		43	319	362
APPROVED		43	0	43
DENIED		0	319	319
Administrative Denial		0	14	14
Criteria Not Met		0	290	290
Duration of Therapy Exceeded		0	4	4
Non-Covered Benefit		0	11	11
Tivozanib		1	0	1
APPROVED		1	0	1
Tizanidine		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
Tobramycin		2	1	3

APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Tocilizumab		12	17	29
APPROVED		12	0	12
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	3	3
Insufficient Info		0	1	1
Tofacitinib		8	6	14
APPROVED		8	0	8
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Tolterodine		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Tolvaptan		1	0	1
APPROVED		1	0	1
Topical Steroid Combination - Two Ingredient		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Topiramate		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Topotecan		1	0	1
APPROVED		1	0	1
Tralokinumab		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Tramadol		41	57	98
APPROVED		41	0	41
DENIED		0	57	57
Criteria Not Met		0	55	55
Duration of Therapy Exceeded		0	2	2
Tramadol Combination - Two Ingredient		1	1	2
APPROVED		1	0	1
DENIED		0	1	1

Criteria Not Met		0	1	1
Trametinib		7	1	8
APPROVED		7	0	7
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Trastuzumab		10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	6	6
Travoprost		5	0	5
APPROVED		5	0	5
Trazodone		3	2	5
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Treprostinil		3	1	4
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
Tretinoin		18	29	47
APPROVED		18	0	18
DENIED		0	29	29
Administrative Denial		0	2	2
Criteria Not Met		0	21	21
Non-Covered Benefit		0	1	1
Step Therapy		0	5	5
Triamcinolone		0	6	6
DENIED		0	6	6
Criteria Not Met		0	5	5
Insufficient Info		0	1	1
Trientine		1	0	1
APPROVED		1	0	1
Triptorelin		4	1	5
APPROVED		4	0	4
DENIED		0	1	1
Criteria Not Met		0	1	1
Trospium		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1

Tucatinib		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Ublituximab		2	0	2
APPROVED		2	0	2
Ubrogepant		28	68	96
APPROVED		28	0	28
DENIED		0	68	68
Criteria Not Met		0	63	63
Duration of Therapy Exceeded		0	5	5
Ulcer Anti-Infective w/Bismuth Combination - 3 Ingredient		2	3	5
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
Ulcer Anti-Infective w/Proton Pump Inhibit -Three Ingredient		5	6	11
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
Umeclidinium		0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Upadacitinib		20	5	25
APPROVED		20	0	20
DENIED		0	5	5
Criteria Not Met		0	5	5
Urea		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Administrative Denial		0	1	1
Urinary Antiseptic-Antispas &/or Analgesics - 5 Ingredient		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Ursodiol		1	0	1
APPROVED		1	0	1
Ustekinumab		20	8	28
APPROVED		20	0	20
DENIED		0	8	8
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	3	3
Vaginal Contraceptive pH Modulator Combinations - 3 Ingred		0	5	5

DENIED		0	5	5
Criteria Not Met		0	5	5
Valacyclovir		1	0	1
APPROVED		1	0	1
Valbenazine		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Valganciclovir		37	12	49
APPROVED		37	0	37
DENIED		0	12	12
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	3	3
Valsartan		1	0	1
APPROVED		1	0	1
Vancomycin		5	0	5
APPROVED		5	0	5
Varenicline		1	0	1
APPROVED		1	0	1
Vedolizumab		17	16	33
APPROVED		17	0	17
DENIED		0	16	16
Administrative Denial		0	2	2
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	5	5
Venetoclax		2	0	2
APPROVED		2	0	2
Venlafaxine		9	7	16
APPROVED		9	0	9
DENIED		0	7	7
Criteria Not Met		0	7	7
Vericiguat		1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
Vibegron		4	12	16
APPROVED		4	0	4
DENIED		0	12	12
Criteria Not Met		0	12	12
Vilazodone		8	9	17
APPROVED		8	0	8
DENIED		0	9	9

Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
Viloxazine		11	9	20
APPROVED		11	0	11
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
Vismodegib		1	0	1
APPROVED		1	0	1
Voclosporin		4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
Voriconazole		16	1	17
APPROVED		16	0	16
DENIED		0	1	1
Criteria Not Met		0	1	1
Vorinostat		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Vortioxetine		17	21	38
APPROVED		17	0	17
DENIED		0	21	21
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	5	5
Voxelotor		1	3	4
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Xphozah 30MG OR TABS		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
Zanubrutinib		4	0	4
APPROVED		4	0	4
Zepbound 2.5MG/0.5ML SC SOAJ		0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Non-Covered Benefit		0	1	1
Zepbound 5 mg/0.5 mL subcutaneous pen injector (tirzepatide (weight		0	1	1
DENIED		0	1	1

Non-Covered Benefit		0	1	1
Zepbound 5MG/0.5ML SC SOAJ		0	2	2
DENIED		0	2	2
Non-Covered Benefit		0	2	2
Zoledronic Acid		4	10	14
APPROVED		4	0	4
DENIED		0	10	10
Criteria Not Met		0	8	8
Insufficient Information		0	2	2
Zolpidem		3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
Prior Authorization Grand Totals		5393	5211	10604