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 ALBUMI	N	1	0	1
HUMAN 5% INJ				
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	<u>'</u>	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
Autraciii	4	J	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-Cataplectic 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 September 1997 - September 1	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

### Citeria Nixt Med ### ### ### ### ### ### ### ### ### #	DENIED	0	1	1
Series				
APPROVUED			·	·
DENIED				
Duration of Therapy Exceeded 0				
Book SOLI POUNTY 0 1 1 DENIED 0 1 1 Criteria Not Mete 0 1 1 BOULINUT Toxin 47 89 136 PAPROXED 47 0 47 DENIED 47 0 48 Administrative Denial 0 1 1 Criteria Not Met 0 5 55 Duration of Therapy Stockeed 0 2 2 22 Insufficient for 0 1 1 1 Bowel Evacuart Combination - Six Ingredient 0 1 1 1 Criteria Not Met 0 1 1 1 Bowel Evacuart Combination - Three Ingredient 0 1 1 1 DeNielD 0 2 2 2 Criteria Not Met 0 2 2 2 DeNielD 6 2 8 Criteria Not Met 0 1 1 1 </td <td></td> <td></td> <td></td> <td></td>				
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Boulinum 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 Bowle Excuant Combination - Six Ingredient 0 1 1 DENIED 0 1 1 1 Citrieria Not Met 0 1 1 1 DENIED 0 1 1 1 1 Citrieria Not Met 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 4 3 4 4 4 4 4 4 4 4 4 4 4				
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Criteria Not Met 0 65 65 Duration of Therapy Exceeded 0 22 22 Insufficient Info 0 1 1 Bowel Exacuant Combination - Six Ingredient 0 1 1 DENIED 0 1 1 Criteria Not Met 0 2 2 Bowel Exacuant Combination - Three Ingredient 0 2 2 Criteria Not Met 0 2 2 2 DENIED 0 2 2 2 Criteria Not Met 0 2 2 2 Criteria Not Met 0 2 2 2 Criteria Not Met 0 1 1 1 Duration of Therapy Exceeded 2 0 2 2 ENNIED 0 12 12 14 APPROVED 0 1 1 1 Criteria Not Met 0 1 1 1 Duration of Therapy Exceeded				
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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 6 2 8 APPROVED 6 0 6 DENIED 0 2 2 Criteria Not Met 0 1 1 Duration of Therapy Exceeded 0 1 1 PRPROVED 2 2 14 APPROVED 2 0 2 DENIED 0 1 1 1 Brespirazole 2 1 1 1 Criteria Not Met 0 12 12 12 Criteria Not Met 0 1 1 1 Brigatinib 3 0 3 3 APPROVED 3 0				
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Bowel Evacuant Combination - Three Ingredient 0 2 2 DENIED 0 2 2 Criteria Not Met 0 2 2 Bentuximab 6 2 8 APPROVED 6 0 6 DENIED 0 1 1 Criteria Not Met 0 1 1 Duration of Therapy Exceeded 0 1 1 APPROVED 2 0 2 DENIED 0 12 14 APPROVED 0 12 14 APPROVED 0 12 12 Criteria Not Met 0 1 1 1 Duration of Therapy Exceeded 3 0 3 3 APPROVED 3 0 3 3 3 Brigation of Therapy Exceeded 3 0 3 3 3 3 3 3 3 3 3 3 3 3 3				
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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 Rexpiprazole 2 12 14 APPROVED 2 0 2 12 DENIED 0 12 12 12 Criteria Not Met 0 11 11 11 Brigatiib 0 1 1 1 APPROVED 3 0 3 3 APPROVED 3 0 3				
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 Brexpiprazole 2 12 14 APPROVED 2 0 2 DENIED 0 12 12 Criteria Not Met 0 11 11 Duration of Therapy Exceeded 0 1 1 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 2 0 2 DENIED 2 0 2 APPROVED 2 0 2 DENIED 0 1 1 1 APPROVED 2 0 2 0 2 DENIED 0 1 1				
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DENIED 0 2 2 Criteria Not Met 0 1 1 Duration of Therapy Exceeded 0 1 1 Brexpiprazole 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 Criteria Not Met 0 1 1 1 Briwaracetam 6 2 8 APPROVED 6 0 6 6		6	2	8
Criteria Not Met 0 1 1 Duration of Therapy Exceeded 0 1 1 Brexpiprazole 2 12 14 APPROVED 2 0 2 DENIED 0 12 12 Criteria Not Met 0 11 11 Duration of Therapy Exceeded 0 1 1 Brigatnib 3 0 3 APPROVED 3 0 3 APPROVED 2 1 3 APPROVED 2 0 2 DENIED 2 0 2 DENIED 0 1 1 Criteria Not Met 0 1 1 Brivaracetam 6 2 8 APPROVED 6 0 6	APPROVED	6	0	6
Duration of Therapy Exceeded 0 1 1 Brexpiprazole 2 12 14 APPROVED 2 0 2 DENIED 0 12 12 Criteria Not Met 0 11 11 Duration of Therapy Exceeded 0 1 1 Brigathib 3 0 3 APPROVED 3 0 3 Brimonidine 2 0 2 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
Brexpiprazole 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	Criteria Not Met	0	1	1
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	Duration of Therapy Exceeded	0	1	1
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	Brexpiprazole	2	12	14
Criteria Not Met 0 11 11 Duration of Therapy Exceeded 0 1 1 Brigatnib 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	APPROVED	2	0	2
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	12	12
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	Criteria Not Met	0	11	11
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	Duration of Therapy Exceeded	0	1	1
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	Brigatinib	3	0	3
APPROVED 2 0 2 DENIED 0 1 1 Criteria Not Met 0 1 1 Brivaracetam 6 2 8 APPROVED 6 0 6	APPROVED	3	0	3
DENIED 0 1 1 Criteria Not Met 0 1 1 Brivaracetam 6 2 8 APPROVED 6 0 6	Brimonidine	2	1	3
Criteria Not Met 0 1 1 Brivaracetam 6 2 8 APPROVED 6 0 6	APPROVED	2	0	2
Brivaracetam 6 2 8 APPROVED 6 0 6	DENIED	0	1	1
APPROVED 6 0 6	Criteria Not Met	0	1	1
	Brivaracetam	6	2	8
DENIED 0 2 2	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
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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

Cenobamate DENIED Criteria Not Met Certolizumab APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met Cetirizine DENIED Criteria Not Met Cetirizine DENIED Criteria Not Met	0 0 0 19 19 0 0 0 0	2 2 2 21 0 21 20 1 1	2 2 40 19 21 20
Criteria Not Met Certolizumab APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	0 19 19 0 0 0 0	2 21 0 21 20 1 1	2 40 19 21 20
Certolizumab APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	19 19 0 0 0 0 0	21 0 21 20 1 1	40 19 21 20 1
APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	19 0 0 0 0 0	0 21 20 1 1	19 21 20 1
DENIED Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	0 0 0 0 0	21 20 1 1	21 20 1
Criteria Not Met Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	0 0 0 0	20 1 1 1	20
Duration of Therapy Exceeded Cetirizine DENIED Criteria Not Met	0 0 0	1 1 1	1
Cetirizine DENIED Criteria Not Met	0 0 0	1	
DENIED Criteria Not Met	0	1	1
Criteria Not Met	0		·
			1
Cetuximab	0	1	1
	U	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

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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
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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
Dexiansoprazole	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 Control of the Control o	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 Eptinezumab	Ī	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
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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

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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)	Ī	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
Citatio Not Wet	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

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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
Duration of Therapy Exceeded	U		۷

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
lvermectin		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
lxekizumab		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
Sitteria Het met		· ·	_	-

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 CEMIPLIMAB-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	INDECTION DARK TO WIGHT TO WIG	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	INJECTION DEGARELIX 1 MG	2	0	2
		0		
DENIED			2	2
Duration of Therapy Exceeded	IN LEGITION DUDING HARD 40 Mg	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	0	13
		13	Ů	, ,

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

Linaclotide	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
Non-Covered Benefit Lisdexamfetamine	0 90	3 89	3 179
Lisdexamfetamine	90	89	179
Lisdexamfetamine APPROVED	90 90	89 0	179 90
Lisdexamfetamine APPROVED DENIED	90 90 0	89 0 89	179 90 89
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded	90 90 0	89 0 89 75	179 90 89 75
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded	90 90 0 0	89 0 89 75 14	179 90 89 75
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril	90 90 0 0 0	89 0 89 75 14 1	179 90 89 75 14 2
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED	90 90 0 0 0 1	89 0 89 75 14 1	179 90 89 75 14 2
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED DURATION of Therapy Exceeded Lowustine	90 90 0 0 0 1 1	89 0 89 75 14 1 0	179 90 89 75 14 2 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED DURATION of Therapy Exceeded	90 90 0 0 0 1 1	89 0 89 75 14 1 0	179 90 89 75 14 2 1 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin	90 90 0 0 0 1 1 0 0	89 0 89 75 14 1 0	179 90 89 75 14 2 1 1 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED	90 90 0 0 0 1 1 0 0	89 0 89 75 14 1 0 1 0 0	179 90 89 75 14 2 1 1 1 4 4
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lomapegsomatropin APPROVED DENIED DENIED	90 90 0 0 1 1 0 0 4 4 1 1	89 0 89 75 14 1 0 1 0 0	179 90 89 75 14 2 1 1 1 4 4 4
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED DENIED Criteria Not Met	90 90 0 0 0 1 1 0 0 4 4 1 1 0	89 0 89 75 14 1 0 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1	179 90 89 75 14 2 1 1 1 4 4 2 1 1 1 1 1 1 1 1 1 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED DURATION of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED DENIED Criteria Not Met Lorazepam	90 90 0 0 1 1 0 0 4 4 1 1	89 0 89 75 14 1 0 1 0 1 0 1 1 0 1	179 90 89 75 14 2 1 1 4 4 2 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED DENIED Criteria Not Met Lorazepam APPROVED	90 90 0 0 0 1 1 0 0 4 4 1 1 0	89 0 89 75 14 1 0 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1	179 90 89 75 14 2 1 1 1 4 4 2 1 1 6 1
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED DENIED Criteria Not Met Lorazepam APPROVED DENIED	90 90 0 0 0 1 1 0 0 4 4 1 1 0 0 1	89 0 89 75 14 1 0 1 0 1 1 5 0 5	179 90 89 75 14 2 1 1 1 1 1 1 1 6 1 5
Lisdexamfetamine APPROVED DENIED Criteria Not Met Duration of Therapy Exceeded Lisinopril APPROVED DENIED Duration of Therapy Exceeded Lomustine APPROVED Lonapegsomatropin APPROVED DENIED Criteria Not Met Lorazepam APPROVED	90 90 0 0 0 1 1 0 0 4 4 1 1 0 0 0 1	89 0 89 75 14 1 0 1 0 1 1 5 0	179 90 89 75 14 2 1 1 1 4 4 2 1 1 6 1

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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
Citteria NOLIVIEL	U	۷	۷

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 0	8	8 2
Duration of Therapy Exceeded Momelotinib	1	2 0	1
APPROVED			
	1	0	1
Mometasone A PROCOVED	1	1	2
APPROVED	1	0	1
DENIED C. I. D. A. M. I.	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
		1	L

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 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	T	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

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Omacetaxine APPROVICE	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
A II I INC Y LD	17	U	17

APPROVIDED 3 0 3 DENIED 0 21 21 Cateria Mod Med 0 21 21 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 33 0 2 APPROVED 33 0 2 APPROVED 33 0 33 APPROVED 33 0 33 DENIED 0 15 15 Cettera Not Med 0 16 14 Cettera Not Med 0 3 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 2 <th>DENIED</th> <th>0</th> <th>1</th> <th>1</th>	DENIED	0	1	1
APPROVIDED 3 0 3 DENIED 0 21 21 Cateria Mod Med 0 21 21 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 33 0 2 APPROVED 33 0 2 APPROVED 33 0 33 APPROVED 33 0 33 DENIED 0 15 15 Cettera Not Med 0 16 14 Cettera Not Med 0 3 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 2 <td>Criteria Not Met</td> <td></td> <td>1</td> <td>1</td>	Criteria Not Met		1	1
DNID Chiesia Mitted 20 21 22	Otic Steroid-Anti-infective Combination - Two Ingredient	3	21	24
Citeria hact Met 0 21 2 Oxer blazepine 2 0 2 APPROVED 2 0 2 Sysphutyrin 2 0 2 APPROVED 2 0 2 Daycodine 33 15 48 APPROVED 33 15 48 DENED 33 15 48 CHISTIA NOT MED 33 15 48 CHISTIA NOT MED 0 15 15 CHISTIA NOT MED 0 14 14 14 CHISTIA NOT MED 0 1 1 1 CHISTIA NOT MED 0 3 3 6 CHISTIA NOT MED 0 3 3 3 DENIED 0 3 3 3 CHISTIA NOT MED 13 0 3 3 APPROVED 13 0 3 3 APPROVED 5 0 5		3	0	3
Name Application 2 0 2 Application 2 0 2 Application 2 0 2 Application 2 0 2 Application 32 1 48 Application 33 1 48 Application 33 0 33 Denied 0 15 15 Celeration Medel 0 1 1 During Celeration 3 3 6 Application of Therapy Exceeded 3 3 6 Application 3 3 6 Application 3 3 6 Application 3 3 3 Application 3 3 3 Application 3 6 3 Application 3 6 3 Application 3 6 3 Application 3 6 3	DENIED	0	21	21
APPROVED 2 0 2 Oxpostuprion 2 0 2 APPROVED 2 0 2 APPROVED 33 15 48 APPROVED 33 15 48 DENED 30 15 15 Criteria Not Met 0 14 14 Duration of Therapy Exceeded 0 14 14 DENED 3 3 6 EXPROVED 3 3 6 DENED 0 3 3 6 Criteria Not Met 0 3 3 3 APPROVED 13 0 3 3 3 APPROVED 13 0 3 3 3 APPROVED 13 0 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Criteria Not Met	0	21	21
Application 2 0 2 APPROVED 2 0 2 APPROVED 33 15 48 APPROVED 33 0 33 APPROVED 33 0 33 DENED 0 14 14 Durision of Therapy Exceeded 0 14 14 APPROVED 33 0 3 APPROVED 33 0 3 Criteria Not Met 0 3 6 Criteria Not Met 0 3 3 APPROVED 8 0 8 APPROVED 8 0 8 APPROVED 13 0 13 APPROVED 5 0 8 DENIED 5 0 5 DENIED 5 0 5 APPROVED 5 1 3 APPROVED 2 0 2 DENIED 1	Oxcarbazepine	2	0	2
APPROVED 2 0 2 APPROVED 33 15 48 APPROVED 33 0 33 DENIED 0 15 15 Criteria Not Met 0 15 15 Duration of Therapy Exceeded 0 1 1 Damain 3 3 6 APPROVED 3 3 6 APPROVED 3 3 6 Citical Not Met 0 3 3 3 APPROVED 8 0 8 0 8 APPROVED 13 0 13 0 13 APPROVED 13 0 13 0 13 APPROVED 13 0 13 13 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14 14	APPROVED	2	0	2
Approduce 33 15 48 APPROVED 33 0 33 DENIED 0 15 15 Criteria Not Met 0 14 14 Duration of Therapy Exceeded 0 1 1 Zaminod 3 3 6 APPROVED 3 0 3 Criteria Not Met 0 3 3 Criteria Not Met 0 3 3 APPROVED 8 0 8 APPROVED 8 0 8 APPROVED 13 0 13 albecidib 13 0 13 APPROVED 5 0 5 APPROVED 5 0 5 Criteria Not Met 0 8 8 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED	Oxybutynin	2	0	2
APPROVED 33 0 33 DENIED 0 15 15 Criteria Not Met 0 14 14 Davistion of Therapy Exceeded 0 1 1 APPROVED 3 3 6 APPROVED 0 3 3 3 DENIED 0 3 3 3 Criteria Not Met 0 3 3 3 APPROVED 8 0 8 0 8 APPROVED 8 0 8 0 8 APPROVED 13 0 13 13 APPROVED 10 2 0 2 APPROVED 12 0 2 2 APPROVED 13 1 1 1	APPROVED	2	0	2
DENIED 0 15 15 Criteria Not Met 0 14 14 Duration of Therapy Exceeded 0 1 1 APPROVED 3 3 6 APPROVED 0 3 3 Criteria Not Met 0 3 3 ACRITICATION 8 0 8 ACRITICATION 8 0 8 ACRITICATION MET 8 0 8 ACRITICATION MET 8 0 8 ACRITICATION MET 13 0 13 ACRITICATION MET 13 0 13 APPROVED 5 8 13 APPROVED 5 8 13 APPROVED 0 8 8 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 A	Oxycodone	33	15	48
Citeria Not Met 0 14 14 Duration of Therapy Exceeded 0 1 1 Approved 3 3 6 Approved 3 0 3 3 Cheria Not Met 0 3 3 3 Cateria Not Met 0 3 3 3 Approved 8 0 8 3 3 ability 13 0 8 3 3 Approved 13 0 13 3 3 Approved 13 0 13 3	APPROVED	33	0	33
Duration of Therapy Exceeded 0 1 1 Approxed 3 3 6 APPROVED 3 0 3 3 6 DENIED 30 3	DENIED	0	15	15
APPROVED 3 3 6 APPROVED 3 3 3 DENIED 0 3 3 Citerá Not Met 0 3 3 APPROVED 8 0 8 APPROVED 8 0 8 APPROVED 13 0 13 APPROVED 13 0 13 APPROVED 5 8 13 APPROVED 5 8 13 DENIED 5 8 3 Citerá Not Met 0 8 8 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 2 0 2 DENIED 3 0 3 APPROVED 9 1 1 Citerá Not Met 9 7 5 12 APPROVED 7 0<	Criteria Not Met	0	14	14
APPROVED 3 0 3 DENIED 0 3 3 Criteria Not Met 0 3 3 APROVED 8 0 8 APPROVED 8 0 8 APPROVED 13 0 13 APPROVED 13 0 13 AIPROVED 5 8 13 APPROVED 5 0 5 APPROVED 5 0 5 Criteria Not Met 0 8 8 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 APPROVED 7 0	Duration of Therapy Exceeded	0	1	1
DENIED 0 3 3 Criteria Not Met 0 3 3 Acticated 8 0 8 APPROVED 8 0 8 AIDDOCATION 13 0 13 APPROVED 13 0 13 APPROVED 5 8 13 APPROVED 5 8 13 APPROVED 5 8 13 APPROVED 5 8 8 DENIED 0 8 8 Criteria Not Met 0 8 8 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5	Ozanimod	3	3	6
Criteria Not Met 0 3 3 acalitacei 8 0 8 APPROVED 8 0 8 abbording 13 0 13 APPROVED 13 0 13 abjectione 5 8 13 APPROVED 9 8 3 APPROVED 9 8 8 Cifteria Not Met 9 8 8 abivisumab 9 8 8 Cifteria Not Met 9 8 8 above Dev Dev 9 8 8 above Dev Dev Dev Dev Dev Dev Dev Dev Dev D	APPROVED	3	0	3
Incitative 8 0 8 APPROVED 8 0 8 APPROVED 13 0 13 APPROVED 13 0 13 APPROVED 5 8 13 APPROVED 5 0 5 DENIED 0 8 8 Criteria Not Met 0 8 8 APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 APPROVED 7 0 5 APPROVED 7 0 <td< td=""><td>DENIED</td><td>0</td><td>3</td><td>3</td></td<>	DENIED	0	3	3
APPROVED 8 0 8 albocicitis 13 0 13 APPROVED 13 0 13 aligeridone 5 8 13 APPROVED 5 13 13 DENIED 5 0 5 6 Civitaria Not Met 0 8 8 8 APPROVED 2 0 2 8 8 APPROVED 0 8 8 8 8 APPROVED 2 0 2 8 8 APPROVED 2 0 2 2 2 2 2 2 2 3	Criteria Not Met	0	3	3
Abbordibh 13 0 13 APPROVED 13 0 13 ABIPROVED 5 8 13 APPROVED 5 0 5 APPROVED 0 8 8 Criteria Not Met 0 8 8 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 3 0 3 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 DENIED 7 0 7 DENIED 7 0 7 DENIED 9 5 5 Criteria Not Met 0 5 5 5 Criteria Not Met 0	Paclitaxel	8	0	8
APROVED 13 0 13 13 13 13 13 13 13 13 13 13 13 13 13	APPROVED	8	0	8
A P P R O V E D	Palbociclib	13	0	13
APPROVED 5 0 5 DENIED 0 8 8 Chieria Not Met 0 8 8 calivizumb 2 0 2 APPROVED 2 0 2 APPROVED 3 0 3 Chieria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 Criteria Not Met 0 5 5 Criteria Not Met	APPROVED	13	0	13
ENNIED 0 8 8 Criteria Not Met 0 8 8 AIRIVIZIAMAD 0 8 8 APPROVED 2 0 2 APROVED 3 0 3 APPROVED 3 0 3 APPROVED 0 1 1 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 1 APPROVED 7 1 APPROVED 7 0 7 Criteria Not Met 0 5 5 Criteria Not Met 0 5 5 APPROVED 2 0 2	Paliperidone	5	8	13
Criteria Not Met 0 8 8 Approved 2 0 2 Approved 2 0 2 Approved 3 0 3 Approved 3 0 3 Approved 0 1 1 Denied 0 1 1 Criteria Not Met 0 1 1 Approved 7 5 12 Approved 7 0 7 Denied 7 0 7 Criteria Not Met 0 5 5 Criteria Not Met 0 5 5 Approved 2 0 2 Approved 2 0 2	APPROVED	5	0	5
APPROVED 2 0 2 APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 APPROVED 0 1 1 DENIED 0 1 1 APPROVED 0 1 1 APPROVED 7 5 12 APPROVED 7 5 12 Criteria Not Met 0 5 5 Criteria Not Met 0 5 5 APPROVED 0 5 5 APPROVED 2 0 2	DENIED	0	8	8
APPROVED 2 0 2 APPROVED 3 0 3 APPROVED 3 0 3 Pamidronate 0 1 1 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 Varietiumumab 2 0 2 APPROVED 2 0 2	Criteria Not Met	0	8	8
APPROVED 3 0 3 APPROVED 3 0 3 Pamidronate 0 1 1 DENIED 0 1 1 Criteria Not Met 0 1 1 APPROVED 7 5 12 APPROVED 7 0 7 Criteria Not Met 0 5 5 Criteria Not Met 0 5 5 APPROVED 2 0 2 APPROVED 2 0 2	Palivizumab	2	0	2
APPROVED 3 0 3 Pamidronate 0 1 1 DENIED 0 1 1 Pamorelipase (Lipase-Protease-Amylase) 7 5 12 APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 APPROVED 0 5 5 APPROVED 0 5 5 APPROVED 0 5 5 APPROVED 2 0 2	APPROVED	2	0	2
Ammidronate 0 1 1 DENIED 0 1 1 Criteria Not Met 0 1 1 Amorcelipase (Lipase-Protease-Amylase) 7 5 12 APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 Amitumumab 2 0 2 APPROVED 2 0 2	Palonosetron	3	0	3
DENIED 0 1 1 Criteria Not Met 0 1 1 Annerelipase (Lipase-Protease-Amylase) 7 5 12 APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 Anitumumab 2 0 2 APPROVED 2 0 2	APPROVED	3	0	3
Criteria Not Met 0 1 1 Ancrelipase (Lipase-Protease-Amylase) 7 5 12 APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 Vanitumumab 2 0 2 APPROVED 2 0 2	Pamidronate	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	DENIED	0	1	1
APPROVED 7 0 7 DENIED 0 5 5 Criteria Not Met 0 5 5 Inditunumab 2 0 2 APPROVED 2 0 2	Criteria Not Met	0	1	1
DENIED 0 5 5 Criteria Not Met 0 5 5 Vanitumumab 2 0 2 APPROVED 2 0 2	Pancrelipase (Lipase-Protease-Amylase)	7	5	12
Criteria Not Met 0 5 5 Panitumumab 2 0 2 APPROVED 2 0 2	APPROVED	7	0	7
Panitumumab 2 0 2 APPROVED 2 0 2	DENIED	0	5	5
APPROVED 2 0 2	Criteria Not Met	0	5	5
	Panitumumab	2	0	2
antoprazole 4 7 11	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
Pegloticase	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
· Cradino			

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
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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
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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 Semagl	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

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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 Ingred	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
Sucralfate	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

DENIED 0 Dustion of Therapy Exceeded 0 SUUDERAT 5 APPROVED 5 DENIED 0 Criteria Not Met 29 APPROVED 29 DENIED 0 Administrative Denial 0 Criteria Not Met 0 Duration of Therapy Exceeded 0 Non-Covered Benefit 0 Tadalafil 9 APPROVED 9 DENIED 0 Administrative Denial 0 Criteria Not Met 0 Duration of Therapy Exceeded 0 Tafamidis 0 APPROVED 2 Taffulyrost 0 DENIED 0 Criteria Not Met 0 DENIED 0 Criteria Not Met 0 Criteria Not Met 0 Tapertadol 4 APPROVED 4 DENIED 0 Criteria Not Met	1 1 2 0 2 0 2 2 2 39 0 39 2 34 1 2 5 0 5 2	1 1 7 5 2 2 68 29 39 2 34 1 2 14 9 5 2
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Administrative Denial 0 Criteria Not Met 0 Duration of Therapy Exceeded 0 Tafamidis 2 APPROVED 2 Tafluprost 0 DENIED 0 Criteria Not Met 0 Tapentadol 4 APPROVED 4 DENIED 0 Criteria Not Met 0 Tapinarof 2 APPROVED 2 DENIED 2 CPINIED 0 Criteria Not Met 0		2
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DENIED 0 Criteria Not Met 0 Tapinarof 2 APPROVED 2 DENIED 0 Criteria Not Met 0	1	5
Criteria Not Met 0 Tapinarof 2 APPROVED 2 DENIED 0 Criteria Not Met 0	0	4
Tapinarof2APPROVED2DENIED0Criteria Not Met0	1	1
APPROVED 2 DENIED 0 Criteria Not Met 0	1	1
DENIED 0 Criteria Not Met 0	2	4
Criteria Not Met 0	0	2
	2	2
		2
Tasimelteon 0	2	2
DENIED 0	2	2
Criteria Not Met 0		
Tazarotene 2	2	2
APPROVED 2	2 2	2 4
DENIED 0	2 2 2	
Criteria Not Met 0	2 2 2 2	4
Teduglutide (rDNA)	2 2 2 2 2 0	4 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

California Nice Mark	^		0
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	1	1
Viloxazine APPROVED	11	9	20
		0	11
DENIED C. I. I. N. I. M. I.	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

0	1	1
0	2	2
0	2	2
0	2	2
4	10	14
4	0	4
0	10	10
0	8	8
0	2	2
3	4	7
3	0	3
0	4	4
0	1	1
0	3	3
5393	5211	10604
	0 0 0 4 4 4 0 0 0 0 0 0 3 3 3 0 0	O Z 0 2 0 2 0 2 4 10 4 0 0 10 0 8 0 2 3 4 3 0 0 4 0 1 0 3 0 3 0 3