



Pharmacy Non-Specialty Overview by Prior Authorization Approval or Denial 4th Quarter 2023

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	ABSORICA LD 24MG CAP	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	ABSORICA LD 24MG OR CAPS	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	1
3963	FAMILY PRACTICE	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PSYCHIATRY	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Approved	2
3956	UNSPECIFIED	ACAMPROSATE	SUBSTANCE ABUSE AGENTS	Denied	1
3956	FAMILY PRACTICE	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3951	NURSE PRACTITIONER, PSYCHIATRIC	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3956	PSYCHIATRY	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	2
3956	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	4
3963	UNSPECIFIED	ACAMPROSATE CALCIUM 333MG OR TBEC	SUBSTANCE ABUSE AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACCRUFER	MISCELLANEOUS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ACCU-CHEK AVIVA PLUS TEST STRIPS	DIABETIC SUPPLIES	Approved	1
3969	DERMATOLOGY	ACCUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ACCUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACCUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3951	UNSPECIFIED	ACCUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	DERMATOLOGY	ACCUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	ACCUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACCUTANE 30MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3965	UNSPECIFIED	ACCUTANE 40 MG CAPSULE	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ACCUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	ACCUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	ACCUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	2
3956	NURSE PRACTITIONER, ADULT HEALTH	ACETAMINOPHEN-CODEINE 300-30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	ACETAMINOPHEN-CODEINE 300-30MG OR TABS	NARCOTIC ANALGESICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	3
3956	FAMILY PRACTICE	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3964	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3965	RHEUMATOLOGY	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	ACETAMINOPHEN-CODEINE TAB 300-30 MG	NARCOTIC ANALGESICS	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	ACYCLOVIR 5% EX OINT	ANTIVIRALS	Denied	1
3951	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3962	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3964	FAMILY PRACTICE	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3962	INTERNAL MEDICINE	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	1
3963	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Approved	2
3963	UNSPECIFIED	ACYCLOVIR OINTMENT	ANTIVIRALS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE 0.1% GEL	DERMATOLOGICAL AGENTS	Approved	1
3969	DERMATOLOGY	ADAPALENE 0.3% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	2
3965	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	2
3963	FAMILY PRACTICE	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	ADAPALENE 0.3% GEL	DERMATOLOGICAL AGENTS	Approved	4
3956	UNSPECIFIED	ADAPALENE CREAM 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	ADAPALENE CREAM 0.1%	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ADAPALENE GEL 0.3%	DERMATOLOGICAL AGENTS	Approved	1
3963	PSYCHIATRY	ADDERALL (AMPHETAMINE MIXTURE)	CNS STIMULANTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PEDIATRICS	ADDERALL 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ADDERALL XR 15MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	ADDERALL XR 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	4
3964	NEUROLOGY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	2
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3967	FAMILY PRACTICE	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Denied	1
3964	NEUROLOGY	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3965	NEUROLOGY	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AIMOVIG 140MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	2
3963	UNSPECIFIED	AIMOVIG 70MG/ML AUTO-INJ (ERENUMAB-AOOE)	ANTIMIGRAINE	Approved	2
3964	FAMILY PRACTICE	AIMOVIG 70MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AIMOVIG 70MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AIMOVIG AUTOINJECTOR 140 MG/ML SUBCUTANEOUS AUTO-INJECTOR	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3965	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	AJOVY 225MG/1.5ML AUTO-INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3962	UNSPECIFIED	AJOVY 225MG/1.5ML PREF SYR INJ (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	2
3964	INTERNAL MEDICINE	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3967	INTERNAL MEDICINE	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	AJOVY 225MG/1.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	INTERNAL MEDICINE	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	2
3963	UNSPECIFIED	AJOVY INJ 225MG/1.5ML (FREMANEZUMAB-VFRM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	3
3963	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3951	PHYSICIAN, ALLERGY & IMMUNOLOGY, PEDIATRIC	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Approved	3
3956	UNSPECIFIED	AJOVY INJ 225MG/1.5ML PEN (FREMANEZUM-AB-VFRM)	ANTIMIGRAINE	Denied	2
3956	UNSPECIFIED	ALOSETRON	GASTROINTESTINAL AGENTS	Approved	1
3963	UNSPECIFIED	AMBIEN 5MG TABLET	HYPNOTIC	Denied	1
3963	PSYCHIATRY	AMITRIPTYLINE 100MG	TRICYCLIC ANTIDEPRESSANT	Denied	1
3963	PSYCHIATRY	AMITRIPTYLINE HCL 150MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	AMNESTEEM (ISOTRETINOINS)	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 20 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3951	UNSPECIFIED	AMNESTEEM 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	4
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	3
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3962	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 20MG OR CP24	CNS STIMULANTS	Approved	1
3951	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHET ER 30MG OR CP24	CNS STIMULANTS	Approved	1
3963	GENERAL PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3951	NURSE PRACTITIONER, PEDIATRIC CARE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TAB	CNS STIMULANTS	Denied	1

3961 PSYCHIATRY 3951 FAMILY PRAC			·		
3951 FAMILY PRAC		AMPHETAMINE-DEXTROAMPHETAMINE 10MG TAB	CNS STIMULANTS	Approved	1
17 WHEN THAT	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Approved	1
3956 INTERNAL M	IEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Approved	1
3956 NURSE PRAC	CTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Denied	1
3963 NURSE PRAC	CTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1
3956 PSYCHIATRY		AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1
3956 UNSPECIFIED)	AMPHETAMINE-DEXTROAMPHETAMINE 15MG OR TABS	CNS STIMULANTS	Approved	1
3961 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Approved	1
3956 PSYCHIATRY		AMPHETAMINE-DEXTROAMPHETAMINE 15MG TAB	CNS STIMULANTS	Denied	1
3963 PSYCHIATRY,	CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG	CNS STIMULANTS	Approved	1
3963 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956 INTERNAL M	IEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956 NURSE PRAC	CTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956 UNSPECIFIED	O .	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	2
3963 EMERGENCY	/ MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3951 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3956 NURSE PRAC	CTITIONER, PSYCHIATRIC	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963 NURSE PRAC	CTITIONER, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963 OPHTHALMO	DLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956 PSYCHIATRY		AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3956 UNSPECIFIED)	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3956 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	3
3963 FAMILY PRAC	CTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956 PSYCHIATRY		AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956 PSYCHIATRY		AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	1
3956 PSYCHIATRY,	CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3951 PSYCHOLOG	IST, SCHOOL	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 25MG ER	CNS STIMULANTS	Approved	1
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	3
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	2
3962	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3965	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	OPHTHALMOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	2
3969	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Denied	1
3964	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG	CNS STIMULANTS	Approved	3
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	3
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG ER	CNS STIMULANTS	Approved	2
3963	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	22
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	14
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	3
3961	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	6
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	4
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG OR TABS	CNS STIMULANTS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	7
3951	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3951	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3956	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	5
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	11
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3963	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	2
3956	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3956	PSYCHIATRY, CHILD & ADOLESCENT	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	2
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	2
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3951	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE ER 20MG	CNS STIMULANTS	Approved	1
3965	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE ER 25MG	CNS STIMULANTS	Denied	1
3951	NEUROLOGY	AMPHETAMINE-DEXTROAMPHETAMINE ER 30MG	CNS STIMULANTS	Denied	1
3963	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE ER 30MG	CNS STIMULANTS	Approved	1
3963	EMERGENCY MEDICINE	ANDRODERM (TESTOSTERONE TRANSDERMAL PATCH)	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	APAP-CODEINE TAB 300-15 MG	NARCOTIC ANALGESICS	Denied	1
3963	ANESTHESIOLOGY	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	APAP-CODEINE TAB 300-60 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	ARAZLO (TAZAROTENE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	2
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ARAZLO 0.045 % LOTION	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	3
3962	UNSPECIFIED	ARAZLO 0.045% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
3969	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3951	UNSPECIFIED	ARMODAFINIL 150MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	2
3956	NEUROLOGY	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3963	PULMONARY DISEASES	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	4
3956	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	3
3963	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	4
3962	UNSPECIFIED	ARMODAFINIL 150MG OR TABS	CNS STIMULANTS	Approved	1
3962	FAMILY PRACTICE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 200MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3965	NEUROLOGY	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3961	NEUROLOGY	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3962	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3963	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	UNSPECIFIED	ARMODAFINIL 250MG	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	FAMILY PRACTICE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	NEUROLOGY	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3964	NURSE PRACTITIONER, ACUTE CARE	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	ARMODAFINIL 250MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	ARMODAFINIL 50MG	CNS STIMULANTS	Denied	1
3964	PULMONARY DISEASES	ARMODAFINIL 50MG	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	ARMODAFINIL 50MG	CNS STIMULANTS	Denied	1
3951	FAMILY PRACTICE	ARMODAFINIL 50MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	ATOMOXETINE HYDROCHLORIDE 40MG CAP	CNS STIMULANTS	Denied	1
3964	DERMATOLOGY	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	3
3969	INTERNAL MEDICINE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	4
3965	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	3
3964	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	2
3962	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AZELAIC ACID	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	AZELAIC ACID 15 % TOPICAL GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	7
3964	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	AZELAIC ACID 15% EX GEL	DERMATOLOGICAL AGENTS	Approved	2
3963	FAMILY MEDICINE	AZSTARYS CAPSULE	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	BACLOFEN 5MG/5ML ORAL SOLUTION	MUSCLE RELAXANTS	Denied	1
3956	ANESTHESIOLOGY	BELBUCA 150MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	BELBUCA 300MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	BELBUCA 450MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	BELBUCA 600MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	BELBUCA 600MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 600MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Denied	1
3951	ANESTHESIOLOGY	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	BELBUCA 750MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 750MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	BELBUCA 750MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELBUCA 75MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	BELBUCA 75MCG BUCCAL FILM (BUPRENORPHINE)	NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	BELBUCA 900MCG BUCCAL FILM (BUPRENOR-PHINE)	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3965	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	2
3965	FAMILY PRACTICE	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3962	PSYCHIATRY	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	1
3965	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Approved	1
3956	UNSPECIFIED	BELSOMRA (SUVOREXANT)	SEDATIVE NON-BARBITURATE	Denied	2
3956	FAMILY PRACTICE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	FAMILY PRACTICE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	PSYCHIATRY	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	SPORTS MEDICINE, FAMILY PRACTICE	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3956	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	4
3951	UNSPECIFIED	BELSOMRA 10MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3962	FAMILY PRACTICE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	INTERNAL MEDICINE	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	PSYCHIATRY	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA 15MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	4
3956	FAMILY PRACTICE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	2
3963	INTERNAL MEDICINE	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	PSYCHIATRY	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Denied	1
3956	PSYCHIATRY	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	RADIATION ONCOLOGY	BELSOMRA 20MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3951	FAMILY PRACTICE	BELSOMRA 5MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3956	PSYCHIATRY	BELSOMRA 5MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	UNSPECIFIED	BELSOMRA 5MG OR TABS	SEDATIVE NON-BARBITURATE	Approved	1
3963	INTERNAL MEDICINE	BELSOMRA TABLET	SEDATIVE NON-BARBITURATE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	BONJESTA 20-20MG TABLETS	ANTINAUSEANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BREO ELLIPTA 100/25MCG INHALER	ASTHMA	Denied	1
3963	FAMILY PRACTICE	BREO ELLIPTA 100-25MCG INHALER	ASTHMA	Denied	1
3956	UNSPECIFIED	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT INHALER	RESPIRATORY AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BREZTRI AEROSPHERE INHALATION AEROSOL	RESPIRATORY AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3965	UNSPECIFIED	BRIMONIDINE TARTRATE 0.33% EX GEL	ANTIGLAUCOMA	Approved	1
3956	GASTROENTEROLOGY	BUDESONIDE 1MG/2ML SUSPENSION	RESPIRATORY AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 10MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 10MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE 10MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 10MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 15MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BUPRENORPHINE 15MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	2
3963	UNSPECIFIED	BUPRENORPHINE 15MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 15MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 15MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	4
3962	CLINICAL NURSE SPECIALIST, ACUTE CARE	BUPRENORPHINE 20MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE 20MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3965	UNSPECIFIED	BUPRENORPHINE 20MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3951	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 20MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HRTD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	FAMILY PRACTICE	BUPRENORPHINE 5MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3956	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HRTD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE AND NALOXONE 2MG-0.5MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE HCL - NALAXONE HCL SUBLIN- GUAL 2-0.5MG TABLETS	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3961	FAMILY PRACTICE	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3951	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3965	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE HCL 8MG SL SUBL	SUBSTANCE ABUSE AGENTS	Denied	2
3956	EMERGENCY MEDICINE	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE 2-0.5MG SUB	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE HYDROCHLORIDE-NALOXONE HYDROCHLORIDE SUBLINGUAL TABLET 2-0.5MG	SUBSTANCE ABUSE AGENTS	Approved	1
3951	EMERGENCY MEDICINE	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	5
3956	FAMILY PRACTICE	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	UNSPECIFIED	BUPRENORPHINE SL 2 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3951	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	4
3956	ANESTHESIOLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3963	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3951	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	5
3963	FAMILY PRACTICE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	INTERNAL MEDICINE	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3956	NEUROLOGY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	5
3956	PEDIATRICS	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	6
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	1
3956	PHYSICIAN, SURGERY, GENERAL	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	3
3951	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	10
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	4
3956	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	23
3951	UNSPECIFIED	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Approved	1
3963	ANESTHESIOLOGY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	2
3963	EMERGENCY MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	EMERGENCY MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	FAMILY PRACTICE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	3
3963	INTERNAL MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	INTERNAL MEDICINE	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	10
3965	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1
3964	UNSPECIFIED	BUPRENORPHINE SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	2
3956	EMERGENCY MEDICINE	BUPRENORPHINE/NALOXONE 2-0.5	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE/NALOXONE SL 2-0.5 TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE/NALOXONE SL 2-0.5MG	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE/NALOXONE SL 2-0.5MG TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE-NALOXONE 205MG SLTABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE-NALOXONE 2-0.5MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUTRANS 20MCG/HRTD PATCH (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	1
3963	DERMATOLOGY	CALCIPOTRIENE 0.005% CRE	ALL OTHER DERMATOLOGICALS	Denied	1
3951	DERMATOLOGY	CALCIPOTRIENE 0.005% EX CREA	ALL OTHER DERMATOLOGICALS	Denied	1
3963	INTERNAL MEDICINE	CALCIPOTRIENE SOLUTION	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	CALCIPOTRIENE SOLUTION	ALL OTHER DERMATOLOGICALS	Denied	2
3956	FAMILY MEDICINE	CEFTRIAXONE VIALS	ANTIBIOTICS	Approved	1
3963	NURSE PRACTITIONER, GERONTOLOGY	CEFTRIAXONE VIALS	ANTIBIOTICS	Approved	1
3956	UNSPECIFIED	CEFTRIAXONE VIALS	ANTIBIOTICS	Approved	1
3956	INTERNAL MEDICINE	CIALIS 2.5MG (TADALAFIL)	PHOSPHODIESTERASE 4 INHIBITOR	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CIPRO-HC OTIC SUSPENSION	OTHER ANTIBIOTICS	Denied	1
3964	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3965	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	2
3969	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLARAVIS (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3961	UNSPECIFIED	CLARAVIS 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	CLARAVIS 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	6
3951	UNSPECIFIED	CLARAVIS 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3951	DERMATOLOGY	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	5
3965	UNSPECIFIED	CLARAVIS 40MG OR CAPS	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	CLINDAMYCIN PHOS-BENZOYL PEROX 1-5% EX GEL	TOPICAL SKIN PRODUCT	Approved	1
3956	UNSPECIFIED	CLINDAMYCIN PHOSPHATE 1% EX LOTN	DERMATOLOGICAL AGENTS	Approved	1
3956	PEDIATRICS	CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL	TOPICAL SKIN PRODUCT	Approved	1
3963	UNSPECIFIED	CLINDAMYCIN-TRETINOIN 1.2-0.025% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	CLOBETASOL 0.05% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	CLOBETASOL PROPIONATE 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CLOTRIMAZOLETROCHES	ANTIFUNGALS	Approved	1
3956	OTOLARYNGOLOGY	CLOTRIMAZOLETROCHES	ANTIFUNGALS	Approved	1
3969	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3963	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE	CARDIOVASCULAR AGENTS	Denied	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	CONTINUOUS BLOOD GLUCOSE MONITOR	DIABETIC DEVICES	Approved	1
3956	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE MONITOR	DIABETIC DEVICES	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE MONITOR	DIABETIC DEVICES	Approved	1
3956	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE MONITOR	DIABETIC DEVICES	Denied	1
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3956	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	1
3962	PHYSICIAN, GERIATRIC MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Approved	1
3956	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER	DIABETIC DEVICES	Denied	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	3
3963	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3956	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	3
3967	FAMILY PRACTICE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3961	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3956	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	3
3951	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3964	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3962	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	INTERNAL MEDICINE	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3969	NURSE PRACTITIONER, WOMEN'S HEALTH	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	OBSTETRICS & GYNECOLOGY	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	1
3969	OBSTETRICS & GYNECOLOGY	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3956	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Denied	2
3963	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3962	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3964	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3969	UNSPECIFIED	CONTINUOUS BLOOD GLUCOSE SYSTEM SENSOR	DIABETIC DEVICES	Approved	1
3963	UNSPECIFIED	CONTINUOUS GLUCOSE MONITORS	DIABETIC DEVICES	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	CREON 12000-38000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	CREON 12000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3951	HEMATOLOGY & ONCOLOGY	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	HEMATOLOGY & ONCOLOGY	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	PULMONARY DISEASES	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	4
3951	UNSPECIFIED	CREON 24000-76000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	GASTROENTEROLOGY	CREON 24000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	CREON 3000-9500UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3961	GASTROENTEROLOGY	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	PULMONARY DISEASES	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 36000-114000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Denied	2
3956	UNSPECIFIED	CREON 36000UNIT	GASTROINTESTINAL AGENTS	Approved	2
3951	INTERNAL MEDICINE	CREON 6000-19000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	CREON 6000-19000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	2
3956	UNSPECIFIED	CREON 6000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3963	UNSPECIFIED	CREON 6000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	CYCLOBENZAPRINE HCL 10MG OR TABS	MUSCLE RELAXANTS	Approved	1
3963	UNSPECIFIED	CYCLOBENZAPRINE HCL 5MG OR TABS	MUSCLE RELAXANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approved	1
3961	REGISTERED NURSE, EMERGENCY	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3956	UNSPECIFIED	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Denied	1
3964	UNSPECIFIED	DAYVIGO (LEMBOREXANT)	HYPNOTIC	Approved	1
3956	PEDIATRICS	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3956	PSYCHIATRY	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	1
3956	UNSPECIFIED	DAYVIGO 10MG OR TABS	HYPNOTIC	Approved	2
3956	FAMILY PRACTICE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	INTERNAL MEDICINE	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	NURSE PRACTITIONER, COMMUNITY HEALTH	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	PSYCHIATRY	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3963	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	1
3956	UNSPECIFIED	DAYVIGO 5MG OR TABS	HYPNOTIC	Approved	3
3962	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE INJ)	ANDROGENS	Approved	1
3962	INTERNAL MEDICINE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE INJ)	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	DEPO-TESTOSTERONE (TESTOSTERONE CYPIONATE)	ANDROGENS	Approved	1

980 NURSE PRACTITIORER, LAINTY LEFA TH OREOTESTOSTERONE (PSPO) AUDROCENS Denied 9 986 NURSE PRACTITIORER, LAISTECHED DEPOTESTOSTERONE (PSPO) AUDROCENS 4cprovad 9 986 UROLOGY DEPOTESTOSTERONE (PSPO) AUDROCENS 4cprovad 9 986 UROLOGY DEPOTESTOSTERONE (PSPO) AUDROCENS 4cprovad 9 988 FAMILY PRACTICE DEPOTESTOSTERONE (PSPO) AUDROCENS 4cprovad 9 988 FAMILY PRACTICE DEPOTESTOSTERONE 200MGML IN SOLN AUDROCENS 4cprovad 1 988 UNISED PRACTITIONER, LAISPECHIED DEPOTESTOSTERONE 200MGML IN SOLN AUDROCENS 4cprovad 1 986 NURSE PRACTITIONER, LAISPECHIED DEPOTESTOSTERONE 200MGML IN SOLN AUDROCENS 4cprovad 2 986 NURSE PRACTITIONER, LAISPECHIED DEPOTESTOSTERONE 200MGML IN SOLN AUDROCENS 4cprovad 2 986 NURSE PRACTITIONER, LAISPECHIED DEPOTESTOSTERONE 200MGML IN SOLN AUDROCENS 4cprovad 2 986 NURSE PRACTITION	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
365 MINISTER MINISTERINAL INSPECTION MATE ANDREADER ANDREADER Approved 7 3983 UROLOGY DROLOGY ARTHER ANDREADER ANDREADER Approved 1 366 UROLOGY DROLOGY ARTHER ANDREADER ANDREADER Approved 1 368 MURSE PRACTITIONER, MINEPEGRED DEPOTESTOSTERONE ZOUNGAIL IM SOLIN ANDREADER APPROVED 4 368 MURSE PRACTITIONER, UNSPECIFED DEPOTESTOSTERONE ZOUNGAIL IM SOLIN ANDREADER APPROVED APPROVED 4 369 MURSE PRACTITIONER, UNSPECIFED DESCRIBER APPROVED APPROVED APPROVED 4 DESCRIBER APPROVED 4 0 APPROVED 4 0 APPROVED 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3963	NURSE PRACTITIONER, FAMILY HEALTH		ANDROGENS	Denied	2
MISSA URBOLORY NATE AURICIATION AURICIATI	3956	NURSE PRACTITIONER, UNSPECIFIED		ANDROGENS	Denied	1
3850 ORIGINATOR MATEL APPRINTED APPRINTED CITY 3866 RAMILY REACTICE DEPOTESTOSTERONE ZODAGAMIL IM SOLN ANDROCENS Approved 1 3866 NURSE PRACTITIONER, UNSPECIFIED DEPOTESTOSTERONE ZODAGAMIL IM SOLN ANDROCENS Approved 1 3868 UNSPECIFIED DEPOTESTOSTERONE ZODAGAMIL IM SOLN ANDROCENS Approved 1 3869 FAMILY PRACTICE DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS Denied 1 3866 INTERNAL MEDICINE DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, EMILY HEALTH DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, INSPECIFIED DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS Approved 2 3866 NURSE PRACTITIONER, UNSPECIFIED DESVEN, APANINE ER TAB PSICHOSTIMULANTS ANTIDEPRESSANTS	3963	UROLOGY		ANDROGENS	Approved	1
956 NURSE PRACTITIONER, PAMILY HEALTH DEPOTESTOSTERONE 200MG/ML IM SOLN ANDROGENS Agrowed 1 303 NURSE PRACTITIONER, INSPECIFED DEPOTESTOSTERONE 200MG/ML IM SOLN ANDROGENS Agrowed 2 368 UNSFECTIFED DESVENLAR/DIVISIONE PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 366 PINTERNAL MEDICINE DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 368 INTERNAL MEDICINE DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3686 NURISE PRACTITIONER, FAMILY HEALTH DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3660 NURISE PRACTITIONER, UNSPECIFED DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3660 NURISE PRACTITIONER, UNSPECIFED DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3660 PHYSICIAN SASISTANT UNSPECIFED DESVENLAR/ANDRE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3683 PHYSICIAN ASSISTANT UNSPECIFED DESVENLAR/ANDRE ERTA	3956	UROLOGY		ANDROGENS	Approved	1
3863 NURSE PRACTITIONER, UNSPECIFIED DEPO-TESTOSTERONE 200MGML IM SOLN ANDROGENS Approved 1 3866 UNSPECIFIED DEPO-TESTOSTERONE 200MGML IM SOLN ANDROGENS Approved 2 3866 INTERNAL MEDICINE DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 INTERNAL MEDICINE DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 INURSE PRACTITIONER, INVITED DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 NURSE PRACTITIONER, INVITED DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXNE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Oened 1 3866 PHYSICHAN ASSISTANT, UNSPECIFIED DESVENLAFAXNE ER TAB PS	3956	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3966 UNSPECIFIED DEPO-TESTOSTERONE 200MG/ML IMI SOLN ANDROGENS Approved 2 3956 FAMILY PRACTICE DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 INTERNAL MEDICINE DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 LICENSED PRACTICAL NURSE, UNSPECIFIED DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 NURSE PRACTITIONER, PSYCHIATRIC DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 NURSE PRACTITIONER, UNSPECIFIED DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 NURSE PRACTITIONER, UNSPECIFIED DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESWENLAFAKINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 PSYCHAITY DESWENLAFAKINE ER TAB <td>3956</td> <td>NURSE PRACTITIONER, FAMILY HEALTH</td> <td>DEPO-TESTOSTERONE 200MG/ML IM SOLN</td> <td>ANDROGENS</td> <td>Approved</td> <td>1</td>	3956	NURSE PRACTITIONER, FAMILY HEALTH	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956 FAMILY PRACTICE DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 0 3966 INTERNAL MEDICINE DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 LICENSED PRACTITIONER, FAMILY HEALTH DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, FRYCHATRIC DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, INSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PSYCHATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3966 PSYCHATRY DELIE ARTICLE PRACTICL	3963	NURSE PRACTITIONER, UNSPECIFIED	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3866 INTERNAL MEDICINE DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 UEDNSED PRACTICA NURSE, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, PAMILY HEALTH DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3866 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3866 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 4 3866 UNSPECIFIED DESVENLAFAXINE ER TAB </td <td>3956</td> <td>UNSPECIFIED</td> <td>DEPO-TESTOSTERONE 200MG/ML IM SOLN</td> <td>ANDROGENS</td> <td>Approved</td> <td>2</td>	3956	UNSPECIFIED	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3966 LICENSED PRACTICAL NURSE, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, FAMILY HEALTH DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, PSYCHIATRIC DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3966 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3966 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3963 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3966 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3966 PSYCHIATRY, CHILD & ADOLESCENT DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PSYCHIATRY, CHILD & ADOLESCENT </td <td>3956</td> <td>FAMILY PRACTICE</td> <td>DESVENLAFAXINE ER TAB</td> <td>PSYCHOSTIMULANTS-ANTIDEPRESSANTS</td> <td>Denied</td> <td>6</td>	3956	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	6
3986 NURSE PRACTITIONER, FAMILY HEALTH DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3986 NURSE PRACTITIONER, PSYCHATRIC DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3986 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3986 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3986 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3983 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3986 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3986 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3986 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 4 3986 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMU	3956	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3966 NURSE PRACTITIONER, DYSCHIATRIC DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3966 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PSYCHIATRY DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3966 PSYCHIATRY DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 PSYCHIATRY, CHILD & ADOLESCENT DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3966 UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Opnied 4 3961 UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEP	3956	LICENSED PRACTICAL NURSE, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956NURSE PRACTITIONER, UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23956NURSE PRACTITIONER, UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956PHYSICIAN ASSISTANT, UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23966PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23956PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23956PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied13956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied13956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied43951UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33953UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG ORTE24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956PSYCHIATRYDESVENLAFAXINE SUCCINATE ER 100MG ORTE24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33956PSYCHIATRYDESVENLAFAXINE SUCCINATE ER 25MG ORTE24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApprove	3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956 NURSE PRACTITIONER, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3963 PSYCHIATRY DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 PSYCHIATRY DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 PSYCHIATRY, CHILD & ADOLESCENT DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 4 3951 UNSPECIFIED DESVENLAFAXINE ERTAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER TOMM GORTEZA PSYCHOSTIMULANTS-ANT	3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3963 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 PSYCHIATRY, CHILD & ADOLESCENT DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3953 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3961 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER TOOMG OR TES24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3966 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER TOOMG OR TES24 <	3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956 PHYSICIAN ASSISTANT, UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3963 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 PSYCHIATRY DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 2 3956 PSYCHIATRY, CHILD & ADOLESCENT DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 1 3956 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3953 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Denied 4 3951 UNSPECIFIED DESVENLAFAXINE ER TAB PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 100MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3966 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 100MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPR	3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3963PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23956PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23956PSYCHIATRY, CHILD & ADOLESCENTDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied13956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied63963UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33951UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956PSYCHIATRYDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33963FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24<	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956PSYCHIATRYDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied23956PSYCHIATRY, CHILD & ADOLESCENTDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied13956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied63963UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied43951UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33963UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33963FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963UNSPECIFIEDDESVENLAFAXINE S	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956PSYCHIATRY, CHILD & ADOLESCENTDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied13956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23956UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied63963UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSDenied43951UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved33963UNSPECIFIEDDESVENLAFAXINE ER TABPSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13956UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 100MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23963FAMILY PRACTICEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963INTERNAL MEDICINEDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved13963UNSPECIFIEDDESVENLAFAXINE SUCCINATE ER 25MG OR TB24PSYCHOSTIMULANTS-ANTIDEPRESSANTSApproved23966UNSPECIFIEDDESVENLA	3963	PSYCHIATRY	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	2
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3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 100MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3956 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 100MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 100MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3963 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3966 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3967 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3968 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3969 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3 3960 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG ORTB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3951	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3956 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 100MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 100MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 100MG ORTB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3956	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 100MG ORTB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG ORTB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3963 INTERNAL MEDICINE DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3963	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
PSYCHIATRY DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 1 3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3963 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 2 3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3963	INTERNAL MEDICINE	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956 UNSPECIFIED DESVENLAFAXINE SUCCINATE ER 25MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 3	3963	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
	3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956 FAMILY PRACTICE DESVENLAFAXINE SUCCINATE ER 50MG OR TB24 PSYCHOSTIMULANTS-ANTIDEPRESSANTS Approved 7	3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 25MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
	3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	7

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	GENERAL PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3951	GENERAL PRACTICE	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	8
3961	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 50MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3951	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	2
3956	FAMILY PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	1
3956	GENERAL PRACTICE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Approved	2
3963	UNSPECIFIED	DEXCOM G6 MIS RECEIVER	DIABETIC DEVICES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	3
3963	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3951	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	5
3956	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	4
3963	INTERNAL MEDICINE	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	3
3951	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Denied	4
3956	UNSPECIFIED	DEXCOM G6 MIS SENSOR	DIABETIC SUPPLIES	Approved	2
3951	FAMILY PRACTICE	DEXCOM G6 MISTRANSMIT	DIABETIC SUPPLIES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G6 MISTRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MISTRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MISTRANSMIT	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 MISTRANSMIT	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	6
3956	FAMILY PRACTICE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3963	INTERNAL MEDICINE	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	3
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	3
3963	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G6 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	3
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3964	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3965	FAMILY PRACTICE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	3
3965	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3964	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3969	INTERNAL MEDICINE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	2
3969	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3965	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3964	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3962	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3951	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	1
3962	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 SENSOR	DIABETIC SUPPLIES	Denied	2
3951	UNSPECIFIED	DEXCOM G6 SENSOR DEVICE	DIABETIC SUPPLIES	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	CHIROPRACTOR, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	ENDOCRINOLOGY, PEDIATRIC	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3956	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	12
3951	FAMILY PRACTICE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	8
3963	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	10
3951	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3969	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3961	INTERNAL MEDICINE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	5
3963	NURSE PRACTITIONER, PEDIATRIC CARE	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3956	PEDIATRICS	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3951	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	12
3963	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	15
3951	UNSPECIFIED	DEXCOM G6 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3969	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3965	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3964	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6TRANSMITTER	DIABETIC SUPPLIES	Denied	2
3964	UNSPECIFIED	DEXCOM G6TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3965	UNSPECIFIED	DEXCOM G6TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6TRANSMITTER DEVICE (BLOOD-GLU-COSETRANSMITTER)	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	EMERGENCY MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3951	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	5
3963	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3965	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3951	INTERNAL MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	7
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3956	PEDIATRICS	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3961	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3964	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	14
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER XX MISC	DIABETIC SUPPLIES	Approved	7
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Approved	2
3956	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denied	1
3963	UNSPECIFIED	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Denied	2
3964	UNSPECIFIED	DEXCOM G7 RECEIVER	DIABETIC SUPPLIES	Approved	1
3965	UNSPECIFIED	DEXCOM G7 RECEIVER RECEIVER MIS	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	7
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	4
3963	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Denied	1
3951	FAMILY PRACTICE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	7
3956	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	7
3969	UNSPECIFIED	DEXCOM G7 RECEIVER XX DEVI	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G7 RECEIVER-MIS-RECEIVER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	2
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	4
3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	2
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3956	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	3
3963	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Denied	3
3965	UNSPECIFIED	DEXCOM G7 SENSOR	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR MISCELLANEOUS DEVICE	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR MISCELLANEOUS DEVICE	DIABETIC SUPPLIES	Approved	1
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR DEVICE	DIABETIC SUPPLIES	Approved	1
3963	OBSTETRICS & GYNECOLOGY	DEXCOM G7 SENSOR DEVICE	DIABETIC SUPPLIES	Denied	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR DEVICE (BLOOD-GLUCOSE SENSOR)	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR MISC 1EA X 1 BOX	DIABETIC SUPPLIES	Approved	1
3969	FAMILY PRACTICE	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	FAMILY PRACTICE	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3964	FAMILY PRACTICE	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3965	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3964	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3962	UNSPECIFIED	DEXCOM G7 SENSOR SENSOR MIS	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	11
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	22
3956	ANESTHESIOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1

SHOODENINOLOGY DARETES & METABOLISM DENOM OF SERSON XX MISC DARETIC SUPPLIES Approved 3 3 3 3 3 3 3 3 3	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
Second FAMILY PRACTICE	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
Sept	3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
DESCON GT SENSOR XX MISC DIABETIC SUPPLIES Denied 1	3956	FAMILY MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
Section PAMILY PRACTICE	3956	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	2
PAMILY PRACTICE	3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
Sec	3951	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
Sept. FAMILY PRACTICE	3965	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3961 FAMILY PRACTICE	3962	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3961 INTERNAL MEDICINE	3962	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
NITERNAL MEDICINE	3961	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
1965 INTERNAL MEDICINE	3951	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
INTERNAL MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 19	3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
INTERNAL MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3965	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
INTERNAL MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 1	3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	19
NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3963 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3965 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3966 NURSE PRACTITIONER, INSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3963 NURSE PRACTITIONER, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3966 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3967 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3968 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3969 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PEVISICIAN ASSISTANT, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3961 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3960 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN, GENIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN, GENIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 PHYSICIAN, GENIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 DIABETIC SUPPLIES Approved 7 3960 DIABETIC SUPPLIES Approved 7 3960 DIABETIC SUPPLIES Approved 7 3960 DIABE	3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	2
NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3965 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 NURSE PRACTITIONER, FAMILY HEALTH DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3960 NURSE PRACTITIONER, LINSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 NURSE PRACTITIONER, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 NURSE PRACTITIONER, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3964 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3965 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3966 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3967 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 2 3968 PEDIATRICS DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 2 3969 PHYSICIAN ASSISTANT, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3969 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3960 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3961 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3962 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3964 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3965 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3966 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3967 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3968 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3969 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3969 UNSPECIFIED	3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
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3956 PHYSICIAN ASSISTANT, UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3956 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3951 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3962 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 28 3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 2	3956	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
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3956 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 4 3951 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3962 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 28 3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 2	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951 PHYSICIAN, ENDOCRINOLOGY DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3963 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3962 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 28 3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 2	3963	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3963 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3962 PHYSICIAN, GERIATRIC MEDICINE DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 1 3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 28 3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3956	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3962PHYSICIAN, GERIATRIC MEDICINEDEXCOM G7 SENSOR XX MISCDIABETIC SUPPLIESApproved13956UNSPECIFIEDDEXCOM G7 SENSOR XX MISCDIABETIC SUPPLIESApproved283963UNSPECIFIEDDEXCOM G7 SENSOR XX MISCDIABETIC SUPPLIESApproved183951UNSPECIFIEDDEXCOM G7 SENSOR XX MISCDIABETIC SUPPLIESApproved73951UNSPECIFIEDDEXCOM G7 SENSOR XX MISCDIABETIC SUPPLIESDenied2	3951	PHYSICIAN, ENDOCRINOLOGY	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 28 3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3963	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 18 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3962	PHYSICIAN, GERIATRIC MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Approved 7 3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3956	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	28
3951 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 2	3963	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	18
	3951	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3956 UNSPECIFIED DEXCOM G7 SENSOR XX MISC DIABETIC SUPPLIES Denied 1	3951	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	2
	3956	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3962	UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3956	FAMILY PRACTICE	DEXCOM G7 SENSORS	DIABETIC SUPPLIES	Denied	1
3963	PSYCHIATRY	DEXMETHYLPHENIDATE 10MG TABLETS	CNS STIMULANTS	Denied	1
3956	FAMILY PRACTICE	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	DEXMETHYLPHENIDATE HCL 10MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEXTROAMPHETAMINE 30MG TAB	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	DIAZEPAM 2MG TABLETS	CNS DEPRESSANT	Approved	1
3963	INTERNAL MEDICINE	DIAZEPAM 5MG TABLET	CNS DEPRESSANT	Approved	1
3956	EMERGENCY MEDICINE	DICLOFENAC SODIUM 1% EX GEL	NON-NARCOTIC ANALGESICS	Approved	1
3956	ALLERGY	DICLOFENAC SODIUM 1% TOPICAL GEL	NON-NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	DIETHYLPROPION HCL ER 75MG ER TAB	CNS STIMULANTS	Denied	1
3963	GASTROENTEROLOGY	DIFICID 200MG TAB	ANTI-INFECTIVES	Approved	1
3963	GASTROENTEROLOGY	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	GASTROENTEROLOGY	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3962	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3961	UNSPECIFIED	DIFICID 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3962	FAMILY PRACTICE	DILAUDID 4MG TABLETS (HYDROMORPHONE)	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	DRONABINOL 10MG OR CAPS	ANTINAUSEANTS	Approved	1
3963	FAMILY PRACTICE	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3964	FAMILY PRACTICE	DRONABINOL CAPSULES	ANTINAUSEANTS	Approved	1
3964	FAMILY PRACTICE	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	DRONABINOL CAPSULES	ANTINAUSEANTS	Denied	1
3963	UNSPECIFIED	DULAGLUTIDE 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	DUPIXENT 300MG/2ML SC SOSY	IMMUNOGLOBULINS/DERMATOLOGICAL AGENTS	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	DYANAVEL XR 15MG OR CHER	CNS STIMULANTS	Approved	1
3956	PODIATRIST, UNSPECIFIED	ECONAZOLE NITRATE 1% EX CREA	ANTIFUNGALS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	ELETRIPTAN	NON-NARCOTIC ANALGESICS	Approved	1
3962	INTERNAL MEDICINE	ELIDEL (PIMECROLIMUS)	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	5
3951	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3951	INTERNAL MEDICINE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3969	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE-ZUMAB-GNLM)	ANTIMIGRAINE	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	13
3965	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	2
3969	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3965	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	3
3962	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	9
3963	ALLERGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	3
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	3
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3951	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	4
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	9

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	2
3963	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, GERONTOLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	PEDIATRICS	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	17
3956	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	5
3951	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	3
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	4
3963	UNSPECIFIED	EMGALITY 120MG/ML PF PEN (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3965	FAMILY PRACTICE	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PREF SYR INJ (GALCANE- ZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3951	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	3
3956	ANESTHESIOLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3964	INTERNAL MEDICINE	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3969	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Denied	1
3956	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3969	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	2
3956	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML SC SOAJ	ANTIMIGRAINE	Approved	1
3962	FAMILY PRACTICE	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML SC SOSY	ANTIMIGRAINE	Denied	1
3963	FAMILY MEDICINE	EMGALITY 120MG/ML SYRINGE	ANTIMIGRAINE	Denied	1
3956	FAMILY PRACTICE	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	2
3956	NEUROLOGY	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Denied	1
3956	UNSPECIFIED	EMGALITY INJ 100MG/ML PFS (GALCANEZUM-AB-GNLM)	ANTIMIGRAINE	Approved	1
3963	FAMILY MEDICINE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	4
3956	FAMILY PRACTICE	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	4
3956	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	6
3963	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	NEUROLOGY	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	PEDIATRICS	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3956	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Approved	2

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3963	UNSPECIFIED	EMGALITY INJ 120MG/ML PFS (GALCANEZ-GNLM)	ANTIMIGRAINE	Denied	1
3956	FAMILY PRACTICE	EMGALITY PEN 120 MG/ML SUBCUTANEOUS PEN INJECTOR	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMPAGLIFLOZIN 10 MG ORAL TABLET (JARDIANCE)	ANTIDIABETICS	Approved	1
3956	PSYCHIATRY	EMSAM 6MG/24HRTD PT24	ANTIPARKINSON	Approved	2
3963	UNSPECIFIED	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMA- RATE 200-300 TAB	ANTIVIRALS	Denied	1
3956	PEDIATRICS	EPINEPHRINE 0.15MG INJECTION (1:2000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	FAMILY PRACTICE	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3951	UNSPECIFIED	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	2
3963	UNSPECIFIED	EPINEPHRINE 0.3MG INJECTION (1:1000)	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	UNSPECIFIED	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3963	UNSPECIFIED	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3961	UNSPECIFIED	EPINEPHRINE 0.3MG/0.3ML IJ SOAJ	ALPHA/BETA ADRENERGIC AGONIST	Denied	1
3956	UNSPECIFIED	ESOMEPRAZOLE MAG CAP 20MG DR	PROTON PUMP INHIBITOR	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ESZOPICLONE 3MG OR TABS	HYPNOTIC	Approved	1
3963	ALLERGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	2
3951	ALLERGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3951	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3962	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3962	INTERNAL MEDICINE	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3969	PEDIATRICS	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	EUCRISA (CRISABOROLE)	DERMATOLOGICAL AGENTS	Denied	2
3951	PEDIATRICS	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	EUCRISA 2% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	GENERAL PRACTICE	FEBUXOSTAT	ANTIGOUT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	FEBUXOSTAT	ANTIGOUT	Approved	1
3956	FAMILY PRACTICE	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	FEBUXOSTAT 40MG OR TABS	ANTIGOUT	Approved	1
3963	UNSPECIFIED	FEBUXOSTAT 80MG OR TABS	ANTIGOUT	Approved	1
3956	ANESTHESIOLOGY	FENTANYL 100MCG/HRTD PT72	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 100MCG/HRTD PT72	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	PALLIATIVE MEDICINE	FENTANYL 100MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	PEDIATRICS	FENTANYL 12MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	FENTANYL 25MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3962	HEMATOLOGY & ONCOLOGY	FENTANYL 25MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2
3963	FAMILY PRACTICE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	FENTANYL 50MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	FENTANYL 50MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	FENTANYL 75MCG/HRTD PT72	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 75MCG/HRTD PT72	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	FENTANYL 75MCG/HRTD PT72	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 75MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	FENTANYL 75MCG/HR TRANSDERMAL PATCH	NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	FETZIMA 20MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	FETZIMA 40MG OR CP24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	FINACEA (AZELAIC ACID)	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	FINACEA 15% EX FOAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	FINACEA 15% GEL	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	FLUOCINOLONE 0.01% BODY OIL	TOPICAL CORTICOSTEROID	Denied	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	FLUOXETINE HCL 20MG OR CAPS	ANTIDEPRESSANTS	Denied	1
3963	ALLERGY	FLUTICASONE PROPIONATE HFA	ASTHMA	Approved	1
3963	INTERNAL MEDICINE	FOCALIN XR 10MG CAP	CNS STIMULANTS	Denied	1
3963	PEDIATRICS	FOCALIN XR 20MG CAPSULE	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	FOCALIN XR 35MG CAPSULE	CNS STIMULANTS	Denied	1

3956 UNSPECIFIED GABAPENTIN 100MG CAPSULES ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 300MG CAPSULES ANTICONVULSANTS Approve 3956 NURSE PRACTITIONER, ACUTE CARE GABAPENTIN 300MG CAPSULES ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Denied 3951 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	2 dd 1 dd 2 dd 1 dd 1 dd 1 dd 1 dd 1 dd
3956 NURSE PRACTITIONER, ACUTE CARE GABAPENTIN 300MG CAPSULES ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3966 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve	1 dd 2 dd 1 dd 1 dd 1 dd 1 dd 1
3956 FAMILY PRACTICE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve	2 2 dd 1 1 dd 1 1 dd 1 1
3963 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3966 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	d 1 d 1 d 1 d 1
3951 INTERNAL MEDICINE GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	d 1 1 1
3963 NURSE PRACTITIONER, FAMILY HEALTH GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	ed 1
3956 NURSE PRACTITIONER, UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	
3951 ORTHOPEDIC SURGERY GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	d 1
3956 UNSPECIFIED GABAPENTIN 300MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	
3956 FAMILY PRACTICE GABAPENTIN 400MG OR CAPS ANTICONVULSANTS Approve 3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	ed 1
3956 FAMILY PRACTICE GABAPENTIN 600MG TABLETS ANTICONVULSANTS Denied	ed 5
	ed 1
3951 FAMILY PRACTICE GABAPENTIN 800MG TABLETS ANTICONVULSANTS Denied	1
	1
3956 NEUROLOGY GABAPENTIN 800MG TABLETS ANTICONVULSANTS Denied	1
3963 FAMILY PRACTICE GEMTESA (VIBEGRON) OVERACTIVE BLADDER Denied	1
3963 NURSE PRACTITIONER, FAMILY HEALTH GEMTESA (VIBEGRON) OVERACTIVE BLADDER Denied	1
3963 NURSE PRACTITIONER, FAMILY HEALTH GEMTESA (VIBEGRON) OVERACTIVE BLADDER Approve	ed 1
3963 NURSE PRACTITIONER, UNSPECIFIED GEMTESA (VIBEGRON) OVERACTIVE BLADDER Approve	ed 1
3963 UROLOGY GEMTESA (VIBEGRON) OVERACTIVE BLADDER Denied	2
3963 UNSPECIFIED GEMTESA (VIBEGRON) OVERACTIVE BLADDER Approve	ed 4
3969 EMERGENCY MEDICINE GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 1
3963 FAMILY PRACTICE GEMTESA 75MG ORTABS OVERACTIVE BLADDER Approve	ed 1
3965 INTERNAL MEDICINE GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 1
3963 INTERNAL MEDICINE GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 1
3965 NURSE PRACTITIONER, FAMILY HEALTH GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 1
3963 NURSE PRACTITIONER, FAMILY HEALTH GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 1
3963 UROLOGY GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 3
3963 UNSPECIFIED GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 8
3951 UNSPECIFIED GEMTESA 75MG OR TABS OVERACTIVE BLADDER Approve	ed 2
3963 UNSPECIFIED GIMOTI 15MG SPR GASTROINTESTINAL AGENTS Denied	1
3956 FAMILY PRACTICE GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN) DIABETIC AGENT Approve	ed 1
3951 NURSE PRACTITIONER, FAMILY HEALTH GLYXAMBI 25-5MG OR TABS DIABETIC AGENT Approve	ed 1
3963 NEUROLOGY HORIZANT (GABAPENTIN ENACARBIL ERTABLETS) ANTISEIZURE Denied	2
3963 FAMILY PRACTICE HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML COUGH SUPPRESSANT Approve	ed 3
3956 HEMATOLOGY & ONCOLOGY HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML COUGH SUPPRESSANT Approve	ed 2
3965 FAMILY PRACTICE HYDROCODONE/IBUPROFEN 10/200MG NARCOTIC ANALGESICS Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3951	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 10-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3965	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3962	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3964	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	GENERAL PRACTICE	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	10
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	CLINICAL NURSE SPECIALIST, ACUTE CARE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	EMERGENCY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	8
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	GENERAL PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3962	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	5
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	OPHTHALMOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	SURGERY, HAND	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	13
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	8
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	7
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	5

NURSE PRACTITIONER, UNSPECIFIED	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
PAMILY MEDICINE	3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
PAMILY PRACTICE	3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
MAILY PRACTICE	3963	FAMILY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
INTERNAL MEDICINE	3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
MEDICAL ONCOLOGY	3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
NEUROLOGICAL SURGERY	3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
Approved	3951	MEDICAL ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
NURSE PRACTITIONER, FAMILY HEALTH	3963	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
NURSE PRACTITIONER, FAMILY HEALTH	3956	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
Approved 1 Approved 2 Approved 3 Approved 4 Appr	3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
ORTHOPEDIC SURGERY	3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
Approved 2 3956 ORTHOPEDIC SURGERY	3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
PAIN MEDICINE HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 2 3966 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 3 3983 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3989 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3986 PHYSICIAN, SURGERY, GENERAL HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3986 PHYSICIAN, SURGERY, GENERAL HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3986 REGISTERED NURSE, EMERGENCY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3986 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3986 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3987 NARCOTIC ANALGESICS Approved 1 3988 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3989 NARCOTIC ANALGESICS Approved 1 3980 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3989 NARCOTIC ANALGESICS Approved 1 3980 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3980 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3980 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3980 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3980 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 2 3981 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 2 3982 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 3 3980 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 3989 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 3989 FAMILY PRA	3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSICAL MEDICINE & REPOWED 1	3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
TION / PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSICIAN, PHYSICAL MEDICINE & PAPOVOD	3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
TION / PHYSICIAN PHYSICAL MEDICINE & REHABILITA- TION / PHYSICAL MEDICINE & REHABILITA- TION / PHYSICIAN SURGERY, GENERAL HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 1 3956 PHYSICIAN, SURGERY, GENERAL HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 1 3956 REGISTERED NURSE, EMERGENCY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 1 3962 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	3956		HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
TION / PHYSIATRY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3956 PHYSICIAN, SURGERY, GENERAL HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3956 REGISTERED NURSE, EMERGENCY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3952 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3958 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 9 3950 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 9 3951 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 8 3965 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3966 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3967 UNSPECIFIED HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 3968 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 3 3960 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3961 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE	3963		HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
REGISTERED NURSE, EMERGENCY HYDROCODONE-ACETAMINOPHENTAB 5-325 MG NARCOTIC ANALGESICS Approved 1 NARCOTIC ANALGESICS Approved 1 NARCOTIC ANALGESICS Approved 1 NARCOTIC ANALGESICS Approved 1 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 9 NARCOTIC ANALGESICS Approved 9 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 11 NARCOTIC ANALGESICS Approved 12 NARCOTIC ANALGESICS Approved 13 NARCOTIC ANALGESICS Approved 14 NARCOTIC ANALGESICS Approved 15 NARCOTIC ANALGESICS Approved 16 NARCOTIC ANALGESICS Approved 17 NARCOTIC ANALGESICS Approved 18 NARCOTIC ANALGESICS Approved 19 NARCOTIC ANALGESICS Approved 10 NARCOTIC ANALGESICS Approved 11 NARCOTIC ANALGESICS Approved 11 NARCOTIC ANALGESICS Approved 12 NARCOTIC ANALGESICS Approved 12 NARCOTIC ANALGESICS Approved 13 NARCOTIC ANALGESICS Approved 14 NARCOTIC ANALGESICS Approved 15 NARCOTIC ANALGESICS Approved 16 NARCOTIC ANALGESICS Approved 17 NARCOTIC ANALGESICS Approved 18 NARCOTIC ANALGESICS Approved 19 NARCOTIC ANALGESICS Approved 10 NA	3969	· ·	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
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HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 10 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 9 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 8 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Denied 1 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Denied 1 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1	3956	REGISTERED NURSE, EMERGENCY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
HYDROCODONE-ACETAMINOPHENTAB 5-325 MG NARCOTIC ANALGESICS Approved BYDROCODONE-ACETAMINOPHENTAB 5-325 MG NARCOTIC ANALGESICS Denied BYDROCODONE-ACETAMINOPHENTAB 5-325 MG NARCOTIC ANALGESICS Denied BYDROCODONE-ACETAMINOPHENTAB 7-5-325 MG NARCOTIC ANALGESICS Approved BYDROCODONE-ACETAMINOPHENTAB 7-5-325 MG NARCOTIC ANALGESICS BYDROVED BYDROCODONE-ACETAMINOPHENTAB 7-5-325 MG NARCOTIC ANALGESICS BYDROCODONE-ACETAMINOPHENTAB 7-5-325 MG NARCOTIC ANALGESICS BYDROCODONE-ACETAMINOPHENTAB 7-5-325 MG NARCOTIC ANALGESICS BYDROCODONE-ACETAMI	3962	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
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HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Denied 1 HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG NARCOTIC ANALGESICS Denied 1 ANESTHESIOLOGY HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 3 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 7 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 1 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Approved 2 HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG NARCOTIC ANALGESICS Denied 1	3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	9
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APProved 1 APProved 1 APProved 1 APProved 1 APProved 1 APProved 1 APProved 2 APProved 3 APProved 4 APProved 4 APProved 5 APProved 7 APProved 7 APProved 7 APProved 7 APProved 1 APProved 2 APProved 2 APProved 2 APProved 2 APProved 1	3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 3 3951 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 3 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1	3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3951 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 7 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Denied 1	3962	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 7 3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Denied 1	3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3969 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Denied 1	3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3964 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Denied 1	3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	7
3956 FAMILY PRACTICE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Denied 1	3969	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
	3964	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963 INTERNAL MEDICINE HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG NARCOTIC ANALGESICS Approved 2	3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
	3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PLASTIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	SURGERY, HAND	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	5
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	6
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	4
3963	ANESTHESIOLOGY	HYDROCODONE-APAP TAB 2.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	HYDROCODONE-CHLORPHENIRAMINE ER 10-8MG/5ML SUSP	NARCOTIC ANALGESICS	Denied	1
3969	FAMILY PRACTICE	HYDROCODONE-CHLORPHENIRAMINE ER SUSPEN- SION	NARCOTIC ANALGESICS	Denied	1
3967	INTERNAL MEDICINE	HYDROCODONE-CHLORPHENIRAMINE ER SUSPEN- SION	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	HYDROCORTISONE 2.5% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	HYDROCORTISONE 2.5% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	HYDROCORTISONE 2.5% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3965	FAMILY PRACTICE	HYDROMORPHONE 4MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	PALLIATIVE MEDICINE	HYDROMORPHONE 8MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	HYDROMORPHONE HCL 2MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3965	ANESTHESIOLOGY	HYDROMORPHONE HCL 4 MG ORAL TABLET (DILAUDID)	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	HYDROMORPHONE HCL 4MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	HYDROXYZINE HCL 25MG OR TABS	CNS DEPRESSANT	Approved	1
3963	UNSPECIFIED	HYOSCYAMINE SULFATE	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYOSCYAMINE SULFATE 0.125MG TAB	ANTISPASMODIC AND ANTICHOLINERGIC AGENTS	Denied	1
3956	FAMILY PRACTICE	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE 0.5MG-3 MG/3 ML SOLUTION FOR INHALATION	ASTHMA	Denied	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE INHALATION SOLUTION	ASTHMA	Denied	1
3969	DERMATOLOGY	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	ISOTRETINOIN	DERMATOLOGICAL AGENTS	Denied	3
3963	DERMATOLOGY	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ISOTRETINOIN 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	7
3956	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	ISOTRETINOIN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40 MG ORAL CAPSULE (ACCUTANE)	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3951	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
			DEDIALTO, COLON, ACENTO		1
3956	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	FAMILY PRACTICE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3961	HEMATOLOGY & ONCOLOGY, PEDIATRIC	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	INTERNAL MEDICINE	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	PODIATRIST, UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3956	PULMONARY DISEASES	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	5
3951	UNSPECIFIED	ITRACONAZOLE 100MG OR CAPS	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3956	DERMATOLOGY	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3963	PODIATRIST, UNSPECIFIED	ITRACONAZOLE CAPSULES	ANTIFUNGALS	Denied	1
3961	HEMATOLOGY & ONCOLOGY, PEDIATRIC	ITRACONAZOLE SOLUTION 10MG/ML	ANTIFUNGALS	Denied	1
3963	DERMATOLOGY	IVERMECTIN	ANTIPARASITICS	Denied	1
3963	FAMILY PRACTICE	IVERMECTIN	ANTIPARASITICS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	3
3951	UNSPECIFIED	IVERMECTIN	ANTIPARASITICS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% CREAM	ANTIPARASITICS	Approved	1
3963	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	6
3956	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	4
3961	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3951	DERMATOLOGY	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3965	EMERGENCY MEDICINE	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3963	PEDIATRICS	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	2
3956	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	4
3963	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	3
3965	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1
3951	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	IVERMECTIN 1% EX CREA	ANTIPARASITICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN 3MG OR TABS	ANTIPARASITICS	Approved	1
3963	DERMATOLOGY	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3963	DERMATOLOGY	IVERMECTIN CREAM	ANTIPARASITICS	Denied	1
3956	EMERGENCY MEDICINE	IVERMECTIN CREAM	ANTIPARASITICS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3964	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3956	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Denied	1
3965	UNSPECIFIED	IVERMECTIN CREAM	ANTIPARASITICS	Approved	1
3956	INTERNAL MEDICINE	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	JANUMET (SITAGLIPTIN-METFORMIN)	ANTIDIABETICS	Approved	2
3956	FAMILY PRACTICE	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	JANUMET 50-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	JANUMET 50-500MG OR TABS	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	JANUMETTABLET	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	JANUMET XR 100-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	JANUMET XR 100-1000MG ORTB24	ANTIDIABETICS	Approved	2
3956	FAMILY PRACTICE	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	JANUMET XR 50-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	3
3963	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA (SITAGLIPTIN)	DIABETIC AGENT	Denied	1
3956	CARDIOLOGY	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JANUVIA 100MG ORTABS	DIABETIC AGENT	Approved	4
3951	FAMILY PRACTICE	JANUVIA 100MG ORTABS	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, ADULT HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	4
3956	NURSE PRACTITIONER, UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA 100MG OR TABS	DIABETIC AGENT	Approved	7
3956	FAMILY PRACTICE	JANUVIA 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JANUVIA 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JANUVIA 25MG OR TABS	DIABETIC AGENT	Approved	3
3956	FAMILY PRACTICE	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	JANUVIA 50MG OR TABS	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	4
3963	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3951	CARDIOLOGY	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	CARDIOLOGY, INTERVENTIONAL	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3951	CARDIOLOGY, INTERVENTIONAL	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	9
3956	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3951	FAMILY PRACTICE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	2
3961	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	4
3956	INTERNAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3956	NEPHROLOGY / RENAL MEDICINE	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	8
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	3
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	17
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	4
3956	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	2
3961	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	3
3951	UNSPECIFIED	JARDIANCE (EMPAGLIFLOZIN)	DIABETIC AGENT	Approved	5
3956	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	13
3951	CARDIOLOGY	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	15
3951	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	2
3961	FAMILY PRACTICE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	HOSPITALIST	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	10
3961	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	NEPHROLOGY / RENAL MEDICINE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	10
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	33
3951	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	5
3963	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	5
3961	UNSPECIFIED	JARDIANCE 10MG OR TABS	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 10MG TAB	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	JARDIANCE 25 MG TABLET	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	25
3956	CARDIOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	6
3963	FAMILY PRACTICE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3956	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	14
3963	INTERNAL MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1

SPATE PHYSICIAN ASSISTANT UNSPECIFED JAPRIANCE DANG OF TASS DARBETC ACENT Aptroved 1	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
Second PHYSICIAN, GENATRIC MEDICINE	3951	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
See UNSPECIFIED	3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3983 UNSPECIFED	3956	PHYSICIAN, GERIATRIC MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3961 UNSPECIFIED	3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	22
UNSPECIFIED	3963	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
Section	3951	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	4
1	3963	UNSPECIFIED	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	Denied	1
UNSPECIFIED	3963	FAMILY PRACTICE	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1
Second Color Seco	3965	UROLOGY	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1
PEDIATRICS	3956	UNSPECIFIED	JENTADUETO XR (LINAGLIPTIN-METFORMIN ER)	DIABETICTHERAPY	Denied	1
DERMATOLOGY JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3956 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3956 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3956 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3958 DERMATOLOGY JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1 3958 PODIATRIST, UNSPECIFIED JUBLIA (19% EX SOLN ANTIFUNGALS Denied 1 3958 PODIATRIST, UNSPECIFIED JUBLIA (19% EX SOLN ANTIFUNGALS Denied 1 3959 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3950 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3951 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3951 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3958 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3958 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3959 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3959 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 DERMATOLOGY KEROLINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 DERMATOLOGY KEROLINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 DERMATOLOGY KEROLINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3950 DERMATOLOGY KETOCONAZOLE 2% KE KERA DERMATOLOGICAL AGENTS Approved 1 3950 DERMATOLOGY KETOCONAZOLE 2% KE SHAM DERMATOLOGICAL AGENTS Approved 1 3950 DERMATOLOGY KETOCONAZOLE 2% KE SHAM DERMATOLOGICAL AGENTS Approved 1 3950 DERMATOLOGY KETOCONAZOLE 2% KE SHAM DERMATOLOGICAL AGENTS Denied 1 3950 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3950 DERMATOLOGY	3963	FAMILY PRACTICE	JENTADUETO XR 5-1000MG OR TB24	DIABETICTHERAPY	Approved	1
PHYSICIAN ASSISTANT, UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1	3969	PEDIATRICS	JORNAY PM 20MG ER	CNS STIMULANTS	Denied	1
PHYSICIAN ASSISTANT, UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3966 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3968 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1 3968 DERMATOLOGY JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3969 PODIATRIST, UNSPECIFIED JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3960 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3962 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3961 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3961 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3966 NEPHROLOGY / FENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3967 NEPHROLOGY / FENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3968 NEPHROLOGY / FENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 NEPHROLOGY / FENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3961 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3956	DERMATOLOGY	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Approved	1
JUBLIA (EFINACONAZOLE) ANTIFUNGALS Approved 1 3966 UNSPECIFIED JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1 3963 DERMATOLOGY JUBLIA (SENACONAZOLE) ANTIFUNGALS Denied 1 3963 DERMATOLOGY JUBLIA (SENACONAZOLE) ANTIFUNGALS APPROVED 1 3964 PODIATRIST, UNSPECIFIED JUBLIA (SEN SEX SOLN ANTIFUNGALS Denied 1 3965 PODIATRIST, UNSPECIFIED JUBLIA (SEX SOLN ANTIFUNGALS Denied 1 3968 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3962 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3961 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3968 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3967 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3968 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3969 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 28 EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 28 EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
JUBLIA (EFINACONAZOLE) ANTIFUNGALS Denied 1 3963 DERMATOLOGY JUBLIA 10% EX SOLN ANTIFUNGALS Approved 1 3964 PODIATRIST, UNSPECIFIED JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3965 PODIATRIST, UNSPECIFIED JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3963 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3962 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3966 NEPHROLOGY, PRINAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3969 NEPHROLOGY, RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3961 NITERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 DERMATOLOGY KERENDIA 10MG OR TABS KIDNEY AGENT Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Approved	1
DERMATOLOGY JUBLIA 10% EX SOLN ANTIFUNGALS Approved 1 3963 DERMATOLOGY DERMATOLOGY JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3963 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) MIDREY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3968 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3969 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3961 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 DERMATOLOGY KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGICAL AGENTS Denied 1 Denied 1 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 Denied 1 DERMATOLOGICAL AGENTS Denied 1 Denied 1 DERMATOLOGICAL AGENTS Denied 1 DERMATOLOGICAL AGENTS Denied 1 Denied 1 DERMATOLOGICAL AGENTS Deni	3956	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Approved	1
PODIATRIST, UNSPECIFIED JUBLIA 10% EX SOLN ANTIFUNGALS Denied 1 3963 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3962 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3963 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 UNSPECIFIED KEROONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3966 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3966 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3966 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3966 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3968 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3968 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3968 DERMATOLOGICAL AGENTS Denied 1	3956	UNSPECIFIED	JUBLIA (EFINACONAZOLE)	ANTIFUNGALS	Denied	1
ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 2 3962 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3951 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3953 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3951 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 DERMATOLOGY KEROCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3958 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS DENIED 1 3957 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1	3963	DERMATOLOGY	JUBLIA 10% EX SOLN	ANTIFUNGALS	Approved	1
ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3951 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3963 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3951 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3969 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3960 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3961 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE 28 EX SHAM DERMATOLOGICAL AGENTS Denied 1 3961 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3960 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3965	PODIATRIST, UNSPECIFIED	JUBLIA 10% EX SOLN	ANTIFUNGALS	Denied	1
B9951 ENDOCRINOLOGY, DIABETES & METABOLISM KERENDIA (FINERENONE) KIDNEY AGENT Denied 1 3963 INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3963 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3951 INTERNAL MEDICINE KERENDIA 10MG OR TABS KIDNEY AGENT Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3963 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS DENIED 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS DENIED 1 3956 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS DENIED 1 3956 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 3958 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 39593 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 39593 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1 39594 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS DENIED 1	3963	ENDOCRINOLOGY, DIABETES & METABOLISM	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	2
INTERNAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1	3962	ENDOCRINOLOGY, DIABETES & METABOLISM	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3963 NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved 1 3956 UNSPECIFIED KERENDIA (FINERENONE) KIDNEY AGENT Approved 2 3951 INTERNAL MEDICINE KERENDIA 10MG OR TABS KIDNEY AGENT Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3963 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3951 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3951	ENDOCRINOLOGY, DIABETES & METABOLISM	KERENDIA (FINERENONE)	KIDNEY AGENT	Denied	1
NEPHROLOGY / RENAL MEDICINE KERENDIA (FINERENONE) KIDNEY AGENT Approved NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved NURSE PRACTITIONER, FAMILY HEALTH Approved NURSE PRACTITIONER, FAMILY HEALTH KERENDIA (FINERENONE) KIDNEY AGENT Approved NURSE PRACTITIONER, FAMILY HEALTH Approved NURSE PRACTITIONER NU	3963	INTERNAL MEDICINE	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
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3951 INTERNAL MEDICINE KERENDIA 10MG OR TABS KIDNEY AGENT Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3963 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3951 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3956	NURSE PRACTITIONER, FAMILY HEALTH	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	1
3956 DERMATOLOGY KETOCONAZOLE 2% EX CREA DERMATOLOGICAL AGENTS Approved 1 3963 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3951 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Approved 1	3956	UNSPECIFIED	KERENDIA (FINERENONE)	KIDNEY AGENT	Approved	2
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3956 DERMATOLOGY KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3951 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3956	DERMATOLOGY	KETOCONAZOLE 2% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956 UNSPECIFIED KETOCONAZOLE 2% EX SHAM DERMATOLOGICAL AGENTS Approved 1 3951 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1	3963	DERMATOLOGY	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	1
3951 DERMATOLOGY KETOCONAZOLE CREAM 2% DERMATOLOGICAL AGENTS Denied 1 3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Approved 1	3956	DERMATOLOGY	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	1
3956 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Approved 1	3956	UNSPECIFIED	KETOCONAZOLE 2% EX SHAM	DERMATOLOGICAL AGENTS	Approved	1
3963 DERMATOLOGY KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Denied 1 3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Approved 1	3951	DERMATOLOGY	KETOCONAZOLE CREAM 2%	DERMATOLOGICAL AGENTS	Denied	1
3963 UNSPECIFIED KETOCONAZOLE SHAMPOO 2% DERMATOLOGICAL AGENTS Approved 1	3956	DERMATOLOGY	KETOCONAZOLE SHAMPOO 2%	DERMATOLOGICAL AGENTS	Denied	1
	3963	DERMATOLOGY	KETOCONAZOLE SHAMPOO 2%	DERMATOLOGICAL AGENTS	Denied	1
3963 FAMILY PRACTICE KRISTALOSE 10GM PAK GASTROINTESTINAL AGENTS Denied 1	3963	UNSPECIFIED	KETOCONAZOLE SHAMPOO 2%	DERMATOLOGICAL AGENTS	Approved	1
	3963	FAMILY PRACTICE	KRISTALOSE 10GM PAK	GASTROINTESTINAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	NURSE PRACTITIONER, FAMILY HEALTH	LANTUS SOLOSTAR 100U/ML PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	LEXAPRO 10MG TABLET	ANTIDEPRESSANT	Denied	1
3963	UNSPECIFIED	LIDOCAINE 5 % EXTERNAL PATCH (LIDODERM)	NON-NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	EMERGENCY MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	2
3963	FAMILY PRACTICE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3964	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Denied	1
3951	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	LIDOCAINE 5% EX PTCH	NON-NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	EMERGENCY MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	11
3963	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3961	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	GENERAL PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	GENERAL PRACTICE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3963	INTERNAL MEDICINE	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NEUROLOGY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	ORTHOPEDIC SURGERY	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	2
3956	PHYSICIAN, SURGERY, GENERAL	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	21
3963	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	4
3951	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1
3961	UNSPECIFIED	LIDOCAINE 5% PATCH	NON-NARCOTIC ANALGESICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	LIDOCAINE OINTMENT 5%	NON-NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3963	ANESTHESIOLOGY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3965	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3962	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3969	FAMILY PRACTICE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3969	INTERNAL MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3951	NEUROLOGICAL SURGERY	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3967	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3964	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3963	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	6
3969	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Approved	1
3969	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	2
3951	UNSPECIFIED	LIDOCAINE PATCH 5%	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	LIDODERM (LIDOCAINE PATCH 5%)	NON-NARCOTIC ANALGESICS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	LIVALO 2MG TABLET	ANTIHYPERLIPIDEMICS	Denied	1
3956	OPTOMETRIST, UNSPECIFIED	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	1
3956	UNSPECIFIED	LUMIGAN 0.01% OP SOLN	ANTIGLAUCOMA	Approved	2
3963	FAMILY PRACTICE	LYRICA (PREGABALIN)	ANTICONVULSANTS	Approved	1
3963	UNSPECIFIED	LYRICA (PREGABALIN)	ANTICONVULSANTS	Denied	1
3963	UNSPECIFIED	LYRICA 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3963	FAMILY PRACTICE	LYRICA 75MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	UNSPECIFIED	LYRICA 75MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	MALATHION 0.5% EX LOTN	ANTIPARASITICS	Approved	1
3963	UNSPECIFIED	MEMANTINE	DEMENTIA AGENT	Denied	1
3963	UNSPECIFIED	METFORMIN HCL ER (OSM) 1000MG ORTB24	ANTIDIABETICS	Denied	1
3963	ANESTHESIOLOGY	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	PALLIATIVE MEDICINE	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	METHADONE 10MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3956	ANESTHESIOLOGY	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, SURGERY, GENERAL	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	METHADONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	METHADONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3961	INTERNAL MEDICINE	METHOCARBAMOL 750MG OR TABS	MUSCLE RELAXANTS	Approved	1
3963	INTERNAL MEDICINE	METHYLPHENIDATE 72MG ER TABLET	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	METHYLTESTOSTERONE ORAL CAPSULE	TESTOSTERONE SUPPLEMENT	Denied	1
3956	DERMATOLOGY	METRONIDAZOLE CREAM	ANTIBIOTICS	Approved	1
3964	OPHTHALMOLOGY	MIEBO DROPS	OPHTHALMIC PREPARATIONS	Denied	1
3963	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	5
3956	FAMILY PRACTICE	MODAFINIL 100MG	CNS STIMULANTS	Denied	4
3963	INTERNAL MEDICINE	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3951	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3951	PSYCHIATRY	MODAFINIL 100MG	CNS STIMULANTS	Denied	1
3956	UNSPECIFIED	MODAFINIL 100MG	CNS STIMULANTS	Denied	6
3963	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	3
3961	FAMILY PRACTICE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Denied	1
3963	NEUROLOGY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3961	NEUROLOGY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	2
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	4
3963	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	2
3969	UNSPECIFIED	MODAFINIL 100MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	MODAFINIL 200 MG ORAL TABLET	CNS STIMULANTS	Approved	1
3963	EMERGENCY MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	EMERGENCY MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3964	EMERGENCY MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3965	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3965	FAMILY PRACTICE	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3969	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3965	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3965	INTERNAL MEDICINE	MODAFINIL 200MG	CNS STIMULANTS	Approved	2
3963	NEUROLOGY	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3964	NURSE PRACTITIONER, PSYCHIATRIC	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3961	PSYCHIATRY	MODAFINIL 200MG	CNS STIMULANTS	Denied	2
3956	PULMONARY DISEASES	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3956	PULMONARY DISEASES	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3962	REGISTERED NURSE, UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3962	REGISTERED NURSE, UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3961	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	2
3963	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	3
3964	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3962	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Denied	1
3969	UNSPECIFIED	MODAFINIL 200MG	CNS STIMULANTS	Approved	1
3963	CLINICAL NURSE SPECIALIST, GERONTOLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	CLINICAL NURSE SPECIALIST, GERONTOLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	7
3951	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	3
3956	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	5
3965	FAMILY PRACTICE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3963	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3961	INTERNAL MEDICINE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2

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3961 UNSPECIFIED MODAFINIL 200MG OR TABS CNS STIMULANTS Denied 1 3963 UNSPECIFIED MODAFINIL 200MG OR TABS CNS STIMULANTS Denied 1 3956 UNSPECIFIED MOMETASONE 0.1% SOLUTION (LOTION) TOPICAL CORTICOSTEROID Approved 1 3956 ANESTHESIOLOGY MORPHINE SULFATE (K) ER 30MG CAPSULES NARCOTIC ANALGESICS Approved 1 3958 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3953 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1
3963 UNSPECIFIED MODAFINIL 200MG OR TABS CNS STIMULANTS Denied 1 3956 UNSPECIFIED MOMETASONE 0.1% SOLUTION (LOTION) TOPICAL CORTICOSTEROID Approved 1 3956 ANESTHESIOLOGY MORPHINE SULFATE (K) ER 30MG CAPSULES NARCOTIC ANALGESICS Approved 1 3963 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 HEMATOLOGY & ONCOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NARCOTIC ANALGESICS Approved 1 3964 NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 NARCOTIC ANALGESICS Approved 1
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APproved 1 3963 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 HEMATOLOGY & ONCOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
3956 ANESTHESIOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 HEMATOLOGY & ONCOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
3956 HEMATOLOGY & ONCOLOGY MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
3965 INTERNAL MEDICINE MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
3951 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
3963 UNSPECIFIED MORPHINE SULFATE 15MG OR TABS NARCOTIC ANALGESICS Approved 2
ACCUSED MADDULINE CHI FATE 20MC OR TARE NADCOTIC ANALOGGICS
3951 UNSPECIFIED MORPHINE SULFATE 30MG OR TABS NARCOTIC ANALGESICS Approved 1
3956 ANESTHESIOLOGY MORPHINE SULFATE 30MG TABLETS NARCOTIC ANALGESICS Approved 1
3951 PALLIATIVE MEDICINE MORPHINE SULFATE 30MG TABLETS NARCOTIC ANALGESICS Approved 1
3956 FAMILY PRACTICE MORPHINE SULFATE ER 100MG ORTBCR NARCOTIC ANALGESICS Approved 1
3951 PALLIATIVE MEDICINE MORPHINE SULFATE ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1
3963 ANESTHESIOLOGY MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 2
3956 ANESTHESIOLOGY MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 1
3956 EMERGENCY MEDICINE MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 1
3963 INTERNAL MEDICINE MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 1
PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 2
3951 PHYSICIAN, SURGERY, GENERAL MORPHINE SULFATE ER 15MG OR TBCR NARCOTIC ANALGESICS Approved 1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN, SURGERY, GENERAL	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	MORPHINE SULFATE ER 15MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3965	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	ANESTHESIOLOGY	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	MORPHINE SULFATE ER 15MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	MORPHINE SULFATE ER 30MG OR TBCR	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	MORPHINE SULFATE ER 60MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	MORPHINE SULFATE ER 60MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO INJ 5MG/0	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 10MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO 10MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 15/0.5 PEN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO 2.5/0.5 PEN	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	MOUNJARO 2.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3965	OBSTETRICS & GYNECOLOGY	MOUNJARO 2.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	MOUNJARO 5/0.5 PEN	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	MOUNJARO 5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	MOUNJARO 5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO 5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	2
3963	FAMILY PRACTICE	MOUNJARO 7.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3965	INTERNAL MEDICINE	MOUNJARO 7.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	MOUNJARO 7.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	MOUNJARO 7.5MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3956	CARDIOLOGY, INTERVENTIONAL	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1
3956	INTERNAL MEDICINE	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1
3956	UNSPECIFIED	MULTAQ (DRONEDARONE)	CARDIOVASCULAR AGENTS	Approved	1
3956	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	4
3951	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	CARDIOLOGY	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	CARDIOLOGY, INTERVENTIONAL	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3956	INTERNAL MEDICINE	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MULTAQ 400MG OR TABS	CARDIOVASCULAR AGENTS	Approved	1
3963	PEDIATRICS	MUPIROCIN 2% EX OINT	OTHER ANTIBIOTICS	Denied	1

3986 NURSE PRACTITIONER, PORILY PERZITH MUPPICOR NS CONTMENT CHER ANTE DITICS Delied 1 3985 PARILY PRACTICE MUPPICOR NACIONA SE EXCREA OTHER ANTE DITICS Delied 1 3983 UNS FORDED MYCHARI SAMERICANI SERVICA CNS STAULARIS Approved 1 3983 PARILY PRACTICE MYCHARI SAMERICE RELUCIOLESTINADICHADERITOR CNS STAULARIS Approved 1 3983 OSS TERRICS & GYNECOLOGY MYCHARIBER RELUCIOLESTINADICHADRETHIN PRODUCTION PROCESTIN Approved 2 3989 OSS TERRICS & GYNECOLOGY MYCHARIBER RELUCIOLESTINADICHADRETHIN PRODUCTION PROCESTIN Approved 1 3980 UNSPECIFIED APPROVED Approved 1 3981 UNSPECIFIED MYCHARIBER RELUCIOLESTINADICHADRETHIN PROCESTIN Approved 1 3983 UNSPECIFIED MYCHARIBER RELUCIOLESTINADICHADRETHIN PROCESTIN Approved 1 3983 UNSPECIFIED MYCHARIBER RELUCIOLESTINADICHADRETHIN PROCESTIN Approved 1 3983 UNSPECIFIED	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
9003 UNSPECIFIED MYDAYS SAMO DR COPA CAS STIMULANTS Approved 1 9003 EMMY PRACTICET MYDAYS SAMO DR COPA CAS STIMULANTS Approved 1 9005 DISTETRICS & GYNECOLOGY MYDAYS SAMO DR COLOR STIMADIOLANDETHIN-DONN PROGESTIN Approved 3 9003 DISTETRICS & GYNECOLOGY MYDEMBREE RELUGOLICESTRADIOLANDETHIN-DONN PROGESTIN Approved 2 9003 UNSPECIFIED MYDEMBREE RELUGOLICESTRADIOLANDETHIN-DONN PROGESTIN Approved 1 9003 UNSPECIFIED MYDEMBREE RELUGOLICESTRADIOLANDETHIN-DONN PROGESTIN Approved 1 9003 UNSPECIFIED MYDEMBREE AD-LOS MACHINARIESTRADIOLINORETHIN-DONN PROGESTIN Approved 1 9003 UNSPECIFIED MYDEMBREE AD-LOS MACHINARIESTRADIOLINORETHIN-DONN PROGESTIN Approved 1 9004 UNSPECIFIED MYDEMBREE AD-LOS MACHINARIESTRADIOLINORETHIN-DONN PROGESTIN Approved 1 9004 UNSPECIFIED MYDEMBREE AD-LOS MACHINARIESTRADIOLINORETHIN-DONN PROGESTIN Approved 1 <tr< td=""><td>3956</td><td>NURSE PRACTITIONER, FAMILY HEALTH</td><td>MUPIROCIN 2% OINTMENT</td><td>OTHER ANTIBIOTICS</td><td>Denied</td><td>1</td></tr<>	3956	NURSE PRACTITIONER, FAMILY HEALTH	MUPIROCIN 2% OINTMENT	OTHER ANTIBIOTICS	Denied	1
5983 FAMILY PRACTICE MYDAYS 28MG OR CP24 CNS STMULANTS Approved 1 3855 ORSTETRICS & GYNECOLOGY MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 3 3823 ORSTETRICS & GYNECOLOGY MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 2 3829 ORSTETRICS & GYNECOLOGY MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3828 UNSPECIFIED MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3828 UNSPECIFIED MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3828 UNSPECIFIED MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3820 UNSPECIFIED MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3821 UNSPECIFIED MYTEMBER DEL UKSCII KRISTADIOLNORETHIN- DONNER PROGESTIN Approved 1 3822 UNSPECIFIED MYTEMBER DEL UKSCII CRISTADIOLNORETHIN- DONNER PROGESTIN Approved </td <td>3956</td> <td>FAMILY PRACTICE</td> <td>MUPIROCIN CALCIUM 2% EX CREA</td> <td>OTHER ANTIBIOTICS</td> <td>Denied</td> <td>1</td>	3956	FAMILY PRACTICE	MUPIROCIN CALCIUM 2% EX CREA	OTHER ANTIBIOTICS	Denied	1
9986 OBSTETRICS & GYNECOLOGY MYEMBREE (RELUBOLIKESTRADOLNORETHIN-DOLN	3963	UNSPECIFIED	MYDAYIS (AMPHETAMINE-DEXTROAMPHET CAP ER)	CNS STIMULANTS	Approved	1
Desire His S 4 PRECUCURY DROMB PROCESTIN PROCESTIN Denied 2	3963	FAMILY PRACTICE	MYDAYIS 25MG OR CP24	CNS STIMULANTS	Approved	1
ORDITATION ORD	3965	OBSTETRICS & GYNECOLOGY		PROGESTIN	Approved	3
Second S	3963	OBSTETRICS & GYNECOLOGY	, , , , , , , , , , , , , , , , , , , ,	PROGESTIN	Denied	2
MYEMBREE (RELUGOLIX-ESTRADIOLANGETINA PROCESTIN PROCESTIN Denied 1	3969	OBSTETRICS & GYNECOLOGY		PROGESTIN	Approved	2
3983 ORSTEURICE PROME PROMESTIN Medical I 3983 OBSTETRICS & GYNECOLOGY MYFEMBREE 40-10-5MG ORTABS PROGESTIN Approved 1 3983 UNSPECIFIED MYFEMBREE 40-10-5MG ORTABS PROGESTIN Approved 1 3984 UNSPECIFIED MYFEMBREE 40-10-5MG ORTABS PROGESTIN Approved 1 3981 UNSPECIFIED MYFEMBREE 40-10-5MG ORTABS PROGESTIN Approved 1 3981 UNSPECIFIED MYRAFARIPIPAN ANTIMICRANIE Approved 1 3986 NEUROLOGY NARATRIPTAN ANTIMICRANIE Approved 1 3983 UNSPECIFIED NATESTO 5.5MG/ACT NA GEL TESTOSTERONE SUPPLEMENT Approved 1 3983 FAMILY PRACTICE NEXECTOL GEMEROLO ACID LIPOTROPICS Approved 1 3983 PHYSICIAN ASSISTANT, UNSPECIFIED NEXLETOL GEMERODIC ACID LIPOTROPICS Approved 1 3983 UNSPECIFIED NEXLETOL GEMERODIC ACID LIPOTROPICS Approved 1	3963	UNSPECIFIED	· ·	PROGESTIN	Approved	1
3983 UNSPECIFIED MYFEMBREE 40-10.5MG ORTABS PROGESTIN Approved 1 3964 UNSPECIFIED MYFEMBREE 40-10.5MG ORTABS PROGESTIN Approved 1 3961 UNSPECIFIED MYORISAN 30MG OR CAPS DERMATOLOGICAL AGENTS Approved 1 3961 INTERNAL MEDICINE NARATRIPTAN ARTIMIGRAINE Approved 1 3963 NEUROLOGY NARATRIPTAN HCL 1MG ORTABS ANTIMIGRAINE Approved 1 3963 MUNSPECIFIED NATESTO 5.5MG/ACT NA GEL TESTOSTERONE SUPPLEMENT Approved 1 3963 PANILY PRACTICE NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3963 PHYSIGIAN ASSISTANT, UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3963 PHYSIGIAN ASSISTANT, UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3963 CARDIOLOGY NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL 180MG OR TABS LIPO	3963	UNSPECIFIED		PROGESTIN	Denied	1
3984 UNSPECIFIED MYFEMBREE 401-0.5MG OR TABS PROGESTIN Approved 1 3951 UNSPECIFIED MYORISAN 30MG OR CAPS DERMATOLOGICAL AGENTS Approved 1 3951 INTERNAL MEDICINE NARATRIPTAN ANTIMIGRAINE Denied 1 3963 NURDLOGY NARATRIPTAN HCL IMG OR TABS ANTIMIGRAINE Approved 1 3963 UNSPECIFIED NARATRIPTAN HCL IMG OR TABS ANTIMIGRAINE Approved 1 3963 UNSPECIFIED NARATRIPTAN HCL IMG OR TABS ANTIMIGRAINE Approved 1 3963 FAMILY PRACTICE NEXLETOL LIPOTROPICS Denied 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Denied 1 3963 UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3963 CARDIOLOGY NEXLETOL (BEMPEDOIC ACID LIPOTROPICS Approved 1<	3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
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SPECIAL MEDICINE NARATRIPTAN ANTIMIGRAINE Denied 1	3964	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3956 NEUROLOGY NARATRIPTAN HCL 1MG OR TABS ANTIMIGRAINE Approved 1 3963 UNSPECIFIED NATESTO 5.5MG/ACT NA GEL TESTOSTERONE SUPPLEMENT Approved 1 3963 FAMILY PRACTICE NEXLETOL LIPOTROPICS Denied 1 3965 NURSE PRACTITIONER, FAMILY HEALTH NEXLETOL (BEMPEDDIC ACID) LIPOTROPICS Approved 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED NEXLETOL (BEMPEDDIC ACID) LIPOTROPICS Approved 1 3964 UNSPECIFIED NEXLETOL (BEMPEDDIC ACID) LIPOTROPICS Denied 1 3963 UNSPECIFIED NEXLETOL (BEMPEDDIC ACID) LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLETOL 180MG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL 180MG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL 180MG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL 180MG OR TABS LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLETOL 180MG OR TABS LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLETEL 180ME OR TABS LIPOTROPICS	3951	UNSPECIFIED	MYORISAN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
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PHYSICIAN ASSISTANT, UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Approved 1 3964 UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Denied 1 3963 UNSPECIFIED NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLETOL (BEMPEDOIC ACID) LIPOTROPICS Denied 1 3963 FAMILY PRACTICE NEXLETOL (BOMG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL (BOMG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL (BOMG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL (BOMG OR TABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL (BOMG TABS LIPOTROPICS Denied 1 3963 FAMILY PRACTICE NEXLET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3965 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3966 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3964 FAMILY PRACTICE NITROPICS Denied 1 3965 FAMILY PRACTICE NITROPICS DENied 1 3966 NITROPICATION NONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	FAMILY PRACTICE	NEXLETOL	LIPOTROPICS	Denied	1
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3963UNSPECIFIEDNEXLETOL (BEMPEDOIC ACID)LIPOTROPICSDenied13963CARDIOLOGYNEXLETOL 180MG OR TABSLIPOTROPICSApproved13963FAMILY PRACTICENEXLETOL 180MG OR TABSLIPOTROPICSApproved13963INTERNAL MEDICINENEXLETOL 180MG TABSLIPOTROPICSApproved13963FAMILY PRACTICENEXLETOL 180MG TABLETLIPOTROPICSDenied13963CARDIOLOGYNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied33965FAMILY PRACTICENEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSApproved13963INTERNAL MEDICINENEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied13963UNSPECIFIEDNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied23963UNSPECIFIEDNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied13963UNSPECIFIEDNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied13963OBSTETRICS & GYNECOLOGYNEXTSTELLIS 3-14.2 MG TABLETCONTRACEPTIVESDenied13966FAMILY PRACTICENITROFURANTOIN MONOHYD MACRO 100MG OR CAPSURINARY ANTIBACTERIALSApproved1	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3963CARDIOLOGYNEXLETOL 180MG ORTABSLIPOTROPICSApproved13963FAMILY PRACTICENEXLETOL 180MG ORTABSLIPOTROPICSApproved13963INTERNAL MEDICINENEXLETOL 180MG ORTABSLIPOTROPICSApproved13963FAMILY PRACTICENEXLETOL 180MG TABLETLIPOTROPICSDenied13963CARDIOLOGYNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied33965FAMILY PRACTICENEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSApproved13961FAMILY PRACTICENEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied13963INTERNAL MEDICINENEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied23963UNSPECIFIEDNEXLIZET (BEMPEDOIC ACID-EZETIMIBE)LIPOTROPICSDenied13963OBSTETRICS & GYNECOLOGYNEXTSTELLIS 3-14.2 MG TABLETCONTRACEPTIVESDenied13966FAMILY PRACTICENITROFURANTOIN MONOHYD MACRO 100MG OR CAPSURINARY ANTIBACTERIALSApproved1	3964	UNSPECIFIED	NEXLETOL (BEMPEDOIC ACID)	LIPOTROPICS	Denied	1
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3963 INTERNAL MEDICINE NEXLETOL 180MG ORTABS LIPOTROPICS Approved 1 3963 FAMILY PRACTICE NEXLETOL 180MG TABLET LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 3 3965 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Approved 1 3951 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3966 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR URINARY ANTIBACTERIALS Approved 1	3963	CARDIOLOGY	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3963 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 CARDIOLOGY NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 3 3965 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Approved 1 3951 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR URINARY ANTIBACTERIALS Approved 1	3963	FAMILY PRACTICE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3963 CARDIOLOGY NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 3 3965 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Approved 1 3951 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3966 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	INTERNAL MEDICINE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3965 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Approved 1 3951 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	FAMILY PRACTICE	NEXLETOL 180MG TABLET	LIPOTROPICS	Denied	1
3951 FAMILY PRACTICE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	CARDIOLOGY	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	3
3963 INTERNAL MEDICINE NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 2 3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3965	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Approved	1
3963 UNSPECIFIED NEXLIZET (BEMPEDOIC ACID-EZETIMIBE) LIPOTROPICS Denied 1 3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3951	FAMILY PRACTICE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3963 OBSTETRICS & GYNECOLOGY NEXTSTELLIS 3-14.2 MG TABLET CONTRACEPTIVES Denied 1 3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	INTERNAL MEDICINE	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	2
3956 FAMILY PRACTICE NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS URINARY ANTIBACTERIALS Approved 1	3963	UNSPECIFIED	NEXLIZET (BEMPEDOIC ACID-EZETIMIBE)	LIPOTROPICS	Denied	1
3956 FAMILY PRACTICE CAPS URINARY ANTIBACTERIALS Approved 1	3963	OBSTETRICS & GYNECOLOGY	NEXTSTELLIS 3-14.2 MG TABLET	CONTRACEPTIVES	Denied	1
3956 UNSPECIFIED NOVOLOG FLEXPEN 100 UNITS/ML PEN DIABETIC THERAPY Denied 1	3956	FAMILY PRACTICE		URINARY ANTIBACTERIALS	Approved	1
	3956	UNSPECIFIED	NOVOLOG FLEXPEN 100 UNITS/ML PEN	DIABETICTHERAPY	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	NPTHYROID	THYROID AGENTS	Denied	1
3956	NEUROLOGICAL SURGERY	NUCYNTA 100MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	NUCYNTA 100MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Denied	1
3961	PLASTIC SURGERY	NUCYNTA 75MG TABLETS (TAPENTADOL)	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	NUEDEXTA 20-10MG OR CAPS	CNS AGENT	Approved	1
3963	FAMILY PRACTICE	NURTEC 75MG ODT	ANTIMIGRAINE	Denied	1
3965	FAMILY PRACTICE	NURTEC 75MG ODT TAB	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	18
3965	FAMILY PRACTICE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Denied	1
3969	FAMILY PRACTICE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	1
3965	FAMILY PRACTICE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	1
3951	INTERNAL MEDICINE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3963	NEUROLOGY	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	4
3951	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	8
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG ORTBDP	ANTIMIGRAINE	Approved	2
3963	OBSTETRICS & GYNECOLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3951	PEDIATRICS	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3965	PEDIATRICS	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	PEDIATRICS	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3962	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	3
3963	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	19
3965	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3951	UNSPECIFIED	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC 75MG ORALLY DISINTEGRATING TABLET	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75 MG DISINTEGRATING TABLET (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	NURTEC ODT 75 MG TAB RAPDIS	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	6
3964	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3965	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
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Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3964	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3965	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3964	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3964	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3962	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3969	NEUROLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, GERONTOLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3965	OBSTETRICS & GYNECOLOGY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3969	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3962	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	5
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	2
3951	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3965	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	3
3969	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	1
3963	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	3
3962	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	5
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2
3965	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Approved	1
3964	UNSPECIFIED	NUVIGIL 200MG (ARMODAFINIL)	NARCOLEPSY AGENTS	Approved	1
3963	UNSPECIFIED	ODACTRA 12SQ-HDM SL SUBL	ALLERGEN SPECIFIC IMMUNOTHERAPY	Approved	1
3963	DERMATOLOGY	OLUX 0.05% FOAM	TOPICAL CORTICOSTEROID	Approved	1
3963	ORTHOPEDIC SURGERY	ONDANSETRON 4MG OR TBDP	ANTINAUSEANTS	Denied	1

3886 UNSENDIPIER ONDARSETTION BMG OFT AMTHRALSFAMTS Print 1 3896 PHYSICIAN ONCOLOGY MEDICAL ONDARSETTION BMG ORTROP AMTHRALSFAMTS Approved 2 3896 PHYSICIAN ONCOLOGY MEDICAL ONDARSETTION BMG ORTROP AMTHRALSFAMTS Approved 1 3896 PHYSICIAN DELOCOCY ONDARSETTION BMG ORTROP AMTHRALSFAMTS Approved 1 3896 UNSPECIFIED ONDARSETTON HICL BMG ORTRAS AMTHRALSFAMTS Approved 1 3891 UNSPECIFIED ONDARSETTON HICL BMG ORTRAS AMTHRALSFAMTS Dened 1 3892 MEDICAL ONCLOCY ONDARSETTON HICL BMG ORTRAS AMTHRALSFAMTS Dened 1 3893 AMERICA PRACTICE ONDARSETTON DOTT BME T AMTHRALSFAMTS Dened 1 3894 MEDICAL PRACTICE ONDARSETTON DOTT BME T AMTHRALSFAMTS Dened 1 3895 AMERICA PRACTICE ONDARSETTON DOTT BME T AMTHRALSFAMTS Dened 1 3896 HEMANOLOGY A ONCOLOGY ONDARSETTON DOTT BME T AMTHRALS	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
9866 PHYSICIAN, ONCOLOGY, MEDICAL ONDAMSETRON SMG OR TBOP ANTINAUSEARITS Agroved 1 3988 PHYSICIAN, SURGERY, CENERAL ONDAMSETRON REGION COPTED ATTINAUSEARITS Agroved 1 3983 PHEMOTOLOGY A CONCOLOGY ONDAMSETRON REGION COPTED ATTINAUSEARITS Dened 1 3986 LINESPECIFE ONDAMSETRON REGION COPTED ATTINAUSEARITS Dened 1 3981 LINESPECIFED ONDAMSETRON REGION COPTEG ATTINAUSEARITS Dened 1 3983 FAMILY PRACTICE ONDAMSETRON COPT MAS OUT ATTINAUSEARITS Dened 1 3985 PRIMITY PRACTICE ONDAMSETRON COTTABLET ATTINAUSEARITS Dened 1 3986 OSSTRONTEROLOGY ONDAMSETRON COTTABLET ATTINAUSEARITS Dened 1 3986 OSSTRONTEROLOGY ONDAMSETRON COTTABLET ATTINAUSEARITS Dened 1 3986 PERMICITIONER, FAMILY HAZITH ONDAMSETRON COTTABLET ATTINAUSEARITS Dened 1 3986 PERMICITIONER, FAMILY HAZITH ONDAMSETRON COTTABLE	3963	UNSPECIFIED	ONDANSETRON 8MG ODT	ANTINAUSEANTS	Denied	1
9986 PHYSICIAN, SURGERY CENERAL ONDANSERRON BMG ORTBOP ANTINAUSEARITS Agroved 1 9883 HEMOLOCY & ONCOLOCY ONDANSERRON HCL BMG ORTABS ANTINAUSEARITS Agroved 1 3886 UNSPECIFED ONDANSERRON HCL BMG ORTABS ANTINAUSEARITS Agroved 1 3881 UNSPECIFED ONDANSERRON HCL BMG ORTABS ANTINAUSEARITS Agroved 1 3882 HAMILY PRACTICE ONDANSERRON HOT FORD CHADED ANTINAUSEARITS Denad 1 3883 HAMILY PRACTICE ONDANSERRON DOT TABLET ANTINAUSEARITS Denad 1 3896 ARSTRESS OLOGY ONDANSERRON DOT TABLET ANTINAUSEARITS Denad 1 3983 HAMILY PRACTICE ONDANSERRON DOT TABLET ANTINAUSEARITS Denad 1 3986 HAMILY PRACTICE ONDANSERRON DOT TABLET ANTINAUSEARITS Denad 1 3986 HAMILY PRACTICE ONDANSERRON DOT TABLET ANTINAUSEARITS Denad 1 3986 PALLATIK M. EDICINE ONDANSERRON DOT TABLET ANTINAUSEARITS<	3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	2
9881 HEMATOLOCY & ONCOLOCY ONDAYSETRON HCLIMAC OR TABS ANTINAUSEANTS Approved 1 3986 UNSPECIFIED ONDAYSETRON HCLIMAC OR TABS ANTINAUSEANTS Ancounce 1 3981 MEDICAL ONCOLOGY ONDAYSETRON HCLIMAC OR TABS ANTINAUSEANTS Denied 1 3983 MEDICAL ONCOLOGY ONDAYSETRON HCD COLOR ANTINAUSEANTS Denied 1 3985 ANALY PRACTICE ONDAYSETRON HOT TABLET ANTINAUSEANTS Denied 1 3986 ARSINESDICOY ONDAYSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 ARSINESDICOY ONDAYSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 ARSINESDICOY ONDAYSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 HEMATOLOGY & ONCOLOGY ONDAYSETRON DOT TABLET ANTINAUSEANTS Denied 3 3986 HEMATOLOGY & ONCOLOGY ONDAYSETRON DOT TABLET ANTINAUSEANTS Denied 3 3986 HALLIM MEDICHE ONDAYSETRON DOT TABLET ANTINAUSEANTS	3956	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
8966 UNSPECIFIED ONDAMSETRON HCL EMG OR TABS ANTINAUSEANTS Denied 1 3961 UNSPECIFIED ONDAMSETRON HCL EMG OR TABS ANTINAUSEANTS Denied 1 3961 MEDICAL ONCOLOSY ONDAMSETRON HORDOR ANTINAUSEANTS Denied 1 3963 FAMILY PRACTICE ONDAMSETRON HORDOR ANTINAUSEANTS Denied 1 3966 ARSTHESIOLOGY ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3966 GASTROENTEROLOGY ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3966 GASTROENTEROLOGY ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3966 HEMATOLOGY & ONCOLOGY ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3966 PHILLIATIVE MEDICINE ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3967 PHILLIATIVE MEDICINE ONDAMSETRON DOT TABLET ANTINAUSEANTS Denied 1 3969 PHILLIATIVE MEDICINE ONDAMSETRON DOT TABLET ANTINAUSEANTS D	3956	PHYSICIAN, SURGERY, GENERAL	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
9881 UNSPECIFIED ONDANSETRON HCLBMG OR TABS ANTINAUSEANTS Approved 1 3094 MEDICAL ONCOLOSY ONDANSETRON HORDOCH-CRIBE BMS ANTINAUSEANTS Denied 1 3083 FAMILY FRACTICE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3851 AMBITY PRACTICE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 ASTRONTEDIOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 ASTRONTEDIOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 HEMATOLOGY & ONDOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 HEMEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 HEMEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 HEYSICAN, ONCOLOGY, MEDICAL ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3856 HEYSICAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS	3963	HEMATOLOGY & ONCOLOGY	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3984 MEDICAL ONCOLOGY ONDANSETRON HYDROCHLORIDE BING ATTINAUSEANTS Denied 1 3903 FAMILY PRACTICE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3905 ARESTHESIOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3905 GASTROCHTEROLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3906 GASTROCHTEROLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3906 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 2 3906 PALLISTIE MEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 3 3906 VILLISTE MEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3906 VILLISTE MEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3906 VILLISTE MEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3906 VILLISTE SOLOGY ONDANSETRON TABLET ANTINAUSEANTS </td <td>3956</td> <td>UNSPECIFIED</td> <td>ONDANSETRON HCL 8MG OR TABS</td> <td>ANTINAUSEANTS</td> <td>Denied</td> <td>1</td>	3956	UNSPECIFIED	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Denied	1
8883 PAMILY PRACTICE On DANISTRON ODT AMIC ODT ANTINAUSEANTS Denied 1 3986 AMSTHESIOL OCY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 CASTRONTIREOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 CASTRONTIREOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 CASTRONTIREOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 2 3986 HEMATOLOGY & ONCOLOGY ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 3 3986 PALLIATIVE MEDICINE ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 UNSPECIFIED ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 UNSPECIFIED ONDANSETRON DOT TABLET ANTINAUSEANTS Denied 1 3986 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3986 PAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Denied <t< td=""><td>3961</td><td>UNSPECIFIED</td><td>ONDANSETRON HCL 8MG OR TABS</td><td>ANTINAUSEANTS</td><td>Approved</td><td>1</td></t<>	3961	UNSPECIFIED	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3956 ANESTHESIOLOGY ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3951 FAMILY PRACTICE ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3956 GASTROBETRENLOGY ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3956 HEMATOLOGY & ONCOLOGY ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3956 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 3 3951 PALLATIVE MEDICINE ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON DOTTABLET ANTINAUSEARTS Denied 1 3951 UNSPECIFIED ONDANSETRON TOTTABLET ANTINAUSEARTS Denied 1 3952 AMESTHESIOLOGY ONDANSETRON TABLET ANTINAUSEARTS Denied 1 3953 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEARTS Approved 1 3954 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEARTS	3964	MEDICAL ONCOLOGY	ONDANSETRON HYDROCHLORIDE 8MG	ANTINAUSEANTS	Denied	1
981 FAMILY PRACTICE ONDANSETRON ODT TABLET ANTINAUSEARTS Denied 1 3896 GASTROENTEROLOGY ONDANSETRON ODT TABLET ANTINAUSEARTS Denied 1 3896 HEMATOLOGY & ONCOLOGY ONDANSETRON ODT TABLET ANTINAUSEARTS Denied 1 3896 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON ODT TABLET ANTINAUSEARTS Denied 3 3986 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON ODT TABLET ANTINAUSEARTS Denied 1 3986 CHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON DOT TABLET ANTINAUSEARTS Denied 4 3986 UNSPECIFIED ONDANSETRON DOT TABLET ANTINAUSEARTS Denied 4 3986 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEARTS Denied 4 3986 ANSTRUTEROLOGY ONDANSETRON TABLET ANTINAUSEARTS Denied 1 3981 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON TABLET ANTINAUSEARTS Denied 1 3982 HYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET	3963	FAMILY PRACTICE	ONDANSETRON ODT 4MG ODT	ANTINAUSEANTS	Denied	1
3996 CASTROENTEROLOGY ONDANSETRON DOTTABLET ANTINAUSEANTS Denied 1 3968 HEMATOLOGY & ONCOLOGY ONDANSETRON DOTTABLET ANTINAUSEANTS Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON DOTTABLET ANTINAUSEANTS Denied 3 3961 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON DOTTABLET ANTINAUSEANTS Denied 1 3968 UNSPECIFIED ONDANSETRON DOTTABLET ANTINAUSEANTS Denied 4 3969 UNSPECIFIED ONDANSETRON DOTTABLET ANTINAUSEANTS Denied 4 3961 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3968 ANESTHESIOLOGY ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3969 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3961 HYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3963 HYSICIAN, SANCIAN, MEDICINE ONDANSETRON TABLET ANTINAUSEANTS <td>3956</td> <td>ANESTHESIOLOGY</td> <td>ONDANSETRON ODT TABLET</td> <td>ANTINAUSEANTS</td> <td>Denied</td> <td>1</td>	3956	ANESTHESIOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3966 HEMATOLOGY & ONCOLOGY ONDANSETRON ODTABLET ANTINAUSEANTS Approved 1 3969 NURSE FRACTITIORER, FAMILY HEALTH ONDANSETRON ODTABLET ANTINAUSEANTS Denied 3 3961 PALLIATIVE MEDICINE ONDANSETRON ODTABLET ANTINAUSEANTS Denied 1 3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON ODTABLET ANTINAUSEANTS Denied 1 3967 UNSPECIFIED ONDANSETRON ODTABLET ANTINAUSEANTS Denied 1 3968 ANESTHESOLOGY ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3969 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3961 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3967 PHYSICIAN, ONCOLOGY OPZELURA RUXCULTINIB CREAM ALL OTHER DERMATOLOGICALS Denied 1 3963 DERMATOLOGY OPZELURA RUXCULTINIB CREAM <td>3951</td> <td>FAMILY PRACTICE</td> <td>ONDANSETRON ODT TABLET</td> <td>ANTINAUSEANTS</td> <td>Denied</td> <td>1</td>	3951	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON OD'TTABLET ANTINAUSEANTS Denied 3 3951 PALLIATIVE MEDICINE ONDANSETRON OD'TTABLET ANTINAUSEANTS Denied 1 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON OD'TTABLET ANTINAUSEANTS Denied 1 3951 UNSPECIFIED ONDANSETRON DO'TTABLET ANTINAUSEANTS Denied 1 3956 ANESTHESIOLOGY ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3956 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Denied 3 3956 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Denied 3 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Denied 3 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3958 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3959 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEAN	3956	GASTROENTEROLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3951 PALLIATIVE MEDICINE ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 1 3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 4 3966 UNSPECIFIED ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 4 3961 UNSPECIFIED ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 1 3966 ANESTHESIOLOGY ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3966 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3968 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3969 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3961 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEANTS<	3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Approved	1
3966 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 4 3956 UNSPECIFIED ONDANSETRON ODTTABLET ANTINAUSEANTS Denied 4 3951 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3966 ANESTHESIOLOGY ONDANSETRONTABLET ANTINAUSEANTS Denied 3 3967 FAMILY PRACTICE ONDANSETRONTABLET ANTINAUSEANTS Denied 3 3968 FAMILY PRACTICE ONDANSETRONTABLET ANTINAUSEANTS Approved 1 3969 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRONTABLET ANTINAUSEANTS Approved 1 3966 UNSPECIFIED ONDANSETRONTABLET ANTINAUSEANTS Approved 1 3967 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRONTABLET ANTINAUSEANTS Approved 1 3968 UNSPECIFIED ONDANSETRONTABLET ANTINAUSEANTS Approved 1 3969 USPECIFIED OPZELURA (RUXCUITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied	3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	3
3956 UNSPECIFIED ONDANSETRON ODT TABLET ANTINAUSEANTS Denied 4 3951 UNSPECIFIED ONDANSETRON ODT TABLET ANTINAUSEANTS Denied 1 3956 ANESTHESIOLOGY ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3956 FAMILY PRACTICE ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3951 NURSE PRACTITIONER, FAMILY HEALTH ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Approved 1 3956 PHYSICIAN, ONCOLOGY, MEDICAL ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3963 UNSPECIFIED ONDANSETRON TABLET ANTINAUSEANTS Denied 1 3963 JERMATOLOGY OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 1 3963 DERMATOLOGY OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Approved 1 3962 INTERNAL MEDICINE OPZELURA (RUXOLITINIB CREAM)	3951	PALLIATIVE MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3961UNSPECIFIEDONDANSETRON ODT TABLETANTINAUSEANTSDenied13956ANESTHESIOLOGYONDANSETRON TABLETANTINAUSEANTSApproved13956FAMILY PRACTICEONDANSETRON TABLETANTINAUSEANTSDenied33961NURSE PRACTITIONER, FAMILY HEALTHONDANSETRON TABLETANTINAUSEANTSApproved13956PHYSICIAN, ONCOLOGY, MEDICALONDANSETRON TABLETANTINAUSEANTSDenied13956UNSPECIFIEDONDANSETRON TABLETANTINAUSEANTSDenied13963ALLERGY & IMMUNOLOGYOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied13963DERMATOLOGYOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied43962DERMATOLOGYOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSApproved13962INTERNAL MEDICINEOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSApproved13963PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied13963PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied13964PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied13963UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)A	3956	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
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3964PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSApproved13965PHYSICIAN ASSISTANT, UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied13963UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied63964UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSDenied23963UNSPECIFIEDOPZELURA (RUXOLITINIB CREAM)ALL OTHER DERMATOLOGICALSApproved2	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	7
3965 PHYSICIAN ASSISTANT, UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 1 3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 6 3964 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 2 3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Approved 2	3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	1
3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 6 3964 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 2 3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Approved 2	3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Approved	1
3964 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Denied 2 3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Approved 2	3965	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	1
3963 UNSPECIFIED OPZELURA (RUXOLITINIB CREAM) ALL OTHER DERMATOLOGICALS Approved 2	3963	UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	6
	3964	UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	2
3963 PHYSICIAN ASSISTANT, UNSPECIFIED OPZELURA 1.5 % TOPICAL CREAM ALL OTHER DERMATOLOGICALS Approved 1	3963	UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Approved	2
	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5 % TOPICAL CREAM	ALL OTHER DERMATOLOGICALS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	UNSPECIFIED	OPZELURA 1.5 % TOPICAL CREAM	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5% CREAM	ALL OTHER DERMATOLOGICALS	Denied	2
3963	ALLERGY & IMMUNOLOGY	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	2
3963	DERMATOLOGY	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	6
3963	INTERNAL MEDICINE	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	2
3962	INTERNAL MEDICINE	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	2
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3964	UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	2
3969	UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	OPZELURA 1.5% EX CREA	ALL OTHER DERMATOLOGICALS	Approved	3
3963	FAMILY PRACTICE	OPZELURA CREAM	ALL OTHER DERMATOLOGICALS	Denied	1
3964	OBSTETRICS & GYNECOLOGY	ORIAHNN (ELAGOLIX-ESTRADIOL-NORETHINDRONE ACETATE)	HORMONES/HORMONE MODIFIERS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	ORIAHNN 300-1-0.5 & 300MG OR CPPK	HORMONES/HORMONE MODIFIERS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	9
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	3
3951	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3956	UNSPECIFIED	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	2
3951	UNSPECIFIED	ORILISSA 150MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3962	NURSE PRACTITIONER, WOMEN'S HEALTH	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	3
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3969	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	1
3963	UNSPECIFIED	ORILISSA 150MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Denied	2
3956	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	4
3962	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG OR TABS	HORMONES/HORMONE MODIFIERS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3969	OBSTETRICS & GYNECOLOGY	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3956	UNSPECIFIED	ORILISSA 200MG TABLETS (ELAGOLIX)	SYSTEMIC HORMONAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OSPHENA (OSPEMIFENE)	ESTROGENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1
3961	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1

SEMINATE ON SETTER CS & SYMPOLOGY	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
See	3956	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGENS	Approved	2
PHOSICAN, PRINSICAL MEDICINE & REHABILTA- ONCODONE TOMO TABLETS	3951	UNSPECIFIED	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1
MINESCRIPTO ONTCODONE SONG FABLETS NARCOTIC ANALGESICS Approved 1	3963	ORTHOPEDIC SURGERY	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3883 UNSPECIFIED ONYCODONE YOMG TABLETS NARCOTIC ANALGESICS Approved 1 3981 ARESTHESOLOGY ONYCODONE 30 MG TABLETS NARCOTIC ANALGESICS Approved 1 3982 RANILY PRACTICE ONYCODONE 30 MG TABLETS NARCOTIC ANALGESICS Approved 1 3983 HPRATIOLOGY & ONCOLOGY ONYCODONE 30 MG TABLETS NARCOTIC ANALGESICS Approved 1 3986 NIFERIAL MEDICINE ONYCODONE 30 MG TABLETS NARCOTIC ANALGESICS Approved 1 3983 UNSECCIED ONYCODONE 50 MG TABLETS NARCOTIC ANALGESICS Approved 1 3983 UNSECCIED ONYCODONE 50 MG TABLETS NARCOTIC ANALGESICS Demied 5 3986 UNSECCIED ONYCODONE 50 MG TABLETS NARCOTIC ANALGESICS Demied 6 3986 UNSECCIED ONYCODONE 50 MG TABLETS NARCOTIC ANALGESICS Approved 1 3986 UNSECCIED ONYCODONE 50 MG TABLETS NARCOTIC ANALGESICS Approved 1 3986 ANISTHESOLOGY ONYCODONE HILL 10MG OR TABS	3963		OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
SHEET AMESTHESIOLOGY	3956	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
SPECIAL PRACTICE	3963	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
HEMATOLOGY & ONCOLOGY	3961	ANESTHESIOLOGY	OXYCODONE 30 MG TABLET	NARCOTIC ANALGESICS	Approved	1
8966 INTERNAL MEDICINE ΟΧΥCODONE SOMG TABLETS NARCOTIC ANALGESICS Approved 1 3983 UNSPECIFIED ΟΧΥCODONE 5 MG TABLET ROXICODONE NARCOTIC ANALGESICS Approved 1 3983 UNSPECIFIED ΟΧΥCODONE 5 MG TABLETS NARCOTIC ANALGESICS Denied 5 3983 UNSPECIFIED ΟΧΥCODONE 5 MG TABLETS NARCOTIC ANALGESICS Denied 5 3983 UNSPECIFIED ΟΧΥCODONE 5 MG TABLETS NARCOTIC ANALGESICS Approved 1 3965 UNSPECIFIED ΟΧΥCODONE FMC 1 (MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 ANESTHESIOLOGY ΟΧΥCODONE FMC 1 (MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 FAMILY PRACTICE ΟΧΥCODONE FMC 1 (MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 FAMILY PRACTICE ΟΧΥCODONE FMC 1 (MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TOR PHYSICAL MEDICINE & CONTROLOGY ΟΧΥCODONE HC 1 (MG OR TABS NARCOTIC ANALGESICS Approved 1	3962	FAMILY PRACTICE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963 UNSPECIFIED OYYCODONE 5 MG TABLET (ROXICODONE) NARCOTIC ANALGESICS Approved 1 3989 ANESTHESIOLOGY OYYCODONE 5MG TABLETS NARCOTIC ANALGESICS Approved 1 3983 UNSPECIFIED OYYCODONE 5MG TABLETS NARCOTIC ANALGESICS Denied 5 3983 UNSPECIFIED OYYCODONE 5MG TABLETS NARCOTIC ANALGESICS Approved 1 3986 ANESTHESOLOGY OYYCODONE FMG TABLETS NARCOTIC ANALGESICS Approved 1 3986 ANESTHESOLOGY OYYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3986 FAMILY PRACTICE OYYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3986 FAMILY PRACTICE OYYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3986 FAMILY PRACTICE OYYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3983 UNSPECIFIED OYYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3986 FAMILY PRACTICE OYY	3963	HEMATOLOGY & ONCOLOGY	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3869 ANESTHESIOLOGY OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Approved 1 3893 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Denied 5 3993 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Approved 1 3966 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Approved 1 3968 ANIESTHESIOLOGY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3969 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3968 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3969 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3960 UNSPECIFIED OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3961	3956	INTERNAL MEDICINE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3983 UNSPECIFIED OXYCODONE 5MG TABLETS NARCOTIC ANALGESICS Denied 5 3983 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Approved 1 3986 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Denied 1 3986 ANESTHESIOLOGY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3983 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3985 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3986 PHYSICAL MEDICINE & REHABILITA OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3986 TIDN PRYSICAL MEDICINE & REHABILITA OXYCODONE HCL 10MG OR TABS NARCOTIC CANALGESICS Approved 1 3986 TIDN PRYSICAL MEDICINE & REHABILITA OXYCODONE HCL 10MG OR TABS NARCOTIC CANALGESICS Approved 1 3986 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 <t< td=""><td>3963</td><td>UNSPECIFIED</td><td>OXYCODONE 5 MG TABLET (ROXICODONE)</td><td>NARCOTIC ANALGESICS</td><td>Approved</td><td>1</td></t<>	3963	UNSPECIFIED	OXYCODONE 5 MG TABLET (ROXICODONE)	NARCOTIC ANALGESICS	Approved	1
9963 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Approved 1 3965 UNSPECIFIED OXYCODONE SMG TABLETS NARCOTIC ANALGESICS Denied 1 3966 ANESTHESIOLOGY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3968 PRINCHAN, PHYSICAM, PHYSICAL MEDICINE & REHABILTA'- TION / PHYSICATY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1	3969	ANESTHESIOLOGY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3966 UNSPECIFIED OXYCODONE EMGTABLETS NARCOTIC ANALGESICS Denied 1 3956 ANESTHESIOLOGY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3953 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 TAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3953 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 NARCOT	3963	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	5
3986 ANESTHESIOLOGY CMYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE CMYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 FAMILY PRACTICE CMYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE CMYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3958 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA' CMYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED CMYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE CMYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE CMYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 NEUROLOGICAL SURGERY CMYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 MEUROLOGICAL SURGERY CMYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2	3963	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3983 FAMILY PRACTICE CXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 FAMILY PRACTICE CXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE CXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3966 PHYSICIAN, PHYSICIAL MEDICINE & REHABILITA- TION 7 PHYSICIAN CXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 FAMILY PRACTICE CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3967 FAMILY PRACTICE CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3968 FAMILY PRACTICE CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3969 INTERNAL MEDICINE CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 NEUROLOGICAL SURGERY CXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED CXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3966 FAMILY PRACTICE CXYCODONE HCL 20MG OR TABS NARCOT	3965	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3951 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION, PHYSIATRY OXYCODONE HCL 10MG OR TABS NARCOTIC ANALGESICS Approved 2 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3961 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 50MG OR TABS <td< td=""><td>3956</td><td>ANESTHESIOLOGY</td><td>OXYCODONE HCL 10MG OR TABS</td><td>NARCOTIC ANALGESICS</td><td>Approved</td><td>1</td></td<>	3956	ANESTHESIOLOGY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956FAMILY PRACTICEOXYCODONE HCL 10MG OR TABSNARCOTIC ANALGESICSApproved23966PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRYOXYCODONE HCL 10MG OR TABSNARCOTIC ANALGESICSApproved23963UNSPECIFIEDOXYCODONE HCL 10MG OR TABSNARCOTIC ANALGESICSApproved13961FAMILY PRACTICEOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13966INTERNAL MEDICINEOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13961NEUROLOGICAL SURGERYOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13963UNSPECIFIEDOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13966FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved13967FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved23961FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved23966FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved13961ANESTHESIOLOGYOXYCODONE HCL 5MG OR CAPSNARCOTIC ANALGESICSApproved13963UNSPECIFIEDOXYCODONE HCL 5MG OR CAPSNARCOTIC ANALGESICSApproved13963ANESTHESIOLOGYOXYCODONE HCL 5MG OR CAPSNARCOTIC ANALGESICSApproved13966ANESTHESIOLOGYOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESIC	3963	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
PHYSICIAN, PHYSICIAL MEDICINE & REHABILITA- TION / PHYSICIAN, PHYSICIAN PHYS	3951	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
TION / PHYSIATRY OXYCODONE HCL TOMG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3964 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 NARCOTIC ANALGESICS Approved 1	3956	FAMILY PRACTICE	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3961FAMILY PRACTICEOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13956FAMILY PRACTICEOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13956INTERNAL MEDICINEOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13951NEUROLOGICAL SURGERYOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13963UNSPECIFIEDOXYCODONE HCL 15MG OR TABSNARCOTIC ANALGESICSApproved13956FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved23951FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved23956FAMILY PRACTICEOXYCODONE HCL 20MG OR TABSNARCOTIC ANALGESICSApproved13951ANESTHESIOLOGYOXYCODONE HCL 20MG OR CAPSNARCOTIC ANALGESICSApproved13956UNSPECIFIEDOXYCODONE HCL 5MG OR CAPSNARCOTIC ANALGESICSApproved13956ANESTHESIOLOGYOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13963FAMILY PRACTICEOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13966INTERNAL MEDICINEOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13963INTERNAL MEDICINEOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13963NEUROLOGICAL SURGERYOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved1 <td>3956</td> <td></td> <td>OXYCODONE HCL 10MG OR TABS</td> <td>NARCOTIC ANALGESICS</td> <td>Approved</td> <td>2</td>	3956		OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956 FAMILY PRACTICE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3963	UNSPECIFIED	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3964 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3965 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3966 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3967 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3968 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 3	3961	FAMILY PRACTICE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
NEUROLOGICAL SURGERY OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NARCOTIC ANALGESICS Approved 1 3966 NARCOTIC ANALGESICS Approved 1 3967 NARCOTIC ANALGESICS Approved 1 3968 NARCOTIC ANALGESICS Approved 1 3969 NARCOTIC ANALGESICS Approved 1 3960 NARCOTIC ANALGESICS Approved 1	3956	FAMILY PRACTICE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963 UNSPECIFIED OXYCODONE HCL 15MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3964 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3956	INTERNAL MEDICINE	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 2 3956 FAMILY PRACTICE OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3951	NEUROLOGICAL SURGERY	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951 FAMILY PRACTICE OXYCODONE HCL 20MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 FAMILY PRACTICE OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3963	UNSPECIFIED	OXYCODONE HCL 15MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956 FAMILY PRACTICE OXYCODONE HCL 30MG OR TABS NARCOTIC ANALGESICS Approved 1 3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3956	FAMILY PRACTICE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3951 ANESTHESIOLOGY OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 UNSPECIFIED OXYCODONE HCL 5MG OR CAPS NARCOTIC ANALGESICS Approved 1 3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3951	FAMILY PRACTICE	OXYCODONE HCL 20MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956UNSPECIFIEDOXYCODONE HCL 5MG OR CAPSNARCOTIC ANALGESICSApproved13956ANESTHESIOLOGYOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13963FAMILY PRACTICEOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13956INTERNAL MEDICINEOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved13963NEUROLOGICAL SURGERYOXYCODONE HCL 5MG OR TABSNARCOTIC ANALGESICSApproved3	3956	FAMILY PRACTICE	OXYCODONE HCL 30MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956 ANESTHESIOLOGY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 3	3951	ANESTHESIOLOGY	OXYCODONE HCL 5MG OR CAPS	NARCOTIC ANALGESICS	Approved	1
3963 FAMILY PRACTICE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 3	3956	UNSPECIFIED	OXYCODONE HCL 5MG OR CAPS	NARCOTIC ANALGESICS	Approved	1
3956 INTERNAL MEDICINE OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1 3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 3	3956	ANESTHESIOLOGY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 3	3963	FAMILY PRACTICE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
	3956	INTERNAL MEDICINE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956 NEUROLOGICAL SURGERY OXYCODONE HCL 5MG OR TABS NARCOTIC ANALGESICS Approved 1	3963	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	3
	3956	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	NEUROLOGICAL SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ORTHOPEDIC SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	ORTHOPEDIC SURGERY	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PAIN MEDICINE	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE HCL 5MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE HCL 5MG/5ML OR SOLN	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE HCL ER 10MG ORT12A	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN 7.5-325MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	3
3965	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	OPHTHALMOLOGY	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3964	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3951	ANESTHESIOLOGY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	OXYCODONE-ACETAMINOPHENTAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHENTAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	PLASTIC SURGERY	OXYCODONE-ACETAMINOPHENTAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	ANESTHESIOLOGY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3961	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	OXYCONTIN 20MG OR T12A	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	64
3951	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	56
3951	ANESTHESIOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	CARDIOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3965	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3964	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3961	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3969	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3964	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3969	FAMILY PRACTICE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	HEMATOLOGY & ONCOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	13
3956	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	31
3964	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3965	INTERNAL MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	MEDICAL ONCOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3965	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	24
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	3
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	21
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	10
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3963	PEDIATRICS	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	78
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	56
3965	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	12
3956	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	6
3963	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	8
3961	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3964	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	OZEMPIC (0.25 OR 0.5 MG/DOSE) 2MG/3ML SC SOPN	DIABETIC AGENT	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 2MG/1.5ML SC SOPN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	15
3964	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	9
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3951	FAMILY PRACTICE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3965	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	14
3963	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3951	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3961	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	OZEMPIC (1 MG/DOSE) 4MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	7
3963	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3965	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	2
3951	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	5
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	3
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1

8983 PAYSCRAM, GENERTIC MEDICINE OZEMPIC DI MODOSE BANÇAMI, SC SOPN DABETIC AGRITT Approved 3 3986 UNSPECHED OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Approved 8 3986 UNSPECHED OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Approved 1 3987 UNSPECHED OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Approved 1 3981 UNSPECHED OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Approved 1 3983 UNSPECHED OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Denied 2 3983 FAMILY PRACTICE OZEMPIC DI MODOSE BANÇAMI, SC SOPN DIABETIC AGRITT Denied 2 3983 FAMILY PRACTICE OZEMPIC DEMODUTIDE DIABETIC AGRITT Denied 7 3983 ALI ERRY OZEMPIC DEMODUTIDE DIABETIC AGRITT Denied 7 3983 ALI ERRY OZEMPIC DEMOCUTIDE DIABETIC AGRITT Denied 1 3983 ALI ERRY OZEMPIC DEMOCUTIDE	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
986 UNSPECIFED OZEMPIC Z MIGROSE SMIGNAL SC SOPN DIABET C AGENT Agrowed 1 3884 UNSPECIFED OZEMPIC Z MIGROSE SMIGNAL SC SON DIABET CACENT Agrowed 1 3892 UNSPECIFED OZEMPIC Z MIGROSE SMIGNAL SC SON DIABET CACENT Agrowed 1 3893 UNSPECIFED OZEMPIC Z MIGROSEI SMIGNAL SC SON DIABET CACENT Agrowed 1 3893 HAMILY PRACTICE OZEMPIC Z MIGROSEI SMIGNAL SC SON DIABET CACENT Dened 2 3893 FAMILY PRACTICE OZEMPIC Z MIGROSEI SMIGNAL SC SON DIABET CACENT Agrowed 4 3893 ALLERGY OZEMPIC SEMALLUTIDEI DIABET CACENT Agrowed 2 3893 ALLERGY OZEMPIC SEMALLUTIDEI DIABET CACENT Dened 1 3894 ALLERGY OZEMPIC SEMALLUTIDEI DIABET CACENT Dened 1 3893 CARDIOLOGY OZEMPIC SEMALLUTIDEI DIABET CACENT Dened 1 3894 CARDIOLOGY OZEMPIC SEMALLUTIDEI DIABET CACENT Dened	3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
9981 UNSPECIFIED OZEMPIC ZI MIGNOSEI BINDIGNIS S SOPN DIABETIC AGENT Approved 1 9985 UNSPECIFIED OZEMPIC ZI MIGNOSEI BINDIGNIS S SOPN DIABETIC AGENT Approved 1 9985 UNSPECIFIED OZEMPIC ZI MIGNOSEI BINDIGNIS S SOPN DIABETIC AGENT Approved 2 3983 HANILY PRACTICE OZEMPIC GENAGLUTIDE) DIABETIC AGENT Approved 4 3983 FAMILY PRACTICE OZEMPIC GENAGLUTIDE) DIABETIC AGENT Approved 4 3985 FAMILY PRACTICE OZEMPIC GENAGLUTIDE) DIABETIC AGENT Approved 2 3983 ALLERCY OZEMPIC GENAGLUTIDE) DIABETIC AGENT Approved 2 3983 ALLERCY OZEMPIC GENAGLUTIDE) DIABETIC AGENT Approved 1 3984 ADAMICED PRACTICE NURSE, UNSPECIFIED OZEMPIC GENAGLUTIDE) DIABETIC AGENT Denied 1 3983 CARDIOLOGY OZEMPIC GENAGLUTIDE) DIABETIC AGENT Denied 1 3984 CARDIOLOGY OZEMPIC GENAGLUTIDE) DIABETIC AGEN	3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
5802 UNSPECIFED OZEMPIC Z MIGNOSEI BMIGNML SC SOFN DIABETIC ASENT Approved 1 3861 UNSPECIFED OZEMPIC Z MIGNOSEI BMIGNML SC SOFN DIABETIC ASENT Approved 1 3863 UNSPECIFED OZEMPIC Z MIGNOSEI BMIGNML SC SOFN DIABETIC ASENT Denied 2 3863 FAMLY PRACTICE OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Denied 83 3903 FAMLY PRACTICE OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Approved 4 3903 FAMLY PRACTICE OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Approved 2 3983 ALLERGY OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Approved 2 3986 ALLERGY OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Approved 2 3987 ALLERGY OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Approved 2 3983 CARDOLOGY OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Denied 1 3986 CARDOLOGY OZEMPIC SERMAGLUTIDEI DIABETIC ASENT Denied	3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
9961 UNSPECIFIED OZEMPIC IZ MIGLOSES BMIGMILS C SOPN DIASETIC ABENT Approvad 1 9963 UNSPECIFIED OZEMPIC IZ MIGLOSES BMIGMILS C SOPN DIASETIC ABENT Denied 2 9963 RAMLY PRACTICE OZEMPIC ISEMAGLUTIDES DIASETIC ABENT Approvad 41 9961 RAMLY PRACTICE OZEMPIC ISEMAGLUTIDES DIASETIC ABENT Approvad 41 9963 RAMLY PRACTICE OZEMPIC ISEMAGLUTIDES DIASETIC ABENT Denied 7 9963 ALLERGY OZEMPIC ISEMAGLUTIDES DIASETIC ABENT Denied 1 9966 ADMANCED PRACTICE NURSE, UNSPECIFIED OZEMPIC ISEMAGLUTIDES DIASETIC AGENT Denied 1 9967 ADMANCED PRACTICE NURSE, UNSPECIFIED OZEMPIC ISEMAGLUTIDES DIASETIC AGENT Denied 1 9968 ADMANCED PRACTICE NURSE, UNSPECIFIED OZEMPIC ISEMAGLUTIDES DIASETIC AGENT Denied 1 9969 CLINICAL NURSE SPECIALIST, ADULT HEALTH OZEMPIC ISEMAGLUTIDES DIASETIC AGENT Denied 1 9969 CLINICAL NURSE SP	3964	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
9883 UNSPECIFIED OZEMPIC (2 MG)DOSEI IMMG/SMIL SC SOPN DIABETIC ACENT Denied 2 3983 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 3 3983 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Approved 4 3981 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Approved 2 3983 ALLERGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Approved 2 3986 ALLERGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1 3983 CARDOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1 3983 CARDOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1 3983 CARDOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1 3983 CARDIOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1 3984 CARDIOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC ACENT Denied 1	3962	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
9883 FAMILY PRACTICE OZEMPIC ISEMAGLUTIDEI DIABFTIC AGENT Denied 63 3933 FAMILY PRACTICE OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Approved 41 3963 ALLERGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Approved 2 3963 ALLERGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Approved 2 3963 ALLERGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 1 3968 ALLERGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 1 3968 CARDIOLOGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 1 3963 CARDIOLOGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 1 3963 CARDIOLOGY OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 1 3967 CLINICAL NURSE SPECIALIST, ADULT HEALTH OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied 3 3962 CEMERICENY MEDICINE OZEMPIC ISEMAGLUTIDEI DIABETTIC AGENT Denied	3951	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
5883 FAMILY PRACTICE CZEMPIC ISEMAGLUTIDE DIABETIC AGENT Approved 44 3891 FAMILY PRACTICE CZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 7 3883 ALLERGY CZEMPIC ISEMAGLUTIDE DIABETIC AGENT Openied 1 3883 ALLERGY OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 1 3883 ALLERGY OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 1 3883 ALVANCED PRACTICE NURSE, UNSPECIFIED OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 1 3883 CARDIOLOGY OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 1 3883 CLINICAL NURSE SPECIALIST, FAMILY HEALTH OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 1 3962 CLINICAL NURSE SPECIALIST, FAMILY HEALTH OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 2 3962 MERGENCY MEDICINE OZEMPIC ISEMAGLUTIDE DIABETIC AGENT Denied 2 3963 PAMILY MEDICINE OZEMPIC ISEMAGLUTIDE DIABETIC AGE	3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
8961 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DABETIC AGENT Denied 7 3983 ALLERGY OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 2 3983 ALLERGY OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3986 ADVANCED PRACTICE NURSE, UNSPECIFIED CZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3983 CARDIOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3983 CARDIOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 39863 CLINICAL NURSE SPECIALIST, FAMILY HEALTH OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3987 CLINICAL NURSE SPECIALIST, ADULT HEALTH OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3984 CARDIOLOGY OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 1 3983 EMDOCRINOLOGY, DIABETES & METABOLISM OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 2 39861 EMDICONICO, DIABETES & METABOLISM OZEMPIC	3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	63
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3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 14 3951 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 8 3967 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 3 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 4 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 6 3964 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3966 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1	3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3951 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 8 3967 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 3 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 4 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 6 3964 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3969 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3960 DIABETIC AGENT Approved 1	3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	9
3967 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 3 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 4 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 6 3964 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1	3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	14
FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 4 3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 6 3964 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 13	3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	8
3969 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 6 3964 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 5 3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1	3967	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3964FAMILY PRACTICEOZEMPIC (SEMAGLUTIDE)DIABETIC AGENTDenied53965FAMILY PRACTICEOZEMPIC (SEMAGLUTIDE)DIABETIC AGENTDenied143962FAMILY PRACTICEOZEMPIC (SEMAGLUTIDE)DIABETIC AGENTApproved63963GENERAL PRACTICEOZEMPIC (SEMAGLUTIDE)DIABETIC AGENTApproved13963INTERNAL MEDICINEOZEMPIC (SEMAGLUTIDE)DIABETIC AGENTApproved13	3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3965 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 14 3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 13	3969	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3962 FAMILY PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 6 3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 13	3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3963 GENERAL PRACTICE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 1 3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 13	3965	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	14
3963 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Approved 13	3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
	3963	GENERAL PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951 INTERNAL MEDICINE OZEMPIC (SEMAGLUTIDE) DIABETIC AGENT Denied 4	3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	13
50000	3951	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	16
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3969	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3965	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3962	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3964	INTERNAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NEPHROLOGY / RENAL MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	27
3962	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	10
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3969	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3967	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	9
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	8
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3964	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	OBSTETRICS & GYNECOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3967	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3962	PHYSICIAN, SURGERY, GENERAL	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3969	REGISTERED NURSE, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	SPORTS MEDICINE, FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	83
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	18
3963	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	63
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	15
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	5
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	11
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3965	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	14
3964	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3962	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3969	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	2
3956	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC 1 MG/DOSE (4 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	OZEMPIC 2/1.5ML	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/1.5ML INJECTION	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	OZEMPIC 2MG/1.5ML INJECTION	DIABETIC AGENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 2MG/1.5ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 2MG/3ML PEN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	OZEMPIC 2MG/3ML PENS	DIABETIC AGENT	Denied	1
3963	INTERNAL MEDICINE	OZEMPIC 4MG/3ML	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3963	FAMILY PRACTICE	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Approved	3
3962	UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	2
3956	UNSPECIFIED	OZEMPIC 4MG/3ML PEN	DIABETIC AGENT	Denied	2
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	68
3956	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	24
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	12
3956	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3963	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	CARDIOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	CHIROPRACTOR, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	FAMILY MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	27
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3961	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3951	FAMILY PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	GENERAL PRACTICE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	16
3951	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3956	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	19
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	4
3951	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3961	INTERNAL MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	NURSE PRACTITIONER, ADULT HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	15
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	29
3956	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	15
3963	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4
3956	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3963	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3961	NURSE PRACTITIONER, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	OBSTETRICS & GYNECOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3956	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	PHYSICIAN, ENDOCRINOLOGY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	PSYCHIATRY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	REGISTERED NURSE, EMERGENCY	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	REGISTERED NURSE, UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	30
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	12
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	25
3963	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	7
3956	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	68
3951	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	3
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	PANTOPRAZOLE TAB 40MG	PROTON PUMP INHIBITOR	Approved	1
3951	UNSPECIFIED	PENCICLOVIR	ANTIVIRALS	Approved	1
3965	FAMILY PRACTICE	PENCICLOVIR 1% EX CREA	ANTIVIRALS	Approved	1
3962	ALLERGY & IMMUNOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	3
3951	DERMATOLOGY	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3962	FAMILY PRACTICE	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Denied	3
3963	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3964	UNSPECIFIED	PIMECROLIMUS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS 1% CRE	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS 1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3965	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3964	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3965	FAMILY PRACTICE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	PEDIATRICS	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	5
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	10
3965	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	UNSPECIFIED	PIMECROLIMUS 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	2
3963	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	DERMATOLOGY	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	PIMECROLIMUS CREAM	DERMATOLOGICAL AGENTS	Approved	3
3961	UNSPECIFIED	POSACONAZOLE 100MG OR TBEC	ANTIFUNGALS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	13
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	8
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	6
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	6
3951	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3951	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	ANESTHESIOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	EMERGENCY MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3963	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	16
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	4
3951	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	8
3956	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	17
3961	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3964	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3965	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3962	FAMILY PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	5
3951	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3965	INTERNAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	NEPHROLOGY / RENAL MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NEUROLOGICAL SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NEUROLOGICAL SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	NEUROLOGICAL SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3962	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	NEUROLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	9
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	5
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	9
3969	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3965	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3951	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3962	ORTHOPEDIC SURGERY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	PAIN MANAGEMENT	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	PAIN MANAGEMENT	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3969	PAIN MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	PAIN MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3951	PALLIATIVE MEDICINE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3965	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3956	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN, SURGERY, GENERAL	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PODIATRIST, GENERAL PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Approved	2
3956	PODIATRIST, GENERAL PRACTICE	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	PODIATRIST, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3956	PSYCHIATRY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	REGISTERED NURSE, UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3956	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3963	RHEUMATOLOGY	PREGABALIN	NEUROLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	25
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	20
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	6
3956	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	13
3963	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	14
3951	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	3
3962	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3964	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3969	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	PREGABALIN	NEUROLOGICAL AGENTS	Denied	1
3951	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	ANESTHESIOLOGY	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	EMERGENCY MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3956	FAMILY PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	GENERAL PRACTICE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	PAIN MEDICINE	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4

3951 UNSPECIFIED 3965 UNSPECIFIED 3956 UNSPECIFIED 3963 UNSPECIFIED 3965 FAMILY PRACTIC 3969 ANESTHESIOLO 3963 FAMILY PRACTIC	GY	PREGABALIN 100MG OR CAPS PREGABALIN 100MG OR CAPS PREGABALIN 100MG OR CAPS PREGABALIN 100MG OR CAPS PREGABALIN 150MG OR CAPS PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS NEUROLOGICAL AGENTS NEUROLOGICAL AGENTS NEUROLOGICAL AGENTS NEUROLOGICAL AGENTS	Approved Approved Approved Denied	1 3
3956 UNSPECIFIED 3963 UNSPECIFIED 3965 FAMILY PRACTIC 3969 ANESTHESIOLO	GY	PREGABALIN 100MG OR CAPS PREGABALIN 100MG OR CAPS PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS NEUROLOGICAL AGENTS	Approved	3
3963 UNSPECIFIED 3965 FAMILY PRACTIC 3969 ANESTHESIOLO	GY	PREGABALIN 100MG OR CAPS PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS		
3965 FAMILY PRACTIC 3969 ANESTHESIOLO	GY	PREGABALIN 150MG OR CAPS		Denied	
3969 ANESTHESIOLO	GY		NEUROLOGICAL AGENTS		1
		PREGABALIN 150MG OR CAPS	I .	Approved	1
3963 FAMILY PRACTIC	F	· · · · = · · · · · · · · · · · · · ·	NEUROLOGICAL AGENTS	Approved	1
	L	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 FAMILY PRACTIC	E	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951 FAMILY PRACTIC	E	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963 INTERNAL MEDI	CINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951 INTERNAL MEDI	CINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 INTERNAL MEDI	CINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 NURSE PRACTIT	ONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965 RHEUMATOLOG	Y	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 UNSPECIFIED		PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3963 UNSPECIFIED		PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951 UNSPECIFIED		PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3965 FAMILY PRACTIC	E	PREGABALIN 200 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	1
3956 ANESTHESIOLO	GY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951 ENDOCRINOLOG	SY, DIABETES & METABOLISM	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951 FAMILY PRACTIC	E	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951 NEUROLOGY		PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963 NEUROLOGY		PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963 NURSE PRACTIT	ONER, FAMILY HEALTH	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 UNSPECIFIED		PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 FAMILY PRACTIC	E	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 ANESTHESIOLO	GY	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 FAMILY PRACTIC	E	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963 FAMILY PRACTIC	E	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3961 FAMILY PRACTIC	E	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 INTERNAL MEDI	CINE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 NURSE PRACTIT	ONER, ACUTE CARE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963 NURSE PRACTIT	ONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 NURSE PRACTIT	ONER, PRIMARY CARE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956 UNSPECIFIED		PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3956 UNSPECIFIED		PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963 UNSPECIFIED		PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	ANESTHESIOLOGY	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 300MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3961	FAMILY PRACTICE	PREGABALIN 50 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	PREGABALIN 50 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	2
3961	ANESTHESIOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	EMERGENCY MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3956	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3951	FAMILY PRACTICE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3961	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NEUROLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PAIN MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PALLIATIVE MEDICINE	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	8
3956	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	8
3951	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3961	UNSPECIFIED	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	8
3963	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	CLINICAL NURSE SPECIALIST, ADULT HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	EMERGENCY MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3963	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	4
3956	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3961	FAMILY PRACTICE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NEUROLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3956	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	NURSE PRACTITIONER, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	PALLIATIVE MEDICINE	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3969	RHEUMATOLOGY	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	11
3951	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	5
3963	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3962	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	PREGABALIN 75MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREGABALIN ER 165MG OR TB24	NEUROLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	PREMARIN 0.625MG CREAM	ESTROGENS	Denied	1
3963	UNSPECIFIED	PREVYMIS (LETERMOVIR)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREVYMIS 480MG OR TABS	DERMATOLOGICAL AGENTS	Approved	2
3963	INTERNAL MEDICINE	PROAIR RESPICLICK 108MCG/ACT INHALER	ASTHMA	Denied	1
3951	PEDIATRICS	PROLIA 60MG/ML INJ	BONE-MODIFYING AGENT	Denied	1
3965	INTERNAL MEDICINE	PROMISEB CRE	MISCELLANEOUS	Denied	1
3969	INTERNAL MEDICINE	PYRIMETHAMINE	ANTI-INFECTIVES	Approved	1
3951	UNSPECIFIED	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3964	UNSPECIFIED	QBREXZA 2.4% EX PADS	HYPERHIDROSIS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	QELBREE 100MG (VILOXAZINE)	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PSYCHIATRY	QELBREE 100MG ER CAPSULE	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	QELBREE 100MG OR CP24	NOREPINEPHRINE REUPTAKE INHIBITOR	Approved	1
3963	UNSPECIFIED	QELBREE ER 100MG (VILOXAZINE)	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1
3963	UNSPECIFIED	QELBREE ER 200MG (VILOXAZINE)	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	QELBREE ER CAPSULE	NOREPINEPHRINE REUPTAKE INHIBITOR	Denied	1
3963	GASTROENTEROLOGY	QSYMIA 7.5-46MG CAP	CNS STIMULANT	Denied	1
3956	FAMILY PRACTICE	QULIPTA 10MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 10MG OR TABS	MIGRAINE TREATMENT	Approved	1
3964	FAMILY PRACTICE	QULIPTA 10MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	FAMILY PRACTICE	QULIPTA 10MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	UNSPECIFIED	QULIPTA 10MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 10MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	QULIPTA 30 MG TABLET	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	QULIPTA 30MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 30MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	2
3963	UNSPECIFIED	QULIPTA 30MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	QULIPTA 30MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	QULIPTA 30MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	INTERNAL MEDICINE	QULIPTA 30MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	4
3956	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	UNSPECIFIED	QULIPTA 60 MG TABLET	MIGRAINE TREATMENT	Approved	1
3963	ALLERGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Denied	1
3963	INTERNAL MEDICINE	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	2
3967	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	2
3965	NEUROLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, GERONTOLOGY	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	10
3965	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	QULIPTA 60MG OR TABS	MIGRAINE TREATMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	QULIPTA 60MG TABLET	MIGRAINE TREATMENT	Approved	1
3951	ANESTHESIOLOGY	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	5
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	7
3964	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	INTERNAL MEDICINE	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	NEUROLOGY	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	NEUROLOGY	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	PEDIATRICS	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	REGISTERED NURSE, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	3
3965	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	4
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	QULIPTA 60MG TABLETS	MIGRAINE TREATMENT	Denied	1
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	4
3963	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	2
3963	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	4
3956	GENERAL PRACTICE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	INTERNAL MEDICINE	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	3
3963	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1

398 NAMES FRANCHTIONERU MISSOURCED GULITA BOMIC ABUST SCHOCKETHNIN MIGRARIE FRANCHTIONER Approach 4 1985 PERBLIKA CS OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE FRANCHTON Aproach 1 1860 PERBLIKA ASSISTATI, INISPECIPIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Aproach 2 1803 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Aproach 2 1804 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Aproach 2 1803 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Aproach 2 1804 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Denied 2 1805 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Denied 2 1804 UNSPECIFIED OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Denied 2 1805 PAMILY PRACITIC OULITA BOMIC TABLETS KITOCEPHNIN MIGRARIE TREAMENT Denied 2	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
8960 PHYSICIAN ASSISTANT UNSFECIFED QUIPTA DIMOSTRALETS (ATOSEPANT) MISRAINETREATMENT Opinide 1 3831 REGISTRED MURSE, UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Apprived 2 3843 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Apprived 2 3843 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Apprived 2 3843 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Apprived 8 3861 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Denied 1 3862 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Denied 1 3863 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Denied 1 3861 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Denied 1 3862 UNSPECIFED QUILTRA BRIMSTABLETS (ATOSEPANT) MISRAINETREATMENT Denied 1 3863 <td>3956</td> <td>NURSE PRACTITIONER, UNSPECIFIED</td> <td>QULIPTA 60MG TABLETS (ATOGEPANT)</td> <td>MIGRAINE TREATMENT</td> <td>Approved</td> <td>4</td>	3956	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	4
8883 REGISTERPO NURSE, UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Aproved 1 3951 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Aproved 2 3956 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Aproved 8 3983 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Orned 2 3986 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Orned 8 3981 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Orned 1 3983 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Orned 1 3984 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Denied 1 3983 INTERNAL MEDICINE OULIPTA 600MG TABLETS (ATOGEPANT) AMTAGAINE ADRIANCE 2 3983 UNSPECIFED OULIPTA 600MG TABLETS (ATOGEPANT) ASTHAN Denied 1 3983 INTERN	3956	PEDIATRICS	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
3881 UNSPECIPED OULIPTA ROMG TABLETS MTOGERNATI MIGRANE TREATMENT Approved 2 3885 UNSPECIPED OULIPTA ROMG TABLETS MTOGERNATI MIGRANE TREATMENT Approved 8 3883 UNSPECIFED OULIPTA ROMG TABLETS MTOGERNATI MIGRANE TREATMENT Denied 2 3895 UNSPECIFED OULIPTA ROMG TABLETS MTOGERNATI MIGRANE TREATMENT Denied 2 3896 UNSPECIFED OULIPTA ROMG TABLETS MTOGERNATI MIGRANE TREATMENT Denied 8 3896 UNSPECIFED OULIPTA ROMG TABLET MIGRANE TREATMENT Denied 1 3898 UNSPECIFED OULIPTA ROMG TABLET HYPHOTIC Denied 1 3898 UNSPECIFED OVAR REDIFIALER (RECLOMETHASONE DIPROPI) ASTHAA Denied 1 3898 UNSPECIFED OVAR REDIFIALER (RECLOMETHASONE DIPROPI) ASTHAA Approved 1 3898 UNSPECIFED RANOLAZINE ER ANTIANCHAL Approved 2 3898 UNSPECIFED RANOLAZINE ER ANTIANCHAL Approved	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
3966 UNSPECIFED QUUPTA 60MGTABLETS IATOGEPANTY MIGRAINETREATMENT Approved 9 2 3963 UNSPECIFIED QUUPTA 60MGTABLETS IATOGEPANTY MIGRAINETREATMENT Approved 8 3 3968 UNSPECIFIED QUUPTA 60MGTABLETS IATOGEPANTY MIGRAINETREATMENT Denied 2 3969 UNSPECIFIED QUUPTA 60MGTABLETS IATOGEPANTY MIGRAINETREATMENT Denied 1 3961 UNSPECIFIED QUILITA 60MGTABLET GATOGEPANTY MIGRAINETREATMENT Denied 1 3963 UNSPECIFIED QUILITA 60MGTABLET HYPROTIC Denied 1 3963 UNSPECIFIED QUAR REDIHALER (BECLOMETHASONE DIPPOPI) ASTHAA Denied 1 3963 UNSPECIFIED QUAR REDIHALER (BECLOMETHASONE DIPPOPI) ASTHAA Denied 1 3963 UNSPECIFIED RANDIAZINE ER ASTHAA Approved 1 3969 INTERNAL MEDICINE RANDIAZINE ER (BECLOMETHASONE DIPPOPI) ASTHAA Approved 2 3969 INTERNAL MEDICINE RANDIAZINE ER (BECLOMETHASONE DIPPOPI)	3963	REGISTERED NURSE, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	1
9883 UNSPECIFIED QUILIPTA GOMG TABLETS IATOGERANTO MIGRANIE TREATMENT Denied 7 3983 UNSPECIFIED QUILIPTA GOMG TABLETS IATOGERANTO MIGRANIE TREATMENT Denied 7 3983 UNSPECIFIED QUILIPTA BOMG TABLETS IATOGERANTO MIGRANIE TREATMENT Denied 8 3984 UNSPECIFIED QUILIPTA BOMG TABLETS IATOGERANTO MIGRANIE TREATMENT Denied 1 3983 UNSPECIFIED QUILIPTA BOMG TABLETS IATOGERANTO MIGRANIE TREATMENT Denied 1 3983 UNSPECIFIED QUARTEDITALER BECLOMETHASONE DIPROPH ASTHMA Denied 1 3983 UNSPECIFIED RANOLAZINE ER ANTIANGINAL Denied 2 3986 NURSE PRACTITIONER, UNSPECIFIED RANOLAZINE ER ANTIANGINAL Approved 1 3983 UNSPECIFIED RANOLAZINE ER RODOMG ORTE12 ANTIANGINAL Approved 1 3983 UNSPECIFIED RANOLAZINE ER RODOMG ORTE12 ANTIANGINAL Approved 1 39851 TAMILY PRACTICE RANOLAZINE ER RODOMG ORTE12 <td>3951</td> <td>UNSPECIFIED</td> <td>QULIPTA 60MG TABLETS (ATOGEPANT)</td> <td>MIGRAINE TREATMENT</td> <td>Approved</td> <td>2</td>	3951	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	2
3963 UNSPECIFIED QUIJITA 60MG TABLETS IATOGERANTI MIGRAIRE TREATMENT Denied 2 3966 UNSPECIFIED QUIJITA 60MG TABLETS IATOGERANTI MIGRAINE TREATMENT Denied 8 3961 UNSPECIFIED QUIJITA 60MG TABLETS IATOGERANTI MIGRAINE TREATMENT Denied 1 3962 UNSPECIFIED QUIVING 60MG TABLET HYPNOTIC Denied 1 3963 FAMILY PRACTICE QUAR REDIHALER IBECLOMETHASONE DIPROPHONATE ASTHMA Denied 1 3963 UNSPECIFIED QUAR REDIHALER IBECLOMETHASONE DIPROPHONATE ASTHMA Denied 1 3963 UNSPECIFIED QUAR REDIHALER IBECLOMETHASONE DIPROPHONATE ASTHMA Denied 1 3963 UNSPECIFIED GANOLAZINE ER ANTIANGINAL Acoroved 1 3966 NILBES FRACTITIONER, INSPECIFIED RANOLAZINE ER 1000MG ORTETIZ ANTIANGINAL Acoroved 1 3963 UNSPECIFIED RANOLAZINE ER 1000MG ORTETIZ ANTIANGINAL Acoroved 1 3964 FAMILY PRACTICE RANOLAZINE ER 1000MG	3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	12
3856 UNSPECIFIED QULIPTA 60MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Denied 8 3861 UNSPECIFIED QULIPTA 60MG TABLETS (ATOGEPANT) MIGRAINE TREATMENT Denied 1 3861 UNSPECIFIED QUAYN BEDIHALER IBECLOMETHASONE DIPROPHONATEI HYPPOTIC Denied 1 3863 FAMILY PRACTICE QWAR REDIHALER IBECLOMETHASONE DIPROPHONATEI ASTHMA Denied 1 3863 UNSPECIFIED QWAR REDIHALER IBECLOMETHASONE DIPROPHONATEI ASTHMA Denied 1 3866 INTERNAL MEDICINE RANOLAZINE ER ANTIANCINAL Denied 2 3866 NURSE PRACTITIONER, UNSPECIFIED RANOLAZINE ER RODOMO GENTEI 2 ANTIANCINAL Approved 1 3866 CARDIOLOGY RANOLAZINE ER RODOMO GENTEI 2 ANTIANCINAL Approved 1 3861 UNSPECIFIED RANOLAZINE ER RODOMO GENTEI 2 ANTIANCINAL Approved 1 3861 UNSPECIFIED RANOLAZINE ER RODOMO GENTEI 2 ANTIANCINAL Approved 1 3862 CARDIOLOGY RANOLAZIN	3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Approved	8
3861 UNSPECIFIED CULIFTA BOMG TABLETS LATOGEPANT) MIGRAINE TREATMENT Denied 1 3864 UNSPECIFIED OUVINIO BOMG TABLET HYPROTIC Denied 1 3863 FAMILY PRACTICE CVAR REDIPLACE (BECLOMETHAS ONE DIPROPI- ONATE) ASTHMA Denied 1 3863 UNSPECIFIED CVAR REDIPLACE (BECLOMETHAS ONE DIPROPI- ONATE) ASTHMA Denied 1 3863 UNSPECIFIED RANOLAZINE ER ANTIANGINAL Approved 1 3863 UNSPECIFIED RANOLAZINE ER ANTIANGINAL Approved 1 3863 UNSPECIFIED RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3863 UNSPECIFIED RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3863 UNSPECIFIED RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3861 UNSPECIFIED RANOLAZINE ER 500MG ORTB12 ANTIANGINAL Approved 1 3863 CARDIOLOGY RANOLAZINE ER 500MG ORTB12 ANTIANGINAL Approved <td>3963</td> <td>UNSPECIFIED</td> <td>QULIPTA 60MG TABLETS (ATOGEPANT)</td> <td>MIGRAINE TREATMENT</td> <td>Denied</td> <td>2</td>	3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	2
3964 UNSPECIFIED QUIVIO SOMG TABLET HYPNOTIC Denied 1 3963 FAMILY PRACTICE OVAR REDIHALER IBECLOMETHASONE DIPROPI- ONATEI ASTHMA Denied 1 3963 UNSPECIFIED QUAR REDIHALER IBECLOMETHASONE DIPROPI- ONATEI ASTHMA Denied 1 3966 INTERNAL MEDICINE BANOLAZINE ER ANTIANGINAL Approved 1 3966 NURSE PRACTITIONER, UNSPECIFIED RANOLAZINE ER ANTIANGINAL Approved 1 3963 UNSPECIFIED RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3961 FAMILY PRACTICE RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3961 FAMILY PRACTICE RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3963 CARDIOLOGY RANOLAZINE ER 1000MG ORTB12 ANTIANGINAL Approved 1 3963 FAMILY PRACTICE RANOLAZINE ER 500MG ORTB12 ANTIANGINAL Approved 2 3963 CARDIOLOGY RANOLAZINE ER 500MG ORTB12 ANTIANGINAL	3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	8
SAMILY PRACTICE QVAR REDIHALER (BECLOMETHASONE DIPROPI- ONATE) ASTHMA Denied 1 1 1 1 1 1 1 1 1	3961	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGEPANT)	MIGRAINE TREATMENT	Denied	1
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3956 UNSPECIFIED RANOLAZINE ER 500MG OR TB12 ANTIANGINAL Approved 3 3963 UNSPECIFIED RANOLAZINE ER 500MG OR TB12 ANTIANGINAL Approved 1 3963 INTERNAL MEDICINE REPATHA SURE INJ 140MG/ LIPOTROPICS Denied 1 3963 OPHTHALMOLOGY RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Approved 2 3963 OPTOMETRIST, UNSPECIFIED RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Denied 1 3963 OPTOMETRIST, UNSPECIFIED RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Denied 1	3956	INTERNAL MEDICINE	RANOLAZINE ER 500MG ORTB12	ANTIANGINAL	Approved	3
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3963 INTERNAL MEDICINE REPATHA SURE INJ 140MG/ LIPOTROPICS Denied 1 3963 OPHTHALMOLOGY RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Approved 2 3963 OPTOMETRIST, UNSPECIFIED RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Denied 1 3963 OPTOMETRIST, UNSPECIFIED RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Approved 1	3956	UNSPECIFIED	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	3
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3963 OPTOMETRIST, UNSPECIFIED EMULSION) RESTASIS (CYCLOSPORINE OPHTHALMIC 0.05% EMULSION) OPHTHALMIC PREPARATIONS Approved 1	3963	OPHTHALMOLOGY		OPHTHALMIC PREPARATIONS	Approved	2
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3963 OPTOMETRIST, UNSPECIFIED RESTASIS 0.05% OP EMUL OPHTHALMIC PREPARATIONS Approved 4	3963	OPTOMETRIST, UNSPECIFIED		OPHTHALMIC PREPARATIONS	Approved	1
	3963	OPTOMETRIST, UNSPECIFIED	RESTASIS 0.05% OP EMUL	OPHTHALMIC PREPARATIONS	Approved	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	RESTORIL (TEMAZEPAM)	CNS DEPRESSANT	Denied	1
3963	DERMATOLOGY	RETIN-A 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RETIN-A 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RETIN-A MICRO PUMP 0.08% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	REXULTI 0.5MG TABLET	ANTIDEPRESSANTS	Denied	1
3962	NURSE PRACTITIONER, UNSPECIFIED	REYVOW 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	REYVOW 100MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Approved	1
3951	ANESTHESIOLOGY	REYVOW 50MG TABLETS (LASMIDITAN)	MIGRAINE TREATMENT	Denied	1
3965	DERMATOLOGY	RHOFADE (OXYMETAZOLINE HCL)	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	RHOFADE (OXYMETAZOLINE HCL)	DERMATOLOGICAL AGENTS	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RHOFADE 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	RHOFADE 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	RIFAXIMIN 550 MG ORAL TABLET (XIFAXAN)	ANTIBIOTICS	Approved	1
3965	UNSPECIFIED	RIFAXIMIN 550 MG ORAL TABLET (XIFAXAN)	ANTIBIOTICS	Approved	1
3963	INTERNAL MEDICINE	RIVASTIGMINE TARTRATE 1.5MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	RIVASTIGMINE TARTRATE 1.5MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3963	PEDIATRICS	RIZATRIPTAN	NON-NARCOTIC ANALGESICS	Denied	1
3951	NEUROLOGY	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	2
3956	NEUROLOGY	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	RIZATRIPTAN ODT	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	ROFLUMILAST	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	FAMILY PRACTICE	ROFLUMILAST 250MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	INTERNAL MEDICINE	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	PULMONARY DISEASES	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	1
3956	UNSPECIFIED	ROFLUMILAST 500MCG OR TABS	PHOSPHODIESTERASE 4 INHIBITOR	Approved	2
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	6
3951	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	3
3965	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3969	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3962	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3951	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3962	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	2
3951	INTERNAL MEDICINE	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	2
3962	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3965	PHYSICIAN, ENDOCRINOLOGY	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	PSYCHIATRY, CHILD & ADOLESCENT	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	16
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	7
3963	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	3
3964	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	2
3965	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Approved	1
3962	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	1
3967	UNSPECIFIED	RYBELSUS (SEMAGLUTIDE)	ANTIDIABETICS	Denied	2
3963	FAMILY PRACTICE	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3951	NURSE PRACTITIONER, GERONTOLOGY	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS 14MG OR TABS	ANTIDIABETICS	Approved	3
3963	FAMILY PRACTICE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	2
3963	INTERNAL MEDICINE	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	2
3964	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Approved	2
3969	UNSPECIFIED	RYBELSUS 3MG OR TABS	ANTIDIABETICS	Denied	1
3963	FAMILY PRACTICE	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	2
3963	UNSPECIFIED	RYBELSUS 7MG OR TABS	ANTIDIABETICS	Approved	3
3956	UNSPECIFIED	SANCUSO 3.1MG/24HRTD PTCH	ANTINAUSEANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SAVELLA (MILNACIPRAN)	ANALGESIC	Approved	1
3956	UNSPECIFIED	SAVELLA (MILNACIPRAN)	ANALGESIC	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	SAVELLA (MILNACIPRAN)	ANALGESIC	Denied	1
3964	INTERNAL MEDICINE	SAXENDA 6MG/ML PEN	ANTIDIABETICS	Denied	1
3963	PODIATRIST, UNSPECIFIED	SEGLENTIS 56-44MG TAB (CELECOXIB-TRAMADOL)	ANALGESIC	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	SEMAGLUTIDE (OZEMPIC) 0.25 MG OR 0.5 MG (2 MG/3 ML) PEN	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	SEMAGLUTIDE 0.25 MG OR 0.5 MG (2 MG/3 ML) SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SIMVASTATIN 80MG OR TABS	HYPERCHOLESTEROLEMIA	Approved	2
3965	UNSPECIFIED	SIVEXTRO 200MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	OBSTETRICS & GYNECOLOGY	SLYND	CONTRACEPTIVES	Denied	1
3967	OBSTETRICS & GYNECOLOGY	SLYND 4MG OR TABS	CONTRACEPTIVES	Denied	1
3965	UNSPECIFIED	SLYND 4MG TAB	CONTRACEPTIVES	Denied	1
3963	UNSPECIFIED	SLYND 4MG TABLET	CONTRACEPTIVES	Denied	1
3965	UNSPECIFIED	SODIUM SULFA LIQ 10% WASODIUM SULFA LIQ 10% WA	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SOFOSBUVIR-VELPATASVIR 400-100MG OR TABS	ANTIVIRALS	Denied	1
3956	FAMILY PRACTICE	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3951	UNSPECIFIED	SOLIQUA 100-33UNT-MCG/ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SOOLANTRA (IVERMECTIN)	DERMATOLOGICAL AGENTS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	SOOLANTRA 1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	SOOLANTRA 1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3964	UNSPECIFIED	SORIATANE (ACITRETIN)	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	SPINOSAD SUSPENSION	ANTIPARASITICS	Denied	1
3964	UNSPECIFIED	SPIRIVA HANDIHALER 18 MCG	RESPIRATORY AGENTS	Denied	1
3962	UNSPECIFIED	SUBLOCADE 300MG/1.5ML SC SOSY	SUBSTANCE ABUSE AGENTS	Denied	1
3963	UNSPECIFIED	SUCRAID 8500UNIT/ML OR SOLN	METABOLIC ENZYMES	Approved	1
3956	NEUROLOGY	SUMATRIPTAN INJ 6MG/0.5ML	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	3
3951	FAMILY PRACTICE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
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8360 INTERNAM FREICHE SUMART PRAINT REIT MANAGOTIC ANAL FREICS Approach 1 1956 NURSE PRACTITIONER, PAMILY HEATH SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 1 3956 NURSE PRACTITIONER, UNSECCRED SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 2 3958 SURDERFY WSCULAR SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 2 3951 ONSPECIFIED SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 2 3951 ONSPECIFIED SUMOR SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 1 3961 ONSPECIFIED SUMOR SUMART PRAINT REIT NONNARCOTIC ANALGERICS Devision 1 3962 PAMILY PRACTICE SUMOR SUMART PRAINT REIT NORNEGERIA OPPRIANT 2 1 3963 PAMILY PRACTICE SUMOR SUMART PRAINT REIT NARCOLERSY AGERTS Devision 1 3963 PULLINARY DESARCE SUMOR SUMART PRAINT REIT NARCOLERSY AGERTS Devision 1 3964 PU	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
8960 NURSE PRACTITIONER UNSPECIFED SUMATRIPTANTABLET NON-MARCOTIC ANALGENCS On-mid 1 3366 SUMERFY, VASCLLAR SUMATRIPTANTABLET NON-MARCOTIC ANALGERISCS Demid 3 3961 UNSPECIFED SUMATRIPTANTABLET NON-MARCOTIC ANALGERISCS Demid 1 3983 UNSPECIFED SUMATRIPTANTABLETS NON-MARCOTIC ANALGERISCS Apovoed 1 3983 UNSPECIFED SUMATRIPTANTABLETS NON-MARCOTIC ANALGERISCS Apovoed 1 3986 PAMI Y MEDICIN SUMOSI SCOLIAMARETOLI NARCOLERSY AGENTS Opinid 1 3987 PULMONARY DISEASES SUNOSI SCOLIAMARETOLI NARCOLERSY AGENTS Opinid 1 3986 PULMONARY DISEASES SUNOSI SCOLIAMARETOLI NARCOLERSY AGENTS Apovoed 1 3986 PULMONARY DISEASES SUNOSI SCOLIAMARETOLI NARCOLERSY AGENTS Apovoed 1 3986 UNSECRICATIONER FAMILY HEALTH SUNOSI SCOLIAMARETOLI NARCOLERSY AGENTS Apovoed 1 3986 UNSECRICATIONER FAMILY HEALTH SUN	3956	INTERNAL MEDICINE	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Approved	1
886 SURGEFFY, VASCULAR SUMATIPITANT FIFT NONNARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED SUMATIPITANT TRUET NONNARCOTIC ANALGESICS Denied 3 3861 UNSPECIFIED SUMATIPITANT TRUET NONNARCOTIC ANALGESICS Denied 1 3838 UNSPECIFIED SUMATIPITANT TRUET NONNARCOTIC ANALGESICS Approved 1 3866 FAMILY PRACTICE SUNOSI SOLRIAMETOLI NARCOLERY ARENTS Denied 1 3863 RANILY PRACTICE SUNOSI SOLRIAMETOLI NARCOLERY ARENTS Denied 1 3863 RULLYONARY DISEASES SUNOSI SOLRIAMETOLI NARCOLERY ARENTS Approved 1 3866 UNSPECIFIED SUNOSI SUNOSI SOLRIAMETOLI NARCOLERY ARENTS Approved 1 3867 ULLIAONARY DISEASES SUNOSI SUNGAMPETOLI NARCOLERY ARENTS Approved 2 3869 UNSPECIFIED SUNOSI SUNGAMPETOLI NARCOLERY ARENTS Approved 2 3860 UNSPECIFIED SUNOSI SUNGAMPETOLI NARCOLERY ARENTS	3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Denied	1
3886 UNSPECIPED SUMATIPITATIALET NONMARCOTIC ANALGESICS Denied 3 3881 UNSPECIPED SUMATIPITATIALETS NONMARCOTIC ANALGESICS Denied 1 3886 ONSPECIPED SUMATIPITATIALETS NONMARCOTIC ANALGESICS Approved 1 3886 FAMILY MEDICINE SUNDSI SIGI IRAMPETOLI NARCOLEPSY AGENTS Denied 1 3886 FAMILY PRACTICE SUNDSI SIGI IRAMPETOLI NARCOLEPSY AGENTS Denied 1 3886 PLANDARY DISEASES SUNDSI SIGI IRAMPETOLI NARCOLEPSY AGENTS Approved 1 3896 PLUMONARY DISEASES SUNDSI SIGNAMETOLI NARCOLEPSY AGENTS Approved 2 3896 PLUMONARY DISEASES SUNGSI STOMAGON TABS NARCOLEPSY AGENTS Approved 2 3896 PLUMONARY DISEASES SUNGSI STOMAGON TABS NARCOLEPSY AGENTS Approved 2 3896 PLANDARY DISEASES SUNGSI STOMAGON TABS NARCOLEPSY AGENTS Approved 2 3896 MURSECPIED SUNAGENT STAMAGON TABS APPROVAD	3956	NURSE PRACTITIONER, UNSPECIFIED	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Denied	1
3051 UNSPECIFED SUMATRIPTANTABLETS MON-NARCOTIC ANALGESICS Denied 1 3063 UNSPECIFIED SUMATRIPTANTABLETS NON-NARCOTIC ANALGESICS Approved 1 3066 FAMILY PRACTICE SUNOSI SOLINAMFETOLI NARCOLERSY AGENTS Denied 1 3066 FAMILY PRACTICE SUNOSI SOLINAMFETOLI NARCOLERSY AGENTS Denied 1 3068 NURSPECHED SUNOSI SOLINAMFETOLI NARCOLERSY AGENTS Approved 1 3069 UNSPECHED SUNOSI SOLINAMFETOLI NARCOLERSY AGENTS Approved 1 3066 UNSPECHED SUNOSI STOMAGO TABS NARCOLERSY AGENTS Approved 2 3067 UNSPECHED SUNOSI STOMAGO TABS NARCOLERSY AGENTS Approved 1 3069 NURSPECHED SYNARDY (EMPOGLIFICAMETORINI) ANTIONABETICS Denied 1 3060 NURSPECHED SYNARDY (EMPOGLIFICAMETORINI) ANTIONABETICS Approved 1 3061 UNSPECHED SYNARDY (EMPOGLIFICAMETORINIS) ANTIONABETICS Approved<	3956	SURGERY, VASCULAR	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Denied	1
9883 UNSPECIFIED SUMATRIPTANTABLETS NON-HARCOTIC ANALGESICS Approved 1 3986 FAMILY MEDICARY SUNOSI ISOL REMETEDIO NARCOL FREY AGENTS Approved 1 3986 FAMILY MEDICARE SUNOSI ISOL REMETEDIO NARCOL FREY AGENTS Denied 1 3983 NURSE PRACTITIONER, FAMILY HEALTH SUNOSI ISOL REMETEDIO NARCOL FREY AGENTS Approved 1 3986 PULI MONARY DISEASES SUNOSI ISOL REMETEDIO NARCOL FREY AGENTS Approved 1 3983 PULIMONARY DISEASES SUNOSI ISOL REMETEDIO NARCOL FREY AGENTS Approved 1 3986 ULISSECIFIED SUNOSI SOL REMETEDIO NARCOL FREY AGENTS Approved 2 3986 ULISSECIFIED SUNOSI SOL REMETEDIO NARCOL FREY AGENTS Approved 2 3986 ULISSECIFIED SUNOSI SOL REMETEDION NARCOL FREY AGENTS Approved 1 3986 ULISSECCIFIED SUNDAIS MARCOL FREY AGENTS ARCOL FREY AGENTS Approved 1 3986 ULISSECCIFIED SUNDAIS MARCOL F	3956	UNSPECIFIED	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Denied	3
3856 FAMILY MEDICINE SUNOSI GOURIAMFETOL NARCOLEPSY AGENTS Approved 1 3666 FAMILY PRACTICE SUNOSI GOURIAMFETOL NARCOLEPSY AGENTS Denied 1 3668 PUL MORAPY DISFARS SUNOSI GOURIAMFETOL) NARCOLEPSY AGENTS Approved 1 3668 PUL MORAPY DISFARS SUNOSI GOURIAMFETOL) NARCOLEPSY AGENTS Approved 1 3668 UNSPECIFIED SUNOSI GOURIAMFETOL) NARCOLEPSY AGENTS Approved 2 3660 UNSPECIFIED SUNOSI FORM GOTRAS NARCOLEPSY AGENTS Approved 2 3660 UNSPECIFIED SUNOSI FORM GOTRAS NARCOLEPSY AGENTS Approved 1 3660 UNSPECIFIED SYNLARDY JEMPAGUEL CZINMETFORMIN ANTIDIABETICS Denied 1 3661 UNSPECIFIED SYNLARDY JEMPAGUEL CZINMETFORMIN ANTIDIABETICS Approved 1 3663 UNSPECIFIED SYNLARDY JEMPAGUEL CZINMETFORMIN ANTIDIABETICS Approved 1 3663 UNSPECIFIED SYNLARDY JEMPAGUEL CZINMETFORMIN ANTIDI	3951	UNSPECIFIED	SUMATRIPTANTABLET	NON-NARCOTIC ANALGESICS	Denied	1
3886 FAMILY PRACTICE SUNOSI SOLRIAMFETOL) NARCOLEPSY AGENTS Denied 1 3893 NURSE PRACTITIONER, FAMILY HEALTH SUNOSI SOLRIAMFETOL) NARCOLEPSY AGENTS Denied 1 3896 PULMONARY DISEASES SUNOSI SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3896 UNSPECIFIED SUNOSI SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3893 PULMONARY DISEASES SUNOSI SUNG ORTABS NARCOLEPSY AGENTS Approved 2 38963 UNSPECIFIED SUNOSI SUNGANIAN RESPIRATORY AGENTS Approved 1 38963 INTERNAL MEDICINE SYNAGIS TOMORGAL INI RESPIRATORY AGENTS Denied 1 38963 INTERNAL MEDICINE SYNAGIS TOMORGAL INI ARTIDIABETICS Denied 1 38963 UNSPECIFIED SYNLARDY IZE-MODRIAGE PROFUNCIAN METERORIANI ANTIDIABETICS Denied 1 38963 UNSPECIFIED SYNLARDY IZE-MODRIAGE PRAS ANTIDIABETICS Approved 1 38963 PAMILY PRACTICE SYNLARDY IZE-MODRIAGE PRAS	3963	UNSPECIFIED	SUMATRIPTANTABLETS	NON-NARCOTIC ANALGESICS	Approved	1
3983 NURSE PRACTITIONER, FAMILY HEALTH SUNDSI SOLRIAMFETOL) NARCOLEPSY AGENTS Denied 1 3986 PULMONARY DISEASES SUNDSI SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3963 UNSPECIFIED SUNDSI SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3963 PULMONARY DISEASES SUNDSI STOMG OR TABS NARCOLEPSY AGENTS Approved 2 3969 UNSPECIFIED SUNDSI STOMG OR TABS NARCOLEPSY AGENTS Approved 1 3963 INTERNAL MEDICINE SYNLASIS TOMGMILINJ RESPIRATORY AGENTS Denied 1 3963 UNSPECIFIED SYNLARDY JEMPAGLIFI COZIN-METFORMIN) ANTIDIABETICS Denied 1 3963 UNSPECIFIED SYNLARDY JEMPAGLIFI COZIN-METFORMIN) ANTIDIABETICS Approved 1 3963 UNSPECIFIED SYNLARDY JES-1000MG ORTABS ANTIDIABETICS Approved 1 3963 HAMILY PRACTICE SYNLARDY JES-1000MG ORTABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED SYNLARDY SELEMPAGLIFLOZI	3956	FAMILY MEDICINE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3966 PULMONARY DISEASES SUNOSI (SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3966 UNSPECIFIED SUNOSI (SOLRIAMFETOL) NARCOLEPSY AGENTS Approved 1 3963 PULMONARY DISEASES SUNOSI (SOMG OR TABS NARCOLEPSY AGENTS Approved 2 3966 UNSPECIFIED SUNOSI (SOMG OR TABS NARCOLEPSY AGENTS Approved 1 3963 INTERNAL MEDICINE SYNALRDY (EMPAGUIFLOZIN-METFORMIN) ANTIOLABETICS Denied 1 3963 UNSPECIFIED SYNALRDY (EMPAGUIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNALRDY (EMPAGUIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNALRDY (EMPAGUIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3967 PAMILY PRACTICE SYNALRDY (EMPAGUIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3968 UNSPECIFIED SYNALRDY (12-5000MG OR TABS ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNALRDY (12-5000MG	3956	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3966 UNSPECIFIED SUNOSI ISOLRIAMFETOLI NARCOLEPSY AGENTS Approved 2 3 3 3 3 3 3 4 4 4 5 3 3 4 4 4 4 5 3 3 3 4 4 4 4 4 4 4	3963	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963 PULMONARY DISEASES SUNOSI 160MG ORTABS NARCOLEPSY AGENTS Approved 2 3996 UNSPECIFIED SUNOSI 75MG OR TABS NARCOLEPSY AGENTS Approved 1 39963 INTERNAL MEDICINE SYNAGIS 100MG/ML INJ RESPIRATORY AGENTS Denied 1 3996 NURSE PRACTITIONER, FAMILY HEALTH SYNABDY (EMPAGUIF-CQIN/METFORMIN) ANTIDIABETICS Denied 1 3996 UNSPECIFIED SYNARDY (EMPAGUIF-CQIN/METFORMIN) ANTIDIABETICS Denied 1 3996 UNSPECIFIED SYNARDY (EMPAGUIF-CQIN/METFORMIN) ANTIDIABETICS Approved 1 3996 UNSPECIFIED SYNARDY 12.5-1000MG ORTABS ANTIDIABETICS Approved 1 3991 NURSE PRACTITIONER, FAMILY HEALTH SYNARDY 12.5-5000MG ORTABS ANTIDIABETICS Approved 1 3996 UNSPECIFIED SYNARDY 12.5-5000MG ORTABS ANTIDIABETICS Approved 1 3996 UNSPECIFIED SYNARDY 12.5-5000MG ORTABS ANTIDIABETICS Approved 1 3996 HISTORY CONTRACTION 12.5	3965	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3966 UNSPECIFIED SUNOSI 75MG ORTABS NARCOLEPSY AGENTS Approved 1 3963 INTERNAL MEDICINE SYNAGIS 100MG/ML INJ RESPIRATORY AGENTS Denied 1 3964 NURSE PRACTITIONER, FAMILY HEALTH SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3965 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3967 AMILY PRACTICE SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3968 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3969 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNAGRY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNAGRY SEMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNAGRY SEMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3960 UNSPECIFIED SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3960 INTERNAL MEDICINE SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH SYNAGRY SR 12-1000MG OR TB24 ANTIDIABETICS Approved 1 3960 NURSE PRACTITIONER, FAMILY HEALTH SYNAGRY SR 12-1000MG OR TB24 ANTIDIABETICS Approved 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR 12-1000MG OR TB24 ANTIDIABETICS Approved 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR 12-1000MG OR TB24 ANTIDIABETICS Approved 1 3960 PHYSICIAN ASSISTANT, UNSPECIFIED SYNAGRY SR 12-1000MG OR TB24 ANTIDIABETICS Approved	3956	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
SPECIAL DESCRIPTION SYNAGIS 100MG/ML INJ RESPIRATORY AGENTS Denied 1 1 1 1 1 1 1 1 1	3963	PULMONARY DISEASES	SUNOSI 150MG OR TABS	NARCOLEPSY AGENTS	Approved	2
NURSE PRACTITIONER, FAMILY HEALTH SYNLARDY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3963 UNSPECIFIED SYNLARDY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3964 UNSPECIFIED SYNLARDY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3965 UNSPECIFIED SYNLARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3961 UNSPECIFIED SYNLARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FEL SYNLARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED SYNLARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 INTERNAL MEDICINE SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3963 INTERNAL MEDICINE SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNLARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 NURSE PRACTITIONER, FAMILY HEALTH SYNLARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3966 FAMILY PRACTICE SYNLARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3966 NURSE PRACTITIONER, FAMILY HEALTH SYNLARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNLARDY XR	3956	UNSPECIFIED	SUNOSI 75MG OR TABS	NARCOLEPSY AGENTS	Approved	1
UNSPECIFIED SYNJARDY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Denied 1 3963 UNSPECIFIED SYNJARDY (EMPAGLIFLOZIN-METFORMIN) ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3961 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY 12.5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FEL COW, UNSPECIFIED SYNJARDY 5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 UNSPECIFIED SYNJARDY 5-1000MG OR TABS ANTIDIABETICS Approved 1 3966 FAMILY PRACTICE SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 INTERNAL MEDICINE SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3963 INTERNAL MEDICINE SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS APPROVED 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS APPROVED 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS APPROVED 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS APPROVED 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY X (EMPAGLIFLOZ	3963	INTERNAL MEDICINE	SYNAGIS 100MG/ML INJ	RESPIRATORY AGENTS	Denied	1
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Approved 1 3956 FAMILY PRACTICE SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3963 INTERNAL MEDICINE SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2	3956		SYNJARDY 12.5-500MG OR TABS	ANTIDIABETICS	Approved	1
1 SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 1 S963 INTERNAL MEDICINE SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 1 S963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 1 S956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 1 S956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 1 S956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 1 S956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 1 S956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 1 S956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 1 S956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 1 S956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 1 S956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 1 S963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	UNSPECIFIED	SYNJARDY 5-1000MG OR TABS	ANTIDIABETICS	Approved	1
INTERNAL MEDICINE SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3966 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	INTERNAL MEDICINE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Denied 1 3956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3963	INTERNAL MEDICINE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Denied	1
3956 UNSPECIFIED SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR) ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Denied	1
3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 10-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Denied	1
3956 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	UNSPECIFIED	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3963 FAMILY PRACTICE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 10-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956 INTERNAL MEDICINE SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1 3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956 NURSE PRACTITIONER, FAMILY HEALTH SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Denied 1 3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3963	FAMILY PRACTICE	SYNJARDY XR 12.5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 2 3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	INTERNAL MEDICINE	SYNJARDY XR 12.5-1000MG ORTB24	ANTIDIABETICS	Approved	1
3963 PHYSICIAN ASSISTANT, UNSPECIFIED SYNJARDY XR 12.5-1000MG OR TB24 ANTIDIABETICS Approved 1	3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY XR 12.5-1000MG ORTB24	ANTIDIABETICS	Denied	1
	3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 12.5-1000MG ORTB24	ANTIDIABETICS	Approved	2
3956 UNSPECIFIED SYNJARDY XR 12.5-1000MG ORTB24 ANTIDIABETICS Approved 1	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 12.5-1000MG ORTB24	ANTIDIABETICS	Approved	1
	3956	UNSPECIFIED	SYNJARDY XR 12.5-1000MG ORTB24	ANTIDIABETICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	SYNJARDY XR 25-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SYNJARDY XR 5-1000MG OR TB24	ANTIDIABETICS	Approved	1
3963	ALLERGY & IMMUNOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	ALLERGY & IMMUNOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3961	DERMATOLOGY	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3965	FAMILY PRACTICE	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3956	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	TACROLIMUS 0.03% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	TACROLIMUS 0.03% OINT 30GM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.03% OINT 60GM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TACROLIMUS 0.03% OINT 60GM	DERMATOLOGICAL AGENTS	Approved	2
3962	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.03% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TACROLIMUS 0.1 % TOPICAL OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	10
3956	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	7
3965	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	3
3956	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Denied	1
3951	INTERNAL MEDICINE	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	5
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	4
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	17
3956	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	4
3951	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	TACROLIMUS 0.1% EX OINT	DERMATOLOGICAL AGENTS	Approved	1
3964	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	3
3965	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	4
3962	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3951	FAMILY PRACTICE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3969	INTERNAL MEDICINE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3951	INTERNAL MEDICINE	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	PEDIATRICS	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	6
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3969	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	9
3969	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3969	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	2
3962	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TACROLIMUS 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	INTERNAL MEDICINE	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TACROLIMUS OINT	DERMATOLOGICAL AGENTS	Denied	4
3956	FAMILY PRACTICE	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	INTERNAL MEDICINE	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	UROLOGY	TADALAFIL 2.5MG	VASODILATORS	Approved	1
3963	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	UNSPECIFIED	TADALAFIL 2.5MG	VASODILATORS	Denied	1
3956	EMERGENCY MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	5
3963	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	4
3951	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	2
3956	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	2
3961	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Denied	2
3963	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	1
3951	FAMILY PRACTICE	TADALAFIL 5MG	VASODILATORS	Approved	1
3963	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Approved	2
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Approved	1
3963	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	2
3951	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	INTERNAL MEDICINE	TADALAFIL 5MG	VASODILATORS	Denied	2
3956	NURSE PRACTITIONER, ADULT HEALTH	TADALAFIL 5MG	VASODILATORS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG	VASODILATORS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	1
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	2
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Denied	5
3963	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	2
3956	UROLOGY	TADALAFIL 5MG	VASODILATORS	Approved	1
3963	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	5
3956	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	8
3961	UNSPECIFIED	TADALAFIL 5MG	VASODILATORS	Denied	2
3963	FAMILY MEDICINE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	6
3963	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	2
3956	FAMILY PRACTICE	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3961	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	3
3963	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Denied	1
3963	UROLOGY	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	2
3956	UNSPECIFIED	TADALAFIL 5MG OR TABS	VASODILATORS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TALTZ 80MG/ML INJ	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TAZAROTENE 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3961	PHYSICIAN ASSISTANT, UNSPECIFIED	TAZAROTENE 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	DERMATOLOGY	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TAZAROTENE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3969	UNSPECIFIED	TAZAROTENE CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TAZAROTENE CREAM 0.1%	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TAZAROTENE GEL	DERMATOLOGICAL AGENTS	Approved	3
3962	DERMATOLOGY	TAZORAC (TAZAROTENE) CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	TAZORAC 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TAZORAC CREAM 0.05% (TAZAROTENE)	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	TEMAZEPAM 15MG OR CAPS	CNS DEPRESSANTS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	2
3967	INTERNAL MEDICINE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	2
3951	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 1.62% TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	2
3963	UNSPECIFIED	TESTOSTERONE 10 MG/ACT(2%) TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 12.5 MG/ACT(1%) TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 12.5 MG/ACT(1%) TD GEL	ANDROGENS	Approved	1
3964	UNSPECIFIED	TESTOSTERONE 12.5 MG/ACT(1%) TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 20.25 MG/1.25GM(1.62%) TD GEL	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE 20.25 MG/ACT (1.62%) TRANSDER- MAL GEL	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TESTOSTERONE 20.25 MG/ACT(1.62%) TD GEL	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE 25 MG/2.5GM(1%)TD GEL	ANDROGENS	Approved	2
3956	INTERNAL MEDICINE	TESTOSTERONE 25 MG/2.5GM(1%)TD GEL	ANDROGENS	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE 25 MG/2.5GM(1%)TD GEL	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE 25 MG/2.5GM(1%)TD GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE 40.5 MG/2.5GM(1.62%) TD GEL	ANDROGENS	Approved	1
3964	FAMILY MEDICINE	TESTOSTERONE 50 MG/5GM(1%) TD GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE 50 MG/5GM(1%) TD GEL	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	3
3956	PEDIATRICS	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3956	PHYSICIAN, SURGERY, GENERAL	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Approved	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML	ANDROGENS	Denied	3
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Denied	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 100MG/ML IM SOLN	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200 MG/ML INTRA- MUSCULAR OIL [DEPO-TESTOSTERONE]	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	12
3956	CHIROPRACTOR, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	ENDOCRINOLOGY, PEDIATRIC	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	14
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	5
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	35
3961	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	3
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3951	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	4

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	4
3961	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	13
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	3
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	2
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	33
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	9
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	6
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	6
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Approved	1
3961	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML	ANDROGENS	Denied	1
3969	ALLERGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3951	ALLERGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	15
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	15
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3961	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	GENERAL PRACTICE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	5
3956	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3964	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3962	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	11
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	9
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3951	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3965	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PEDIATRICS	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3963	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	PHYSICIAN, ONCOLOGY, MEDICAL	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	5
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	5
3963	UROLOGY	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	25
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	10

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	2
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3962	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	9
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Denied	1
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3969	ALLERGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	ALLERGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3964	EMERGENCY MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3969	ENDOCRINOLOGY, DIABETES & METABOLISM	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	FAMILY MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3969	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	15
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	6
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3969	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3964	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3962	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	FAMILY PRACTICE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3964	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3964	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3969	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	7
3964	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3964	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3964	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3965	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	UROLOGY	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3969	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	1
3962	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	2
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3951	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	3
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	3
3964	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	1
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	14
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Approved	4
3965	UNSPECIFIED	TESTOSTERONE CYPIONATE IM INJECTION	ANDROGENS	Denied	8
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	13
3963	FAMILY PRACTICE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	3
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	8
3963	INTERNAL MEDICINE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, ACUTE CARE	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	3
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, WOMEN'S HEALTH	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	1
3963	UROLOGY	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	2
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Denied	24
3963	UNSPECIFIED	TESTOSTERONE CYPIONATE INJECTION	ANDROGENS	Approved	5
3956	GYNECOLOGY	TESTOSTERONE ENANTHATE 200 MG/ML INTRA- MUSCULAR SOLUTION (DELATESTRYL)	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE ENANTHATE 200 MG/ML INTRA- MUSCULAR SOLUTION (DELATESTRYL)	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Approved	1
3951	UNSPECIFIED	TESTOSTERONE ENANTHATE 200MG/ML	ANDROGENS	Denied	1
3956	UNSPECIFIED	TESTOSTERONE ENANTHATE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	3

985 UNSPECIMED TESTORTENOWE CELL 1% SEMBO ANDROCENS Approved 1 986 RAMINY PRACTICE TESTORTENOWE CELL 1% SEMBO ANDROCENS Approved 1 986 RAMINY PRACTICE TESTORTENOWE CELL 1% SEMBO ANDROCENS Approved 1 986 RAMINY PRACTICE TESTORTENOWE CELL 10 MAGACT ANDROCENS Queen 1 986 NYBORAN ENDOCRINOLOSY TESTORTENOWE CELL 10 MAGACT ANDROCENS Queen 2 986 NYBORAN ENDOCRINOLOSY TESTORTENOWE CELL 10 MAGACT ANDROCENS Queen 2 386 PAMINY PRACTICE TESTORTENOWE CENTURAL CEL ANDROCENS Queen 2 388 PAMINY PRACTICE TESTORTENOWE TOPICAL CEL ANDROCENS Deneid 1 388 PATEMATICA CONTROLLA SEMBOLI PRACTICE TESTORTENOWE TOPICAL CEL ANDROCENS Deneid 1 388 UNDUCKY TESTORTENOWE TOPICAL CEL ANDROCENS Deneid 1 388 UNDUCKY TESTORTENOWE TOPICAL CEL ANDROCENS Deneid	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
983 FAMILY PRACTICE TESTOSTERONE GELTUMBACT AND ROCERS Approved 1 3566 MAYLY PRACTICE TESTOSTERONE GELTUMBACT AND ROCERS Approved 1 3566 MAYLY PRACTICE TESTOSTERONE GELTUMBACT AND ROCERS Approved 1 3563 HINSTORIA ENDOCRINOLOGY TESTOSTERONE GELTUMBACT AND ROCERS Approved 1 3683 MAILY PRACTICE TESTOSTERONE GELTUMBACT AND ROCERS Devided 1 3683 MAILY PRACTICE TESTOSTERONE TOPICAL GEL AND ROCERS Devided 2 3683 MINERINAL MEDICINE TESTOSTERONE TOPICAL GEL AND ROCERS Devided 1 3684 MINERINAL MEDICINE TESTOSTERONE TOPICAL GEL AND ROCERS Devided 1 3693 MINERINAL MEDICINE TESTOSTERONE TOPICAL GEL AND ROCERS Devided 1 3694 MINERIA MEDICINE TESTOSTERONE TOPICAL GEL AND ROCERS Devided 1 3695 MINERIA MEDICINE TESTOSTERONE TOPICAL GEL AND ROCERS Devid	3956	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Approved	1
856 FAMILY PRACTICE TISTOSTERONE GEL TOMÓGNET ANDROGRAS Approved 1 3966 NURSE PRACTITIONER UNSPECIFIED TESTOSTERONE GEL TOMÓGNET ANDROGRAS Deriod 1 1 3963 ANALIN FRACTICE TESTOSTERONE TOPICAL GEL ANDROGRAS Deriod 2 0	3956	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	1
9886 NURSE PRACTITIONER, UNSPYCIFED TESTOSTERONE GLI DMOGNACT ANDROGENS Oneind 1 3888 PHYSICAM, ENDOCHNOLOGY TESTOSTERONE GLI DMOGNACT ANDROGENS Oneind 1 9883 HORSECHER TESTOSTERONE GLI DMOGNACT ANDROGENS Denied 1 9883 FANILY PRACTICE TESTOSTERONE TORICAL GEL ANDROGENS Denied 2 3863 MANILY PRACTICE TESTOSTERONE TORICAL GEL ANDROGENS Denied 2 3864 NITERIAL MEDICINE TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3883 ONSECHATHI CMANIPULATIVE MEDICINE TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3895 PHYSICIANA ASSENTAT UNSECHED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3896 UNSECCHED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3891 UNSECCHED TESTOSTERONE TORICAL GEL ANDROGENS Denied 2 3892 UNSECCHED TESTOSTERONE TORICAL GEL ANDROGENS Denie	3963	FAMILY PRACTICE	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
9566 PHYSICIAN, ENDOCRINOLOGY TESTOSTERONE GEL IOMGANCT ANDROGENS Approved 1 3983 UJSPECHED TESTOSTERONE GEL IOMGANCT ANDROGENS Denied 1 3983 FAMILY PRACTICE TESTOSTERONE TORICAL GEL ANDROGENS Approved 2 3984 INTERNAL MERCINE TESTOSTERONE TORICAL GEL ANDROGENS Denied 2 3986 INTERNAL MERCINE TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3981 UNSECRATIONER, FAMILY HEALTH TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3981 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3981 UJSPECIFIED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3982 UJSPECIFIED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3983 UJSPECIFIED TESTOSTERONE TORICAL GEL ANDROGENS Denied 1 3984 PARTICIPAL TESTOSTERONE TRANSCERMAL GEL ANDROGENS Denied	3956	FAMILY PRACTICE	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
9083 UNSPECIFIED TESTOSTERONE GEL 10MGACT ADDROGENS Quinded 1 3983 FAMILY PRACTICE TESTOSTERONE TOPICAL GEL ADDROGENS Apriled 1 3983 INMINE PRACTICE TESTOSTERONE TOPICAL GEL ADDROGENS Denied 2 3984 INTERNAL MEDICINE TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3983 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3983 OSTEDPATHA DANIPULATIVE MEDICINE TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3985 URSCHED TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3985 URSPECIFIED TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3983 URSPECIFIED TESTOSTERONE TOPICAL GEL ADDROGENS Denied 1 3983 URSPECIFIED TESTOSTERONE TERRASERMAL GEL ADDROGENS Denied 1 3983 HAMILY PRACTICE TESTOSTERONE TERRASERMAL GEL ADDROGENS Denied	3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3833 FAMILY PRACTICE TESTOSTERONETOPICAL GEL ANDROGENS Aportived 1 3963 FAMILY PRACTICE TESTOSTERONETOPICAL GEL ANDROGENS Denied 2 3963 INTERNAL MEDICINE TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3863 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3861 OSTOCIATHIC MANIPULATIVE MEDICINE TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3862 UROLOGY TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3863 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3861 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3862 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3863 HUNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3862 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 <	3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
3983 FAMILY PRACTICE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 2 3064 INTERNAL MEDICINE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3063 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3061 OSTEONATHIC MAINIPULATUR MEDICINE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3061 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3061 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3062 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3062 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3063 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3064 EMPIGICALY MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3063 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS </td <td>3963</td> <td>UNSPECIFIED</td> <td>TESTOSTERONE GEL 10MG/ACT</td> <td>ANDROGENS</td> <td>Denied</td> <td>1</td>	3963	UNSPECIFIED	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3884 INTERNAL MEDICINE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3863 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3961 OSTEOPARHIC MANIPULATIVE MEDICINE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3961 PHYSICIAN ASSISTANT UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3962 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3963 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3962 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3963 UNSPECIFIED TESTOSTERONE TORICAL GEL ANDROGENS Denied 2 3963 EMERCENCY MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 INTERRAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS </td <td>3963</td> <td>FAMILY PRACTICE</td> <td>TESTOSTERONE TOPICAL GEL</td> <td>ANDROGENS</td> <td>Approved</td> <td>1</td>	3963	FAMILY PRACTICE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Approved	1
3983 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3961 OSTEOPATHIC MANIPULATIVE MEDICINE TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3961 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3965 UROLGOY TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3963 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 3 3963 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3964 MERGENCY MEDICINE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 1 3963 MERGENCY MEDICINE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, INSPECIFIED TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, UNSPECIFIED TESTOSTERONETRANSDERMAL GEL </td <td>3963</td> <td>FAMILY PRACTICE</td> <td>TESTOSTERONE TOPICAL GEL</td> <td>ANDROGENS</td> <td>Denied</td> <td>2</td>	3963	FAMILY PRACTICE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	2
3951 OSTEOPATHIC MANIPULATIVE MEDICINE TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3951 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Approved 1 3965 UNSPECIFIED TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3963 GERGENCY MEDICINE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 2 3963 INTERNAL MEDICINE TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, UNSPECIFIED TESTOSTERONETRANSDERMAL GEL ANDROGENS Denied 2 3963 HINSEL PRACTITIONER, UNSPECIFIED TESTOSTERONETRANSDERMAL GEL <td< td=""><td>3964</td><td>INTERNAL MEDICINE</td><td>TESTOSTERONE TOPICAL GEL</td><td>ANDROGENS</td><td>Denied</td><td>1</td></td<>	3964	INTERNAL MEDICINE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3951 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Approved 1 3965 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3961 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3962 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3964 ENERGENCY MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 4 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 4 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 4 3963 INTERNAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3964 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL	3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3986 UROLOGY TESTOSTERONETOPICAL GEL ANDROGENS Denied 1 3951 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3963 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3964 EMERGENCY MEDICINE TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 INTERNAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 INTERNAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, FAMILY HEALTH TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3964 NURSE PRACTITIONER, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 PHYSICIAN ASSISTANT UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL <t< td=""><td>3951</td><td>OSTEOPATHIC MANIPULATIVE MEDICINE</td><td>TESTOSTERONE TOPICAL GEL</td><td>ANDROGENS</td><td>Denied</td><td>1</td></t<>	3951	OSTEOPATHIC MANIPULATIVE MEDICINE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3951 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3963 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3962 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 1 3963 EMERGENCY MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 4 3963 INTERNAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 INJERS PRACTITIONER, MILY HEALTH TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 NURSE PRACTITIONER, MILY HEALTH TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 NURSE PRACTITIONER, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3964 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 UNSPECIFIED TESTOSTERONE TRANSDERMAL	3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Approved	1
3963 UNSPECIFIED TESTOSTERONE TOPICAL GEL ANDROGENS Denied 3 3962 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3964 EMERGENCY MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 4 3963 FAMILY PRACTICE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 INTERNAL MEDICINE TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3963 NURSE PRACTITIONER, LINSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 NURSE PRACTITIONER, LINSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3964 PHYSICIAN ASSISTANT, UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 2 3963 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL <td>3965</td> <td>UROLOGY</td> <td>TESTOSTERONE TOPICAL GEL</td> <td>ANDROGENS</td> <td>Denied</td> <td>1</td>	3965	UROLOGY	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3962UNSPECIFIEDTESTOSTERONE TOPICAL GELANDROGENSDenied13964EMERGENCY MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied43963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSDenied43963INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSApproved23963INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23961PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROG	3951	UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3964EMERGENCY MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSDenied43963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSApproved23963INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13965UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13966UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELAND	3963	UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	3
3963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSDenied43963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSApproved23963INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23961PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13965UNSPECIFIEDTOBRADEX 0.3-0.1% CINTAMENTOTHER ANTIBIOTICSDenied13961FAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13962ORTHOPEDIC SURGERYTRAMADOL (U) ER	3962	UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3963FAMILY PRACTICETESTOSTERONE TRANSDERMAL GELANDROGENSApproved23963INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23961PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13965UNSPECIFIEDTICTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% DINTMENTOTHER ANTIBIOTICSDenied13964ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13965RHEUMATOLOGY </td <td>3964</td> <td>EMERGENCY MEDICINE</td> <td>TESTOSTERONE TRANSDERMAL GEL</td> <td>ANDROGENS</td> <td>Denied</td> <td>1</td>	3964	EMERGENCY MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3983INTERNAL MEDICINETESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13964PAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSApproved13965RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13966UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	4
3963NURSE PRACTITIONER, FAMILY HEALTHTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13964ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13965RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13966UNSPECIFIEDTRAMADOL (U) ER 100	3963	FAMILY PRACTICE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	2
3963NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13964UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13964ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13965RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13966UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3964NURSE PRACTITIONER, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13956UNSPECIFIEDTIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13961FAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSApproved13962ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13966RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13966UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3964PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13956UNSPECIFIEDTIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13951FAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSApproved13962ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956RIEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3951PHYSICIAN ASSISTANT, UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied23963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13956UNSPECIFIEDTIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13951FAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSApproved13962ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3964	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied33963UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSApproved23962UNSPECIFIEDTESTOSTERONE TRANSDERMAL GELANDROGENSDenied13956UNSPECIFIEDTIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATIONRESPIRATORY AGENTSDenied13963UNSPECIFIEDTOBRADEX 0.3-0.1% OINTMENTOTHER ANTIBIOTICSDenied13951FAMILY PRACTICETRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSApproved13962ORTHOPEDIC SURGERYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956RHEUMATOLOGYTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied13956UNSPECIFIEDTRAMADOL (U) ER 100MG TABLETSNARCOTIC ANALGESICSDenied1	3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Approved 2 3962 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3956 UNSPECIFIED TOBRADEX 0.3-0.1% OINTMENT OTHER ANTIBIOTICS Denied 1 3951 FAMILY PRACTICE TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1 3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 NARCOTIC ANALGESICS Denied 1	3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3962 UNSPECIFIED TESTOSTERONE TRANSDERMAL GEL ANDROGENS Denied 1 3956 UNSPECIFIED TIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATION OTHER ANTIBIOTICS Denied 1 3963 UNSPECIFIED TOBRADEX 0.3-0.1% OINTMENT OTHER ANTIBIOTICS Denied 1 3951 FAMILY PRACTICE TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1 3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 NARCOTIC ANALGESICS Denied 1	3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	3
3956 UNSPECIFIED TIOTROPIUM BROMIDE 18MCG POWDER FOR INHALATION RESPIRATORY AGENTS Denied 1 3963 UNSPECIFIED TOBRADEX 0.3-0.1% OINTMENT OTHER ANTIBIOTICS Denied 1 3951 FAMILY PRACTICE TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1 3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	2
INHALATION RESPIRATORY AGENTS Denied 1 3963 UNSPECIFIED TOBRADEX 0.3-0.1% OINTMENT OTHER ANTIBIOTICS Denied 1 3951 FAMILY PRACTICE TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1 3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3962	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3951 FAMILY PRACTICE TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Approved 1 3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3956	UNSPECIFIED		RESPIRATORY AGENTS	Denied	1
3962 ORTHOPEDIC SURGERY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3963	UNSPECIFIED	TOBRADEX 0.3-0.1% OINTMENT	OTHER ANTIBIOTICS	Denied	1
3956 RHEUMATOLOGY TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1 3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3951	FAMILY PRACTICE	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956 UNSPECIFIED TRAMADOL (U) ER 100MG TABLETS NARCOTIC ANALGESICS Denied 1	3962	ORTHOPEDIC SURGERY	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
	3956	RHEUMATOLOGY	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965 UNSPECIFIED TRAMADOL (U) ER 200MG TABLETS NARCOTIC ANALGESICS Approved 1	3956	UNSPECIFIED	TRAMADOL (U) ER 100MG TABLETS	NARCOTIC ANALGESICS	Denied	1
	3965	UNSPECIFIED	TRAMADOL (U) ER 200MG TABLETS	NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	UNSPECIFIED	TRAMADOL (U) ER 300MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRAMADOL 50 MG ORAL TABLET	NARCOTIC ANALGESICS	Approved	1
3963	NEPHROLOGY / RENAL MEDICINE	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	TRAMADOL 50 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	TRAMADOL 50 MG TABLET (ULTRAM)	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL 50 MG TABLET (ULTRAM)	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3969	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	4
3965	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	3
3962	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	3
3956	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3963	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3964	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3969	FAMILY PRACTICE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	HEMATOLOGY & ONCOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3963	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	INTERNAL MEDICINE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, ACUTE CARE	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	OBSTETRICS & GYNECOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	ORTHOPEDIC SURGERY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	ORTHOPEDIC SURGERY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	RHEUMATOLOGY	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	3
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	2
3951	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3965	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3964	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	2
3956	UNSPECIFIED	TRAMADOL 50MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	TRAMADOL HCL (ER BIPHASIC) 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	RHEUMATOLOGY	TRAMADOL HCL (ER BIPHASIC) 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	TRAMADOL HCL 50 MG ORAL TABLET (ULTRAM)	NARCOTIC ANALGESICS	Approved	2
3956	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	26
3956	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	5
3956	CLINICAL NURSE SPECIALIST, ACUTE CARE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3951	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	5
3963	FAMILY PRACTICE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	18
3963	HEMATOLOGY & ONCOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3956	INTERNAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	NEPHROLOGY / RENAL MEDICINE	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGICAL SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3956	ORTHOPEDIC SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3963	ORTHOPEDIC SURGERY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	3
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITA- TION / PHYSIATRY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	PHYSICIAN, SURGERY, GENERAL	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, SURGERY, GENERAL	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2

381 REGISTERD NIRSE EMBREENCY TRAMADOL HOL SUNG OF TRASS AURODIC ANALESICS Approved 1 385 REMUNATOLOCY TRAMADOL HOL SUNG OF TRASS NARCOTC ANALESICS Aproved 2 3843 REFUNATOLOCY TRAMADOL HOL SUNG OF TRAS NARCOTC ANALESICS Aproved 2 385 UNSPECIFIED TRAMADOL HOL SUNG OF TRAS NARCOTC ANALESICS Aproved 2 383 UNSPECIFIED TRAMADOL HOL SUNG OF TRAS NARCOTC ANALESICS Aproved 2 3843 UNSPECIFIED TRAMADOL HOL SUNG OF TRAS NARCOTC ANALESICS Aproved 2 3843 UNSPECIFIED TRAMADOL HOL SIN DONG OF TREA NARCOTC ANALESICS Aproved 1 3843 UNSPECIFIED TRAMADOL HOL SIN DONG OF TREA NARCOTC ANALESICS Aproved 1 3843 UNSPECIFIED TRAMADOL HOL SIN DONG OF TREA NARCOTC ANALESICS Aproved 1 3843 UNSPECIFIED TRAMADOL HOL SIN DONG OF TREA NARCOTC ANALESICS Aproved 1 3845 PARTIC SILES SERVICIO MERITA TRAM	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
9983 PREUMATOLOGY TRAMADOLI-LE DIMS OR TRAIS MARCOTIC ANALGESICS Approved 4 month 3861 UNSPECIFIED TRAMADOLI EL DIMS OR TRAIS NARCOTIC ANALGESICS Approved 4 month 3863 UNSPECIFIED TRAMADOLI EL DIMS OR TRAIS NARCOTIC ANALGESICS Aportude 1 month 3883 UNSPECIFIED TRAMADOLI EL DIMS OR TRAIS NARCOTIC ANALGESICS Aportude 1 month 3883 UNSPECIFIED TRAMADOLI EL DIMS OR TRAIS NARCOTIC ANALGESICS Aportude 1 month 3883 ANESTIFISOLORY TRAMADOLI EL ER ZOUNG OR TRE24 NARCOTIC ANALGESICS Aportude 1 month 3883 NURSE PRACTICINER, FAMILY HEALTH TRAMADOLI EL ER ZOUNG OR TRE24 NARCOTIC ANALGESICS Aportude 1 month 3883 MARCOTIC ANALGESICS Aportude 1 month 1 month 1 month 3886 MARCOTIC ANALGESICS Aportude 1 month 1 month 1 month 1 month 3881 MARCOTIC ANALGESICS Aportude 1 month 1 month 1 month 1 month 1 month<	3961	REGISTERED NURSE, EMERGENCY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
9351 UNSPECIFIED TRAMADOL HCL SUMG OR TABS MARCOTIC ANALGESICS Approved 4 3886 UNSPECIFIED TRAMADOL HCL BIRDA OR TABS MARCOTIC ANALGESICS Approved 23 3886 UNSPECIFIED TRAMADOL HCL BIRDA MARCOTIC CANALGESICS Approved 1 3861 UNSPECIFIED TRAMADOL HCL ER BOOKG OR TABS MARCOTIC CANALGESICS Approved 1 3862 ANESTHERIO COY TRAMADOL HCL ER BOOKG OR TREA MARCOTIC CANALGESICS Approved 1 3868 UNSPECIFIED TRAMADOL HCL ER BOOKG OR TREA MARCOTIC CANALGESICS Approved 1 3868 UNSPECIFIED TRAMADOL HALL ER BOOKG OR TREA MARCOTIC CANALGESICS Approved 1 3860 MERCENTY MEDICINE TRAMADOL AND TRANSPASSASSIMG MARCOTIC CANALGESICS Approved 1 3861 MERCENTY MEDICINE TRAMADOL AND TRANSPASSASSIMG MARCOTIC CANALGESICS Denied 1 3862 MERCENTY MEDICINE TRAMADOL AND TRANSPASSASSIMG MARCOTIC CANALGESICS Denied 1 3863 MERCE	3956	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
8966 UNSPECIFED TRAMADOL HCL 50MG OR TABS NAFCOTIC ANALGESICS Approved 23 3838 UNSPECIFED TRAMADOL HCL 50MG OR TABS NAFCOTIC ANALGESICS Approved 1 3856 UNSPECIFED TRAMADOL HCL 50MG OR TABS NAFCOTIC ANALGESICS Approved 1 3851 UNSPECIFED TRAMADOL HCL 52 MG OR TRIBS NAFCOTIC ANALGESICS Approved 1 3858 ANESTHESOLOGY TRAMADOL HCL 52 MG OR TRIBS NAFCOTIC ANALGESICS Approved 1 3858 UNSPECIFED TRAMADOL HCL 52 MG OR TRIBS NAFCOTIC ANALGESICS Approved 1 3836 NUSSE PRACTITIONER, FAMILY HEALTH TRAMADOLARPA 275-25 MG NAFCOTIC ANALGESICS Approved 1 3836 FAMILY PRACTICE TRAMADOLARPA 275-25 MG NAFCOTIC ANALGESICS Approved 1 3837 PRAMILY PRACTICE TRAMADOLARPA 275-25 MG NAFCOTIC ANALGESICS Approved 1 3838 PRAMILY PRACTICE TRAMADOLARPA 275-25 MG NAFCOTIC ANALGESICS Approved 1 3831 PRAMILY PRACTICE	3963	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3983 UNSPECIFED TRAMADOL HCL SOMS OR TASS MARCOTIC ANALGESICS Approved 11 3066 UNSPECIFED TRAMADOL HCL SOMG OR TASS NARCOTIC ANALGESICS Approved 1 3983 UNSPECIFED TRAMADOL HCL SER BOWG OR TB24 NARCOTIC ANALGESICS Approved 1 3983 AMESTHESIOLOGY TRAMADOL HCL ER 200MG OR TB24 NARCOTIC ANALGESICS Approved 1 3986 UNSPECIFED TRAMADOL HCL ER 200MG OR TB24 NARCOTIC ANALGESICS Approved 1 3983 UNSPECIFED TRAMADOL HCL ER 200MG OR TB24 NARCOTIC ANALGESICS Approved 1 3886 MERGERICY MEDICINE TRAMADOL HARD STASSES MG NARCOTIC ANALGESICS Approved 1 3881 FAMILY PRACTICE TRAMADOLARPA 375-325 MG NARCOTIC ANALGESICS Approved 1 3891 PLASTIC SUNGERY TRAMADOLARPA 375-325 MG NARCOTIC ANALGESICS Denied 1 3891 PLASTIC SUNGERY TRAMADOLARPA 375-325 MG NARCOTIC ANALGESICS Denied 1 3892 PLASTIC SUNGERY	3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
8066 UNSPECIFED TRAMADOL HCL EN BOMG OR TRAM ARROTIC ANALGESICS Approved 1 3881 UNSPECIFIED TRAMADOL HCL ER BOMG OR TRAM ANACOTIC ANALGESICS Approved 1 3882 ANESTHESOLOSY TRAMADOL HCL ER 200MG ORTB24 ANACOTIC ANALGESICS Approved 1 3886 UNISPECIFIED TRAMADOL HCL ER 200MG ORTB24 ANACOTIC ANALGESICS Approved 1 3886 ENFERGENCY REBEINE TRAMADOLARS 25-325 MG ANACOTIC ANALGESICS Denied 1 3886 ENFERGENCY REBEINE TRAMADOLARS 25-325 MG ANACOTIC ANALGESICS Denied 1 3896 FAMILY PRACTICE TRAMADOLARS 275-325 MG ANACOTIC ANALGESICS Denied 1 3896 FAMILY PRACTICE TRAMADOLARS 275-325 MG ANACOTIC ANALGESICS Denied 1 3891 PLASTIC SURGERY TRAMADOLARS 275-325 MG ANACOTIC ANALGESICS Denied 1 3892 PLASTIC SURGERY TRELEGY ELLIPTA 100MG 25 AMG 25MG 25MG 25MG 25MG 25MG 25MG 25MG 25	3956	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	23
3951 UNSPECIFIED TRAMADOL HCLER TOMMS ORTB24 NARCOTIC ANALESISCS Approved 1 3963 ANESTHESIOLOGY TRAMADOL HCLER 200MS ORTB24 NARCOTIC ANALESISCS Approved 1 3963 UNSPECIFIED TRAMADOL HCLER 200MS ORTB24 NARCOTIC CANALESISCS Approved 1 3963 NIRSE PRACTITIORE, FAMILY HEALTH TRAMADOL HCLER 300MS ORTB24 NARCOTIC CANALESISCS Approved 1 3968 EMPRICENCY MEDICINE TRAMADOLAPAP 375-325 MG NARCOTIC CANALESISCS Denied 1 3968 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC CANALESISCS Denied 1 3969 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC CANALESISCS Denied 1 3961 INTERNAL MEDICINE TRAMADOLAPAP 375-325 MG NARCOTIC CANALESISCS Denied 1 3963 FAMILY PRACTICE TREADY ASSISTANT RESPRATORY AGENTS Denied 1 3964 UNSPECIFIED TREEGY ELIPTA 100MCCPG-25MCC/MCMCT RESPRATORY AGENTS Denied 1 3965 PAMILY PRAC	3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	11
8033 ANESTHESIOLOGY TRAMADOL HCLER 200MG ORTB24 NARCOTIC ANALGESICS Approved 1 3666 UNSFECHED TRAMADOL HCLER 200MG ORTB24 NARCOTIC ANALGESICS Approved 1 3668 UNSE PRACTITIONER, FAMILY HEALTH TRAMADOL HCLER 200MG ORTB24 NARCOTIC ANALGESICS Devised 1 3668 EMERICANCY MEDICINE TRAMADOLAPAR 275-295 MG NARCOTIC ANALGESICS Devised 1 3683 FAMILY PRACTICE TRAMADOLAPAR 275-295 MG NARCOTIC ANALGESICS Devised 1 3681 FAMILY PRACTICE TRAMADOLAPAR 275-295 MG NARCOTIC ANALGESICS Devised 1 3691 PLASTIC SURGERY TRAMADOLAPAR 275-295 MG NARCOTIC ANALGESICS Devised 1 3691 PLASTIC SURGERY TRAMADOLAPAR 275-295 MG NARCOTIC ANALGESICS Devised 1 3692 PLASTIC SURGERY TRELEGY ELLIPTA 100MCG-625 MCG/25MCG	3965	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3896 UNSPECIFIED TRAMADOL HOL ER 200MG ORTB24 NARCOTIC ANALGESICS Aportived 1 3803 NUSSE PRACTITIONER, FAMILY HEALTH TRAMADOL HOL ER 300MG ORTB24 NARCOTIC ANALGESICS Aportived 1 3863 EMERGENCY MEDICINE TRAMADOLAPAP 375-925 MG NARCOTIC ANALGESICS Aportived 1 3863 FAMILY PRACTICE TRAMADOLAPAP 375-925 MG NARCOTIC ANALGESICS Aportived 1 3869 FAMILY PRACTICE TRAMADOLAPAP 375-925 MG NARCOTIC ANALGESICS Denied 1 3861 PLASTIC SURGERY TRAMADOLAPAP 375-925 MG NARCOTIC ANALGESICS Denied 1 3861 PLASTIC SURGERY TRAMADOLAPAP 375-925 MG NARCOTIC ANALGESICS Denied 1 3861 PLASTIC SURGERY TRELEGY ELLIPTA 100MCGA 25MCG25MCGACT NA 26MTS RESPIRATORY AGENTS Denied 1 3863 DERMATOLOGY TRELEGY ELLIPTA 100MCGA 25MCG4CMCGACT NA 26MTS BESPIRATORY AGENTS Denied 1 3863 DERMATOLOGY TRELEGY ELLIPTA 100MCGA 25MCG4CMCGACT NA 26MTS BESPIRATORY AGENTS Denied 2 <td>3951</td> <td>UNSPECIFIED</td> <td>TRAMADOL HCL ER 100MG ORTB24</td> <td>NARCOTIC ANALGESICS</td> <td>Approved</td> <td>1</td>	3951	UNSPECIFIED	TRAMADOL HCL ER 100MG ORTB24	NARCOTIC ANALGESICS	Approved	1
3883 NURSE PRACTITIONER, FAMILY HEALTH TRAMADOL HCLER 300MG ORTB24 NARCOTIC ANALGESICS Approved 1 3866 EMERGENCY MEDICINE TRAMADOLAFAR 375-325 MG NARCOTIC ANALGESICS Denied 1 3868 FAMILY PRACTICE TRAMADOLAFAR 375-325 MG NARCOTIC ANALGESICS Denied 1 3869 FAMILY PRACTICE TRAMADOLAFAR 375-325 MG NARCOTIC ANALGESICS Denied 1 3891 PLASTIC SURGERY TRAMADOLAFAR 375-325 MG NARCOTIC ANALGESICS Denied 1 3894 UNSPECIFED TRELEGY ELLIPTA 100MCG-25 MCG-25MCG/ACTIN 40ERTS RESPIRATORY AGENTS Denied 1 3893 FAMILY PRACTICE TRELEGY ELLIPTA 100MCG-35 MCG-25MCG/ACTIN 40ERTS RESPIRATORY AGENTS Denied 1 3893 FAMILY PRACTICE TRELEGY ELLIPTA 100MCG-35 MCG-25MCG/ACTIN 40ERTS RESPIRATORY AGENTS Denied 1 3893 DERMATOLOGY TRELEGY ELLIPTA 100MCG-35 MCG-25MCG-25MCG/ACTIN 40ERTS RESPIRATORY AGENTS Denied 1 3894 PAMILY PRACTICE TRELEGY ELLIPTA 100MCG-35 MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25MCG-25M	3963	ANESTHESIOLOGY	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3986 EMERGENCY MEDICINE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3983 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Approved 1 3983 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3981 PLASTIC SUNGERY TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3981 NTERNAL MEDICINE TRALEGY ELLIPTA 100M/CG-62-5M/CG-25M/CG-2TM RESPIRATORY AGENTS Denied 1 3983 UNSPCICIPED TRELEGY ELLIPTA 100M/CG-62-5M/CG-2TM 1AEPB RESPIRATORY AGENTS Denied 1 3983 UNSPCICIPED TRELEGY ELLIPTA 100M/CG-62-5M/CG-2TM 1AEPB RESPIRATORY AGENTS Denied 1 3984 UNSPCICIPE TRELEGY ELLIPTA 100M/CG-62-5M/CG-2TM 1AEPB RESPIRATORY AGENTS Denied 1 3985 FAMILY PRACTICE TRELEGY ELLIPTA 100M/CG-62-5M/CG-2TM 1AEPB RESPIRATORY AGENTS Denied 1 3986 FAMILY PRACTICE TRESIDA 100M/CM 1-2 M AMILY PRACTICE TRESIDA 100M/CM 1-2 M AMILY PRACTICE	3956	UNSPECIFIED	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Approved 1 3980 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3981 PLASTIC SURGERY TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3961 INTERNAL MEDICINE TRELEGY ELLIPTA 100MCG-82.5MCG/ACTUN RESPIRATORY AGENTS Denied 1 3963 LUNSPECIFIED TRELEGY ELLIPTA 100MCG-82.5MCG/ACTUN LAPB RESPIRATORY AGENTS Denied 1 3963 FAMILY PRACTICE TRELEGY ELLIPTA 100MCG-82.5MCG/ACTUN LAPB RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TRELEGY ELLIPTA 100MCG-82.5MCG/ACTUN LAPB RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TRELIGY ELLIPTA 100MCG-82.5MCG/ACTUN LAPB RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TRETINOIN AMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Approved 1	3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3989 FAMILY PRACTICE TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3961 PLASTIC SURGERY TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3951 INTERNAL MEDICINE TRELEGY ELLIPTA 100MCG-825MCG/25MCG/ACTU- RESPIRATORY AGENTS Denied 1 3964 UNSPECIFIED TRELEGY ELLIPTA 200-62.5-25MCG/ACT IN AEPB RESPIRATORY AGENTS Denied 1 3963 FAMILY PRACTICE TRELEGY ELLIPTA 100MCG-82.5-25MCG/ACT IN AEPB RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TRELEGY ELLIPTA 100MG/ML SC SOPN IMMUNOSUPPRESSIVES/DMARDS Denied 1 3963 DERMATOLOGY TRESIBA 100UML VIA ANTIDIABETICS Denied 1 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3963 PAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3962 FAMILY PRACTICE TRETINOI	3956	EMERGENCY MEDICINE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3961 PLASTIC SURGERY TRAMADOLAPAP 375-325 MG NARCOTIC ANALGESICS Denied 1 3951 INTERNAL MEDICINE TRELEGY ELLIPTA 100MCG-62 5MCG/ACTIV RESPIRATORY AGENTS Denied 1 3964 UNSPECIFIED TRELEGY ELLIPTA 100MCG-62 5MCG/ACT IN AEPB RESPIRATORY AGENTS Denied 1 3963 FAMILY PRACTICE TRELEGY ELLIPTA INHALER RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TREINGA 100MG/ML SC SOPN IMMUNOSUPPRESSIVES/DMARDS Denied 1 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Denied 5 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3962 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3962 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS	3963	FAMILY PRACTICE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Approved	1
TRELEGY ELLIPTA 100MCG-62.5MCG-25MCG	3969	FAMILY PRACTICE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
ATION RESPIRATORY AGENTS DERIED TO STRELEGY ELLIPTA 200-82.5-25MCG/ACT IN AEPB RESPIRATORY AGENTS Denied 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	3961	PLASTIC SURGERY	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963 FAMILY PRACTICE TRELEGY ELLIPTA INHALER RESPIRATORY AGENTS Denied 1 3963 DERMATOLOGY TREMFYA 100MG/ML SC SOPN IMMUNOSUPPRESIVES/DMARDS Denied 1 3956 FAMILY PRACTICE TRESIBA 100U/ML VIA ANTIDIABETICS Denied 1 3963 DERMATOLOGY TRETINOIN DERMATOLOGICAL AGENTS Denied 5 3963 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3962 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3962 FAMILY PRACTICE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 3963 INTERNAL MEDICINE TRETINOIN DERMATOLOGICAL AGENTS Approved 1 3963 INTERNAL MEDICINE TRETINOIN DERMATOLOGICAL AGENTS Approved 2 </td <td>3951</td> <td>INTERNAL MEDICINE</td> <td></td> <td>RESPIRATORY AGENTS</td> <td>Denied</td> <td>1</td>	3951	INTERNAL MEDICINE		RESPIRATORY AGENTS	Denied	1
3983DERMATOLOGYTREMFYA 100MG/ML SC SOPNIMMUNOSUPPRESSIVES/DMARDSDenied13966FAMILY PRACTICETRESIBA 100U/ML VIAANTIDIABETICSDenied13963DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSDenied53969DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSApproved23965FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNSPECIFIED <t< td=""><td>3964</td><td>UNSPECIFIED</td><td>TRELEGY ELLIPTA 200-62.5-25MCG/ACT IN AEPB</td><td>RESPIRATORY AGENTS</td><td>Denied</td><td>1</td></t<>	3964	UNSPECIFIED	TRELEGY ELLIPTA 200-62.5-25MCG/ACT IN AEPB	RESPIRATORY AGENTS	Denied	1
3956FAMILY PRACTICETRESIBA 100UML VIAANTIDIABETICSDenied13963DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSDenied53969DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSApproved23965FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13965INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13966INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13961NURSE PRACTITIONER, FAMILY HEALTHTRETINOINDERMATOLOGICAL AGENTSDenied23962PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved13962UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNS	3963	FAMILY PRACTICE	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3963DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSDenied53969DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSApproved23965FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963NURSE PRACTITIONER, FAMILY HEALTHTRETINOINDERMATOLOGICAL AGENTSApproved13963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23969UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied1	3963	DERMATOLOGY	TREMFYA 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3969DERMATOLOGYTRETINOINDERMATOLOGICAL AGENTSApproved23965FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13965INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963NURSE PRACTITIONER, FAMILY HEALTHTRETINOINDERMATOLOGICAL AGENTSDenied13962PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13969UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied3	3956	FAMILY PRACTICE	TRESIBA 100U/ML VIA	ANTIDIABETICS	Denied	1
3965FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963NURSE PRACTITIONER, FAMILY HEALTHTRETINOINDERMATOLOGICAL AGENTSDenied13962PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved13962UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13969UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied10	3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	5
3963FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSDenied23962FAMILY PRACTICETRETINOINDERMATOLOGICAL AGENTSApproved23962INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13965INTERNAL MEDICINETRETINOINDERMATOLOGICAL AGENTSApproved13963NURSE PRACTITIONER, FAMILY HEALTHTRETINOINDERMATOLOGICAL AGENTSDenied13962PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved23963PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSApproved13964PHYSICIAN ASSISTANT, UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied13962UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23963UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied23969UNSPECIFIEDTRETINOINDERMATOLOGICAL AGENTSDenied10	3969	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
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3964 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN DERMATOLOGICAL AGENTS Approved 1 3964 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN DERMATOLOGICAL AGENTS Denied 1 3962 UNSPECIFIED TRETINOIN DERMATOLOGICAL AGENTS Denied 2 3963 UNSPECIFIED TRETINOIN DERMATOLOGICAL AGENTS Denied 10 3969 UNSPECIFIED TRETINOIN DERMATOLOGICAL AGENTS Approved 1	3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
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3956 NURSE PRACTITIONER, FAMILY HEALTH TRETINOIN 0.025 % TOPICAL GEL DERMATOLOGICAL AGENTS Approved 1 3963 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.025 % CREAM DERMATOLOGICAL AGENTS Approved 3 3963 UNSPECIFIED TRETINOIN 0.025 % CREAM DERMATOLOGICAL AGENTS Approved 1 3956 UNSPECIFIED TRETINOIN 0.025 % CREAM DERMATOLOGICAL AGENTS Approved 2	
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3956 UNSPECIFIED TRETINOIN 0.025% CREAM DERMATOLOGICAL AGENTS Approved 2	
3963 DERMATOLOGY TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 9	
3956 DERMATOLOGY TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 10	,
3956 FAMILY PRACTICE TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 3	
3963 FAMILY PRACTICE TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 2	
3956 INTERNAL MEDICINE TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 2	
3963 INTERNAL MEDICINE TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 3	
3956 NURSE PRACTITIONER, FAMILY HEALTH TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 1	
3963 NURSE PRACTITIONER, FAMILY HEALTH TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 1	
3956 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 8	
3961 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 1	
3963 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 9	
3965 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 1	
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3963 UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 13	}
3961 UNSPECIFIED TRETINOIN 0.025% EX CREA DERMATOLOGICAL AGENTS Approved 3	
3963 DERMATOLOGY TRETINOIN 0.025% EX GEL DERMATOLOGICAL AGENTS Approved 1	
3963 UNSPECIFIED TRETINOIN 0.025% EX GEL DERMATOLOGICAL AGENTS Approved 2	
3963 UNSPECIFIED TRETINOIN 0.05 % TOPICAL CREAM DERMATOLOGICAL AGENTS Approved 1	
3956 DERMATOLOGY TRETINOIN 0.05% CREAM DERMATOLOGICAL AGENTS Approved 1	
3956 INTERNAL MEDICINE TRETINOIN 0.05% CREAM DERMATOLOGICAL AGENTS Approved 1	
3963 PHYSICIAN ASSISTANT, UNSPECIFIED TRETINOIN 0.05% CREAM DERMATOLOGICAL AGENTS Approved 1	
3963 UNSPECIFIED TRETINOIN 0.05% CREAM DERMATOLOGICAL AGENTS Approved 1	
3956 DERMATOLOGY TRETINOIN 0.05% EX CREA DERMATOLOGICAL AGENTS Approved 7	
3963 DERMATOLOGY TRETINOIN 0.05% EX CREA DERMATOLOGICAL AGENTS Approved 4	

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	FAMILY PRACTICE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3969	INTERNAL MEDICINE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	3
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3956	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	6
3963	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3962	UNSPECIFIED	TRETINOIN 0.05% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.05% EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.1 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3956	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3951	DERMATOLOGY	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	EMERGENCY MEDICINE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	EMERGENCY MEDICINE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	4
3951	FAMILY PRACTICE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	2
3962	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3964	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRETINOIN 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	ALLERGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	DERMATOLOGY	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	GENERAL PRACTICE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	6
3963	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	3
3961	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Approved	2
3961	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRETINOIN CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denied	1
3956	UNSPECIFIED	TRETINOIN GEL	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRETINOIN GEL 0.05%	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRETINOIN GEL 0.05%	DERMATOLOGICAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN GEL 0.1%	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	DERMATOLOGY	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	FAMILY PRACTICE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	FAMILY PRACTICE	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% CREAM	DERMATOLOGICAL AGENTS	Denied	3
3956	DERMATOLOGY	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	INTERNAL MEDICINE	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	TRIAMCINOLONE 0.1% OINTMENT	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRIAMCINOLONE ACETONIDE 0.1% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3963	PSYCHIATRY	TRINTELLIX	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3964	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3965	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	3
3964	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3956	FAMILY PRACTICE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3951	INTERNAL MEDICINE	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3969	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3956	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	1
3963	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	2
3965	PSYCHIATRY	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	2
3963	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	2
3965	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	3
3963	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3951	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Denied	3
3964	UNSPECIFIED	TRINTELLIX (VORTIOXETINE)	ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	TRINTELLIX 10 MG ORAL TABLET	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	TRINTELLIX 10MG TAB	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	3
3956	FAMILY PRACTICE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	INTERNAL MEDICINE	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3951	NURSE PRACTITIONER, UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	OBSTETRICS & GYNECOLOGY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3963	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	3
3956	PSYCHIATRY	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	7
3956	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	2
3951	UNSPECIFIED	TRINTELLIX 10MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 10MG TABLET	ANTIDEPRESSANTS	Denied	1
3963			ANTIDEPRESSANTS		

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	4
3956	FAMILY PRACTICE	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	NURSE PRACTITIONER, PSYCHIATRIC	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3965	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	PSYCHIATRY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	RADIATION ONCOLOGY	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	2
3965	UNSPECIFIED	TRINTELLIX 20MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	TRINTELLIX 5 MG ORAL TABLET	ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	TRINTELLIX 5 MG TABLET	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 5 MG TABLET	ANTIDEPRESSANTS	Approved	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	2
3956	FAMILY PRACTICE	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	4
3951	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TRINTELLIX 5MG OR TABS	ANTIDEPRESSANTS	Approved	1
3963	UNSPECIFIED	TROKENDI XR 200MG CAP	ANTICONVULSANTS	Denied	1
3963	GASTROENTEROLOGY, PEDIATRIC	TRULANCE 3MG TABLET	GASTROINTESTINAL AGENTS	Denied	1
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	CLINICAL NURSE SPECIALIST, EMERGENCY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	EMERGENCY MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	6
3956	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	5
3951	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3963	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	7
3965	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3961	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	FAMILY PRACTICE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	4
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	4
3965	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3951	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	INTERNAL MEDICINE	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3962	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	PEDIATRICS	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	2
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	6
3956	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	3
3969	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3964	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	8
3963	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	11
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Denied	4
3962	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	UNSPECIFIED	TRULICITY (DULAGLUTIDE)	DIABETIC AGENT	Approved	3
3956	FAMILY PRACTICE	TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	DIABETIC AGENT	Approved	1
3951	FAMILY PRACTICE	TRULICITY 0.75/0.5 INJ	ANTIDIABETICS	Approved	1
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	5
3965	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3951	FAMILY PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	GENERAL PRACTICE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2

801 INTERNAL MERICINE TRILLICITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Approved 1 8866 INTERNAL MEDICINE TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 0 8866 NURSE PRACTITIONER, PAMILY HEATTH TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 1 3803 PHOSICIANA SISTAMIL UNSPORDER TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 1 2804 PHOSICIANA SISTAMIL UNSPORDER TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 1 2805 UNSPORDER TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 0 3806 UNSPORDER TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 2 3803 UNSPORDER TRULCITY O ZAMORIOM SIS SOPN ANTIDIA MERICIS Aproved 1 3803 UNSPORDER TRULCITY I SAMORIO SIS SOPN ANTIDIA MERICIS Aproved 1 3804 UNSPECIFIED TRULCITY I SAMORIO SIMIL SC SOPN ANTIDIA MERICIS Aproved 2 3805 PARM	Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
1996 NURSE PRACTITIONER, RAMILY HEALTH TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1863 NURSE PRACTITIONER, RAMILY HEALTH TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1864 PHYSICIAN ASSENTAL (INSPECIEND TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1865 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1866 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 0 1866 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1868 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1868 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1868 UNSPECIFIED TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1869 TRUICITY 0.75M/0.05ML SC SOPN ANTIDASETICS Approved 1 1869 TRUICITY 1.55M/0.05ML SC SOPN ANTIDASETICS Approved 1 1860 TRUICITY 1.55M/0.05ML SC SOPN ANTIDASETICS Approved 1 1860 TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 2 1860 TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 3 1860 TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 3 1860 ANTIPRAL MEDICINE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 3 1860 AURIS PRACTITIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTITIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTITIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTICIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTICIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTICIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC SOPN DIASETIC AGENT Approved 1 1860 AURIS PRACTICIONER, PANILY PRACTICE TRUICITY 1.55M/0.05ML SC	3961	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
9883 NURSE PRACTITIONER, FAMILY HEALTH TRULCITY 0 JAM QUANTLES COPN ANTIDIABETICS Approved 1 9885 HYSISCAM, SERISTANI, UNISPECTED TRULCITY 0 TAM QUANTLES COPN ANTIDIABETICS Approved 1 3896 HYSISCAM, SERISTANI, UNISPECTED TRULCITY 0 TAM QUANTLES COPN ANTIDIABETICS Approved 6 3896 UNISPECTED TRULCITY 0 TAM QUANTLES COPN ANTIDIABETICS Approved 6 3893 UNISPECTED TRULCITY 0 TAM QUANTLES COPN ANTIDIABETICS Approved 1 3893 UNISPECTED TRULCITY 0 TAM QUANTLES COPN ANTIDIABETICS Approved 1 3893 UNISPECTED TRULCITY 1 TAM QUANTLES COPN ANTIDIABETICS Approved 1 3893 UNISPECTED TRULCITY 1 SAN QUANTLES COPN ANTIDIABETICS Approved 1 3893 MAILY PRACTICE TRULCITY 1 SAN QUANTLES COPN DIABETIC ASENT Approved 2 3896 TRANLY PRACTICE TRULCITY 1 SAN QUANTLES COPN DIABETIC ASENT Approved 1 3896 TRENDALLY PRACT	3956	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
SPECIAL PHYSICIAN ASSISTANT, UNSFECIPED TRULCITY 0.79MG/U.SML.SC SOPN ANTIDIABETICS Approved 1	3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
Second Physician, geriatric Medicine	3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
1986 UNSPECIFED	3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3881 UNSPECIFED	3963	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
See	3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
1966 UNSPECIFIED	3951	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
See	3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
1980 1980	3965	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3966 FAMILY PRACTICE TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 3 3951 FAMILY PRACTICE TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 INTERNAL MEDICINE TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 3 3966 INTERNAL MEDICINE TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3963 NURSE PRACTITIONER, FAMILY HEALTH TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3963 NURSE PRACTITIONER, FAMILY HEALTH TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3966 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3969 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3964 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3964 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3965 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 15MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3966 FAMILY PRACTICE TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 2 3966 FAMILY PRACTICE TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 INTERNAL MEDICINE TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 INTERNAL MEDICINE TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN DIABETIC AGENT Approved 1 3966 UNSPECIFIED TRULCITY 3 MG/0 5ML SC SOPN	3963	UNSPECIFIED		ANTIDIABETICS	Approved	1
1 1956 FAMILY PRACTICE TRULICITY 15MG/0.5ML SC SOPN DIABETIC AGENT Approved 3 3 3 3 3 3 3 3 3	3963	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3966 INTERNAL MEDICINE TRULICITY 1.5MG/0.5ML SC SOPN DIABETIC AGENT Approved 3	3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
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3963 NURSE PRACTITIONER, FAMILY HEALTH TRULICITY 1.5MG/0.5ML SC SOPN DIABETIC AGENT Approved 1	3956	INTERNAL MEDICINE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3963 PEDIATRICS TRULICITY 15MG/0.5ML SC SOPN DIABETIC AGENT Approved 1	3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
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	3956	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963 OPTOMETRIST, UNSPECIFIED TYRVAYA 0.03MG NASAL SPRAY MISCELLANEOUS Denied 1	3951	DERMATOLOGY	TWYNEO 0.1-3% EX CREA	TOPICAL SKIN PRODUCT	Approved	1
	3963	OPTOMETRIST, UNSPECIFIED	TYRVAYA 0.03MG NASAL SPRAY	MISCELLANEOUS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	UNSPECIFIED	TZIELD 2MG/2ML INJ	ANTIDIABETICS	Denied	1
3951	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	10
3963	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	14
3965	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3962	FAMILY PRACTICE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3956	INTERNAL MEDICINE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3956	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	4
3963	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3965	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3961	NEUROLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	11
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3963	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3951	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, PRIMARY CARE	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3961	OBSTETRICS & GYNECOLOGY	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	17
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	26
3951	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	3
3965	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3961	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Denied	1
3962	UNSPECIFIED	UBRELVY 100MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Denied	1
3956	UNSPECIFIED	UBRELVY 100MG TABLET	MIGRAINE TREATMENT	Approved	1
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	11
3963	CHIROPRACTOR, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	4
3956	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	9
3964	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3963	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	FAMILY PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	GENERAL PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	GENERAL PRACTICE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	INTERNAL MEDICINE	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3963	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3967	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	3
3951	NEUROLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, ADULT HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	10
3962	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	8
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	NURSE PRACTITIONER, GERONTOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3962	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	OBSTETRICS & GYNECOLOGY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	PEDIATRICS	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3964	PEDIATRICS	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	7
3951	PSYCHIATRY	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	REGISTERED NURSE, UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	20
3956	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	6
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	15
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	6
3969	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	3
3965	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	5
3964	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3962	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3967	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3961	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3964	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	UBRELVY 100MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	2
3956	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3951	FAMILY PRACTICE	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NEUROLOGY	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3961	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	3
3963	UNSPECIFIED	UBRELVY 50MG OR TABS	MIGRAINE TREATMENT	Approved	3
3956	UNSPECIFIED	UBRELVY 50MG TABLET	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3956	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3969	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	2
3963	FAMILY PRACTICE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3951	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	INTERNAL MEDICINE	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	PEDIATRICS	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3965	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3951	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Denied	1
3965	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	1
3956	UNSPECIFIED	UBRELVY 50MG TABLETS (UBROGEPANT)	MIGRAINE TREATMENT	Approved	2
3963	NEUROLOGY	UBRELVY TABS 100MG 10EA X 1 BOX	MIGRAINE TREATMENT	Approved	1
3963	RHEUMATOLOGY	ULTRAM ER 300MG TABLETS (TRAMADOL ER)	NARCOTIC ANALGESICS	Approved	1
3956	INFECTIOUS DISEASES	VANCOMYCIN INJECTION	ANTIBIOTICS	Approved	1
3963	NEPHROLOGY / RENAL MEDICINE	VELPHORO (SUCROFERRIC OXYHYDROXIDE)	HYPERPHOSPHATEMIA	Approved	1
3963	FAMILY PRACTICE	VEOZAH 45MG TABLET	HORMONES/HORMONE MODIFIERS	Denied	1
3963	NURSE PRACTITIONER, OBSTETRICS & GYNECOLOGY	VEOZAH 45MG TABLET	HORMONES/HORMONE MODIFIERS	Denied	1
3963	OBSTETRICS & GYNECOLOGY	VEOZAH 45MG TABLET	HORMONES/HORMONE MODIFIERS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VERDESO (BRAND ONLY) (DESONIDE)	TOPICAL CORTICOSTEROID	Approved	1
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	5
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	CHIROPRACTOR, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	3
3956	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	4
3962	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3965	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	FAMILY PRACTICE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3965	INTERNAL MEDICINE	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	5
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	5
3962	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3951	SURGERY, VASCULAR	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	11
3965	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	4
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	12
3965	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	2
3956	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	3
3962	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	UNSPECIFIED	VICTOZA (LIRAGLUTIDE)	DIABETIC AGENT	Approved	2
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML PEN	DIABETIC AGENT	Denied	1
3956	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	7
3956	CARDIOLOGY	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	EMERGENCY MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3951	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3963	FAMILY PRACTICE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	3
3956	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	4
3951	INTERNAL MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	6
3951	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	1
3963	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	5
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	7
3951	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Approved	3
3956	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3962	UNSPECIFIED	VICTOZA 18MG/3ML SC SOPN	ANTIDIABETICS	Denied	1
3964	FAMILY PRACTICE	VIIBRYD STARTER PACK	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3965	UNSPECIFIED	VIVELLE-DOT 0.05MG/24HRTD PTTW	ESTROGENS	Denied	1
3956	FAMILY PRACTICE	VIVOTIF OR CPDR	MISCELLANEOUS	Denied	1
3965	PEDIATRICS	VIVOTIF OR CPDR	MISCELLANEOUS	Denied	1
3969	INTERNAL MEDICINE	VORICONAZOLE	ANTIFUNGALS	Approved	1
3956	INFECTIOUS DISEASES	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	1
3963	UNSPECIFIED	VORICONAZOLE 200MG OR TABS	ANTIFUNGALS	Approved	2
3963	UNSPECIFIED	VORICONAZOLE 40MG/ML OR SUSR	ANTIFUNGALS	Approved	1
3963	DERMATOLOGY	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Denied	1
3963	DERMATOLOGY	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Approved	4
3969	UNSPECIFIED	VTAMA (TAPINAROF)	DERMATOLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	VYVANSE 10 MG CAPSULE	CNS STIMULANTS	Denied	1
3956	PSYCHIATRY	VYVANSE 40MG CAPSULE	CNS STIMULANTS	Denied	1
3963	FAMILY PRACTICE	VYVANSE 60MG CAPSULE	CNS STIMULANTS	Denied	1
3969	PEDIATRICS	VYVANSE 70MG CAPS (LISDEXAMFETAMINE)	CNS STIMULANTS	Denied	1
3963	UNSPECIFIED	VYVANSE CAPSULE 50MG	CNS STIMULANTS	Denied	1
3964	INTERNAL MEDICINE	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3964	INTERNAL MEDICINE	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Denied	1
3964	UNSPECIFIED	WEGOVY (SEMAGLUTIDE INJECTION)	ANTIOBESITY	Approved	1
3963	UNSPECIFIED	WEGOVY 0.25MG	ANTIOBESITY	Denied	1
3965	FAMILY PRACTICE	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3963	FAMILY PRACTICE	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	2
3965	INTERNAL MEDICINE	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, UNSPECIFIED	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3963	OBSTETRICS & GYNECOLOGY	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	1
3963	UNSPECIFIED	WEGOVY 0.25MG INJ	ANTIOBESITY	Denied	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY 0.25MG INJECTION	ANTIOBESITY	Denied	1
3969	UNSPECIFIED	WEGOVY 0.25MG/0.5ML	ANTIOBESITY	Denied	1
3963	UNSPECIFIED	WEGOVY 0.25MG/0.5ML	ANTIOBESITY	Denied	1
3963	FAMILY PRACTICE	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3963	INTERNAL MEDICINE	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	2
3951	INTERNAL MEDICINE	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3964	NURSE PRACTITIONER, UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Approved	1
3964	UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Approved	1
3965	UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3956	UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3951	UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3963	UNSPECIFIED	WEGOVY 0.25MG/0.5ML SC SOAJ	ANTIOBESITY	Denied	1
3964	FAMILY PRACTICE	WEGOVY 1.7MG INJ	ANTIOBESITY	Denied	1
3965	UNSPECIFIED	WEGOVY 1.7MG INJ	ANTIOBESITY	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	WEGOVY 2.4MG INJ	ANTIOBESITY	Denied	1
3963	UNSPECIFIED	WEGOVY 2.4MG INJ	ANTIOBESITY	Denied	1
3963	UNSPECIFIED	WINLEVI	ALL OTHER DERMATOLOGICALS	Approved	1
3963	ALLERGY & IMMUNOLOGY	XHANCE (FLUTICASONE PROPIONATE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3963	UNSPECIFIED	XHANCE (FLUTICASONE PROPIONATE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3965	UNSPECIFIED	XHANCE (FLUTICASONE PROPIONATE NASAL SPRAY)	NASAL CORTICOSTEROID	Denied	1
3963	ALLERGY & IMMUNOLOGY	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approved	1
3963	UNSPECIFIED	XHANCE 93MCG/ACT NA EXHU	NASAL CORTICOSTEROID	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 200MG OR TABS	ANTI-INFECTIVES	Denied	1
3951	FAMILY PRACTICE	XIFAXAN 200MG TABLET (RIFAXIMIN)	ANTI-INFECTIVES	Denied	3
3956	UNSPECIFIED	XIFAXAN 200MG TABLET (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3956	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	3
3965	FAMILY PRACTICE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3965	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	4
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3965	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3969	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3956	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3951	GASTROENTEROLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	HEMATOLOGY & ONCOLOGY	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	INTERNAL MEDICINE	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3963	PEDIATRICS	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3963	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	2
3956	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	3
3951	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Denied	1
3964	UNSPECIFIED	XIFAXAN 550MG (RIFAXIMIN)	ANTI-INFECTIVES	Approved	1
3963	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	3
3956	FAMILY PRACTICE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	3
3956	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	15
3963	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	9
3963	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3951	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3965	GASTROENTEROLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	HEMATOLOGY & ONCOLOGY	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	INTERNAL MEDICINE	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3956	NURSE PRACTITIONER, FAMILY HEALTH	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	2
3956	PEDIATRICS	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	SURGERY, COLON & RECTAL	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3963	SURGERY, COLON & RECTAL	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Denied	1
3963	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	19
3956	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	12
3961	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3964	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1
3962	UNSPECIFIED	XIFAXAN 550MG OR TABS	ANTI-INFECTIVES	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	ANESTHESIOLOGY	XTAMPZA ER 13.5MG OR C12A	NARCOTIC ANALGESICS	Approved	1
3965	ANESTHESIOLOGY	XTAMPZA ER 27MG OR C12A	NARCOTIC ANALGESICS	Approved	1
3965	FAMILY PRACTICE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3964	PEDIATRICS	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3963	UROLOGY	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3951	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3963	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Denied	1
3965	UNSPECIFIED	XYOSTED (TESTOSTERONE ENANTHATE)	ANDROGENS	Approved	1
3951	FAMILY PRACTICE	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3964	PEDIATRICS	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	UNSPECIFIED	XYOSTED 100MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3951	INTERNAL MEDICINE	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	INTERNAL MEDICINE	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	XYOSTED 75MG/0.5ML SC SOAJ	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Denied	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	ZAVZPRET (ZAVEGEPANT)	ANTIMIGRAINE	Denied	1
3963	FAMILY PRACTICE	ZAVZPRET 10MG/ACT NA SOLN	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	ZAVZPRET 10MG/ACT NA SOLN	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ZAVZPRET 10MG/ACT NA SOLN	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	ZAVZPRET SOLN 10MG/ACT 6EA X 1 BOX	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	ZEMBRACE SYMTOUCH 3MG/0.5ML INJ. (SUMATRIPTAN)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	ZEMBRACE SYMTOUCH 3MG/0.5ML SC SOAJ	ANTIMIGRAINE	Approved	1
3956	DERMATOLOGY	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3962	DERMATOLOGY	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3962	DERMATOLOGY	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3965	INTERNAL MEDICINE	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	ZENATANE (ISOTRETINOIN)	DERMATOLOGICAL AGENTS	Denied	2
3961	INTERNAL MEDICINE	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 20MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ZENATANE 30 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	3
3963	INTERNAL MEDICINE	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	5
3963	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3965	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	UNSPECIFIED	ZENATANE 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2
3963	DERMATOLOGY	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40 MG CAPSULE	DERMATOLOGICAL AGENTS	Approved	3
3963	DERMATOLOGY	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	4
3956	NURSE PRACTITIONER, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	ZENATANE 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	10
3961	NURSE PRACTITIONER, PEDIATRIC CARE	ZENPEP 10000-32000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	GASTROENTEROLOGY	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3963	PULMONARY DISEASES	ZENPEP 20000-63000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	UNSPECIFIED	ZENPEP 3000-10000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	FAMILY PRACTICE	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Approved	1
3951	UNSPECIFIED	ZENPEP 40000-126000UNIT OR CPEP	GASTROINTESTINAL AGENTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3961	NURSE PRACTITIONER, ADULT HEALTH	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	ZENPEP 40000UNIT	GASTROINTESTINAL AGENTS	Denied	1
3963	UNSPECIFIED	ZEPBOUND 2.5MG/0.5ML	ANTIDIABETICS	Approved	1
3963	REGISTERED NURSE, UNSPECIFIED	ZEPBOUND 5MG/0.5ML SC SOAJ	ANTIDIABETICS	Denied	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	ZOLMITRIPTAN TABLET	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	ZOLPIDEM TARTRATE 10MG OR TABS	HYPNOTIC	Approved	1
3963	FAMILY PRACTICE	ZOLPIDEM TARTRATE 5MG OR TABS	HYPNOTIC	Approved	1
3963	DERMATOLOGY	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Approved	1
3951	DERMATOLOGY	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Denied	1
3965	DERMATOLOGY	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Approved	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Denied	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Denied	3
3962	UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	ZORYVE (ROFLUMILAST)	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ZORYVE 0.3% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3965	UNSPECIFIED	ZORYVE 0.3% EX CREA	DERMATOLOGICAL AGENTS	Approved	1
3965	PEDIATRICS	ZOVIRAX OINT (ACYCLOVIR)	ANTIVIRALS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ZUBSOLV 11.4MG/2.9 SUBLINGUAL TABLETS	SUBSTANCE ABUSE AGENTS	Denied	1