

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	AC CUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3965	PHYSICIAN ASSISTANT, UNSPECIFIED	AC CUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	AC CUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Approved	1
3951	UNSPECIFIED	AC CUTANE (ISOTRETINOIN)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	DERMATOLOGY	AC CUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	AC CUTANE 20MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	AC CUTANE 30MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3965	UNSPECIFIED	AC CUTANE 40 MG CAPSULE	ALL OTHER DERMATOLOGICALS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	AC CUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3963	UNSPECIFIED	AC CUTANE 40MG OR CAPS	ALL OTHER DERMATOLOGICALS	Approved	1
3956	UNSPECIFIED	AC CUTANE 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 & REHABILITATION / 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

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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 & REHABILITATION / 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

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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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	PSYCHIATRY	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TAB	CNS STIMULANTS	Approved	1
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 10MG TABLETS	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 15MG ER	CNS STIMULANTS	Denied	1
3963	NURSE PRACTITIONER, 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 PRACTICE	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 PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	INTERNAL MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	1
3956	UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG ER	CNS STIMULANTS	Approved	2
3963	EMERGENCY MEDICINE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3951	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3956	FAMILY PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	3
3956	NURSE PRACTITIONER, PSYCHIATRIC	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	AMPHETAMINE-DEXTROAMPHETAMINE 20MG OR TABS	CNS STIMULANTS	Approved	1
3963	OPHTHALMOLOGY	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 PRACTICE	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Approved	3
3963	FAMILY PRACTICE	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	PSYCHOLOGIST, SCHOOL	AMPHETAMINE-DEXTROAMPHETAMINE 20MG TAB	CNS STIMULANTS	Denied	1

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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 & REHABILITATION / PHYSIATRY	BELBUCA 450MCG BU FILM	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	BELBUCA 450MCG BUCCAL FILM (BUPRENORPHINE)	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 & REHABILITATION / 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 (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	BELBUCA 600MCG BUCCAL FILM (BUPRENORPHINE)	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 (BUPRENORPHINE)	NARCOTIC ANALGESICS	Approved	2
3963	ANESTHESIOLOGY	BELBUCA 750MCG BUCCAL FILM (BUPRENORPHINE)	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 (BUPRENORPHINE)	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/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Denied	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 10MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	2
3963	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 15MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	4
3962	CLINICAL NURSE SPECIALIST, ACUTE CARE	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3951	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3965	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3951	ANESTHESIOLOGY	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	FAMILY PRACTICE	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 20MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HR TD PATCH WEEKLY	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3951	FAMILY PRACTICE	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3956	UNSPECIFIED	BUPRENORPHINE 5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	2
3956	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HR TD PTWK	SUBSTANCE ABUSE AGENTS	Approved	1
3963	UNSPECIFIED	BUPRENORPHINE 7.5MCG/HR TD 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 SUBLINGUAL 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 & REHABILITATION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	6
3951	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	BUPRENORPHINE SL 8 MG TAB	SUBSTANCE ABUSE AGENTS	Denied	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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

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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 2-.05MG SL TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	EMERGENCY MEDICINE	BUPRENORPHINE-NALOXONE 2-0.5MG SUBLINGUAL TABLET	SUBSTANCE ABUSE AGENTS	Approved	1
3956	ANESTHESIOLOGY	BUTRANS 20MCG/HR TD 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	CLOTRIMAZOLE TROCHES	ANTIFUNGALS	Approved	1
3956	OTOLARYNGOLOGY	CLOTRIMAZOLE TROCHES	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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	NURSE PRACTITIONER, FAMILY HEALTH	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	2
3956	NURSE PRACTITIONER, UNSPECIFIED	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Denied	1
3963	UROLOGY	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Approved	1
3956	UROLOGY	DEPO-TESTOSTERONE (TESTOSTERONE CYPIO-NATE)	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	1
3956	UNSPECIFIED	DEPO-TESTOSTERONE 200MG/ML IM SOLN	ANDROGENS	Approved	2
3956	FAMILY PRACTICE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	6
3956	INTERNAL MEDICINE	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	LICENSED PRACTICAL NURSE, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, PSYCHIATRIC	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	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	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	Denied	6
3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Denied	4
3951	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
3963	UNSPECIFIED	DESVENLAFAXINE ER TAB	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	FAMILY PRACTICE	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	PSYCHIATRY	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	1
3956	UNSPECIFIED	DESVENLAFAXINE SUCCINATE ER 100MG OR TB24	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	Approved	3
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	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 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3963	INTERNAL MEDICINE	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	DEXCOM G6 MIS TRANSMIT	DIABETIC SUPPLIES	Approved	1
3956	UNSPECIFIED	DEXCOM G6 MIS TRANSMIT	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 G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Denied	2
3964	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	2
3965	UNSPECIFIED	DEXCOM G6 TRANSMITTER	DIABETIC SUPPLIES	Approved	1
3963	FAMILY PRACTICE	DEXCOM G6 TRANSMITTER DEVICE (BLOOD-GLUCOSE TRANSMITTER)	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 & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3956	ENDOCRINOLOGY, DIABETES & METABOLISM	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3956	FAMILY MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	2
3963	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3951	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	3
3965	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3962	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3962	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3961	FAMILY PRACTICE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
3951	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	7
3965	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	19
3956	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	2
3963	INTERNAL MEDICINE	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Denied	1
3956	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	4
3951	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
3956	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	4
3963	NURSE PRACTITIONER, UNSPECIFIED	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3951	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3956	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	1
3963	PEDIATRICS	DEXCOM G7 SENSOR XX MISC	DIABETIC SUPPLIES	Approved	2
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	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	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	DYNAVEL 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 (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3962	FAMILY PRACTICE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3951	INTERNAL MEDICINE	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3969	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3963	NEUROLOGY	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	4
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	13
3965	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	2
3969	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3965	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	3
3962	UNSPECIFIED	EMGALITY 120MG/ML PEN AUTO-INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3956	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	9
3963	ALLERGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	FAMILY PRACTICE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	3
3956	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	3
3963	INTERNAL MEDICINE	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	2
3951	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	4
3956	NEUROLOGY	EMGALITY 120MG/ML PF PEN (GALCANEZUMAB-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 PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3964	FAMILY PRACTICE	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3963	NEUROLOGY	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-GNLM)	ANTIMIGRAINE	Denied	1
3962	NURSE PRACTITIONER, FAMILY HEALTH	EMGALITY 120MG/ML PEF SYR INJ (GALCANEZUMAB-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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
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)	ANTI-DIABETICS	Approved	1
3956	PSYCHIATRY	EMSAM 6MG/24HR TD PT24	ANTI-PARKINSON	Approved	2
3963	UNSPECIFIED	EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE 200-300 TAB	ANTI-VIRALS	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	ANTI-GOUT	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/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	FENTANYL 100MCG/HR TD 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/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	FENTANYL 75MCG/HR TD PT72	NARCOTIC ANALGESICS	Approved	1
3965	INTERNAL MEDICINE	FENTANYL 75MCG/HR TD 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	GABAPENTIN 100MG CAPSULES	ANTICONVULSANTS	Approved	2
3956	FAMILY PRACTICE	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	2
3956	NURSE PRACTITIONER, ACUTE CARE	GABAPENTIN 300MG CAPSULES	ANTICONVULSANTS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	2
3963	INTERNAL MEDICINE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	INTERNAL MEDICINE	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3951	ORTHOPEDIC SURGERY	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	UNSPECIFIED	GABAPENTIN 300MG OR CAPS	ANTICONVULSANTS	Approved	5
3956	FAMILY PRACTICE	GABAPENTIN 400MG OR CAPS	ANTICONVULSANTS	Approved	1
3956	FAMILY PRACTICE	GABAPENTIN 600MG TABLETS	ANTICONVULSANTS	Denied	1
3951	FAMILY PRACTICE	GABAPENTIN 800MG TABLETS	ANTICONVULSANTS	Denied	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	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	1
3963	UROLOGY	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Denied	2
3963	UNSPECIFIED	GEMTESA (VIBEGRON)	OVERACTIVE BLADDER	Approved	4
3969	EMERGENCY MEDICINE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	FAMILY PRACTICE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3965	INTERNAL MEDICINE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	INTERNAL MEDICINE	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	1
3963	UROLOGY	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	3
3963	UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	8
3951	UNSPECIFIED	GEMTESA 75MG OR TABS	OVERACTIVE BLADDER	Approved	2
3963	UNSPECIFIED	GIMOTI 15MG SPR	GASTROINTESTINAL AGENTS	Denied	1
3956	FAMILY PRACTICE	GLYXAMBI (EMPAGLIFLOZIN-LINAGLIPTIN)	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	GLYXAMBI 25-5MG OR TABS	DIABETIC AGENT	Approved	1
3963	NEUROLOGY	HORIZANT (GABAPENTIN ENACARBIL ER TABLETS)	ANTISEIZURE	Denied	2
3963	FAMILY PRACTICE	HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML OR SUER	COUGH SUPPRESSANT	Approved	3
3956	HEMATOLOGY & ONCOLOGY	HYDROCOD POLI-CHLORPHE POLI ER 10-8MG/5ML OR SUER	COUGH SUPPRESSANT	Approved	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 & REHABILITATION / 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 & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3951	MEDICAL ONCOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	NEUROLOGICAL SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NEUROLOGY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	ORTHOPEDIC SURGERY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	3
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	2
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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
3962	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	10
3963	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
3963	UNSPECIFIED	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	NARCOTIC ANALGESICS	Approved	3
3962	ANESTHESIOLOGY	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	NARCOTIC ANALGESICS	Approved	2
3951	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	NARCOTIC ANALGESICS	Approved	3
3956	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	2
3956	FAMILY PRACTICE	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	INTERNAL MEDICINE	HYDROCODONE-ACETAMINOPHEN TAB 75-325 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 & REHABILITATION / PHYSIATRY	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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 SUSPENSION	NARCOTIC ANALGESICS	Denied	1
3967	INTERNAL MEDICINE	HYDROCODONE-CHLORPHENIRAMINE ER SUSPENSION	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
3956	DERMATOLOGY	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	ISOTRETINOIN 40MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	2

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	JANUMET TABLET	ANTIDIABETICS	Denied	1
3956	FAMILY PRACTICE	JANUMET XR 100-1000MG OR TB24	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	JANUMET XR 100-1000MG OR TB24	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 OR TABS	DIABETIC AGENT	Approved	4
3951	FAMILY PRACTICE	JANUVIA 100MG OR TABS	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

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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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, ENDOCRINOLOGY	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	PHYSICIAN, GERIATRIC MEDICINE	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	22
3963	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	5
3951	UNSPECIFIED	JARDIANCE 25MG OR TABS	DIABETIC AGENT	Approved	4
3963	UNSPECIFIED	JATENZO (TESTOSTERONE UNDECANOATE ORAL)	TESTOSTERONE SUPPLEMENT	Denied	1
3963	FAMILY PRACTICE	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1
3965	UROLOGY	JATENZO 237MG OR CAPS	TESTOSTERONE SUPPLEMENT	Approved	1
3956	UNSPECIFIED	JENTADUETO XR (LINAGLIPTIN-METFORMIN ER)	DIABETIC THERAPY	Denied	1
3963	FAMILY PRACTICE	JENTADUETO XR 5-1000MG OR TB24	DIABETIC THERAPY	Approved	1
3969	PEDIATRICS	JORNAY PM 20MG ER	CNS STIMULANTS	Denied	1
3956	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	Denied	1
3963	DERMATOLOGY	JUBLIA 10% EX SOLN	ANTIFUNGALS	Approved	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	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
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 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
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	ANTIHYPERTENSIVES	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 OR TB24	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
3956	INTERNAL MEDICINE	METHADONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1

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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NEUROLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3951	NURSE PRACTITIONER, FAMILY HEALTH	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	NURSE PRACTITIONER, GERONTOLOGY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3956	NURSE PRACTITIONER, UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3963	PSYCHIATRY	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3956	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3963	PULMONARY DISEASES	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3964	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	1
3951	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	2
3963	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	7
3956	UNSPECIFIED	MODAFINIL 200MG OR TABS	CNS STIMULANTS	Approved	4
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
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
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 OR TBCR	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
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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 & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, FAMILY HEALTH	MUPIROCIN 2% OINTMENT	OTHER ANTIBIOTICS	Denied	1
3956	FAMILY PRACTICE	MUPIROCIN CALCIUM 2% EX CREA	OTHER ANTIBIOTICS	Denied	1
3963	UNSPECIFIED	MYDAYIS (AMPHETAMINE-DEXTROAMPHET CAP ER)	CNS STIMULANTS	Approved	1
3963	FAMILY PRACTICE	MYDAYIS 25MG OR CP24	CNS STIMULANTS	Approved	1
3965	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	3
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Denied	2
3969	OBSTETRICS & GYNECOLOGY	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	2
3963	UNSPECIFIED	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Approved	1
3963	UNSPECIFIED	MYFEMBREE (RELUGOLIX-ESTRADIOL-NORETHIN-DRONE)	PROGESTIN	Denied	1
3963	OBSTETRICS & GYNECOLOGY	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3963	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3964	UNSPECIFIED	MYFEMBREE 40-1-0.5MG OR TABS	PROGESTIN	Approved	1
3951	UNSPECIFIED	MYORISAN 30MG OR CAPS	DERMATOLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	NARATRIPTAN	ANTIMIGRAINE	Denied	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 (BEMPEDOIC ACID)	LIPOTROPICS	Approved	1
3963	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 180MG OR TABS	LIPOTROPICS	Approved	1
3963	FAMILY PRACTICE	NEXLETOL 180MG OR TABS	LIPOTROPICS	Approved	1
3963	INTERNAL MEDICINE	NEXLETOL 180MG OR TABS	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
3956	FAMILY PRACTICE	NITROFURANTOIN MONOHYD MACRO 100MG OR CAPS	URINARY ANTIBACTERIALS	Approved	1
3956	UNSPECIFIED	NOVOLOG FLEXPEN 100 UNITS/ML PEN	DIABETIC THERAPY	Denied	1

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3963	UNSPECIFIED	NP THYROID	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 OR TBDP	ANTIMIGRAINE	Approved	18
3965	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Denied	1
3969	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3965	FAMILY PRACTICE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3951	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	INTERNAL MEDICINE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	2
3963	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	4
3951	NEUROLOGY	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, ACUTE CARE	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, COMMUNITY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	8
3965	NURSE PRACTITIONER, FAMILY HEALTH	NURTEC 75MG OR TBDP	ANTIMIGRAINE	Approved	1
3963	NURSE PRACTITIONER, UNSPECIFIED	NURTEC 75MG OR TBDP	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
3962	FAMILY PRACTICE	NURTEC ODT 75MG (RIMEGEPANT)	ANTIMIGRAINE	Denied	2

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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 & REHABILITATION / 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

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3963	UNSPECIFIED	ONDANSETRON 8MG ODT	ANTINAUSEANTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	2
3956	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3956	PHYSICIAN, SURGERY, GENERAL	ONDANSETRON 8MG OR TBDP	ANTINAUSEANTS	Approved	1
3963	HEMATOLOGY & ONCOLOGY	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Denied	1
3961	UNSPECIFIED	ONDANSETRON HCL 8MG OR TABS	ANTINAUSEANTS	Approved	1
3964	MEDICAL ONCOLOGY	ONDANSETRON HYDROCHLORIDE 8MG	ANTINAUSEANTS	Denied	1
3963	FAMILY PRACTICE	ONDANSETRON ODT 4MG ODT	ANTINAUSEANTS	Denied	1
3956	ANESTHESIOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3951	FAMILY PRACTICE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	GASTROENTEROLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	HEMATOLOGY & ONCOLOGY	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	3
3951	PALLIATIVE MEDICINE	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON ODT TABLET	ANTINAUSEANTS	Denied	1
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	Denied	3
3961	NURSE PRACTITIONER, FAMILY HEALTH	ONDANSETRON TABLET	ANTINAUSEANTS	Approved	1
3956	PHYSICIAN, ONCOLOGY, MEDICAL	ONDANSETRON TABLET	ANTINAUSEANTS	Approved	1
3956	UNSPECIFIED	ONDANSETRON TABLET	ANTINAUSEANTS	Denied	1
3963	ALLERGY & IMMUNOLOGY	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	1
3963	DERMATOLOGY	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	4
3963	DERMATOLOGY	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Approved	1
3951	DERMATOLOGY	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	1
3962	INTERNAL MEDICINE	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Approved	1
3962	INTERNAL MEDICINE	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	7
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Denied	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA (RUXOLITINIB CREAM)	ALL OTHER DERMATOLOGICALS	Approved	1
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
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	OPZELURA 1.5 % TOPICAL CREAM	ALL OTHER DERMATOLOGICALS	Approved	1

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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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	OBSTETRICS & GYNECOLOGY	OSPHENA 60MG OR TABS	ESTROGENS	Approved	2
3951	UNSPECIFIED	OSPHENA 60MG OR TABS	ESTROGENS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 10MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3961	ANESTHESIOLOGY	OXYCODONE 30 MG TABLET	NARCOTIC ANALGESICS	Approved	1
3962	FAMILY PRACTICE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3963	HEMATOLOGY & ONCOLOGY	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3956	INTERNAL MEDICINE	OXYCODONE 30MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 5 MG TABLET (ROXICODONE)	NARCOTIC ANALGESICS	Approved	1
3969	ANESTHESIOLOGY	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3963	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	5
3963	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Approved	1
3965	UNSPECIFIED	OXYCODONE 5MG TABLETS	NARCOTIC ANALGESICS	Denied	1
3956	ANESTHESIOLOGY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3963	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	2
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE HCL 10MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	UNSPECIFIED	OXYCODONE HCL 10MG 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
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
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	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 OR T12A	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-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	FAMILY PRACTICE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	INTERNAL MEDICINE	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	ORTHOPEDIC SURGERY	OXYCODONE-ACETAMINOPHEN TAB 5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	PLASTIC SURGERY	OXYCODONE-ACETAMINOPHEN TAB 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 & REHABILITATION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3963	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / PHYSIATRY	OXYCODONE-APAP TAB 7.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3963	PHYSICIAN, GERIATRIC MEDICINE	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	8
3956	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	6
3964	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3962	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3951	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Approved	1
3963	UNSPECIFIED	OZEMPIC (2 MG/DOSE) 8MG/3ML SC SOPN	DIABETIC AGENT	Denied	2
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	63
3963	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	44
3951	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	7
3963	ALLERGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	ALLERGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3965	ADVANCED PRACTICE NURSE, UNSPECIFIED	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	CARDIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	2
3963	CARDIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	CLINICAL NURSE SPECIALIST, FAMILY HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3967	CLINICAL NURSE SPECIALIST, ADULT HEALTH	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	CARDIOLOGY	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	3
3962	EMERGENCY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3963	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3962	ENDOCRINOLOGY, DIABETES & METABOLISM	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3963	FAMILY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1
3964	FAMILY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	2
3963	FAMILY MEDICINE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	1
3962	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Denied	6
3964	FAMILY PRACTICE	OZEMPIC (SEMAGLUTIDE)	DIABETIC AGENT	Approved	9
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	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
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
3961	UNSPECIFIED	OZEMPIC INJ (SEMAGLUTIDE)	DIABETIC AGENT	Denied	1

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 & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3951	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	UNSPECIFIED	PREGABALIN 100MG OR CAPS	NEUROLOGICAL AGENTS	Denied	1
3965	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3969	ANESTHESIOLOGY	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	FAMILY PRACTICE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 150MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3965	RHEUMATOLOGY	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 PRACTICE	PREGABALIN 200 MG CAPSULE	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3951	ENDOCRINOLOGY, DIABETES & METABOLISM	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3951	FAMILY PRACTICE	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 PRACTITIONER, FAMILY HEALTH	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	PREGABALIN 200MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 225MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	ANESTHESIOLOGY	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	3
3963	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	2
3961	FAMILY PRACTICE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	INTERNAL MEDICINE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, ACUTE CARE	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	PREGABALIN 25MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	NURSE PRACTITIONER, 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 & REHABILITATION / PHYSIATRY	PREGABALIN 50MG OR CAPS	NEUROLOGICAL AGENTS	Approved	1
3956	PHYSICIAN, PHYSICAL MEDICINE & REHABILITATION / 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 & REHABILITATION / 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	PREVMIS (LETETMOVIR)	DERMATOLOGICAL AGENTS	Denied	1
3963	UNSPECIFIED	PREVMIS 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 75-46MG 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 (ATOGEANT)	MIGRAINE TREATMENT	Approved	1
3962	FAMILY PRACTICE	QULIPTA 10MG TABLET (ATOGEANT)	MIGRAINE TREATMENT	Approved	1
3962	UNSPECIFIED	QULIPTA 10MG TABLET (ATOGEANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 10MG TABLETS (ATOGEANT)	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 (ATOGEANT)	MIGRAINE TREATMENT	Denied	2
3963	UNSPECIFIED	QULIPTA 30MG TABLET (ATOGEANT)	MIGRAINE TREATMENT	Denied	1
3963	UNSPECIFIED	QULIPTA 30MG TABLET (ATOGEANT)	MIGRAINE TREATMENT	Approved	1
3956	INTERNAL MEDICINE	QULIPTA 30MG TABLETS (ATOGEANT)	MIGRAINE TREATMENT	Approved	2
3956	INTERNAL MEDICINE	QULIPTA 30MG TABLETS (ATOGEANT)	MIGRAINE TREATMENT	Denied	1
3956	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGEANT)	MIGRAINE TREATMENT	Approved	4
3956	UNSPECIFIED	QULIPTA 30MG TABLETS (ATOGEANT)	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 (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	5
3963	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	7
3964	FAMILY PRACTICE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	INTERNAL MEDICINE	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3964	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3962	NEUROLOGY	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3965	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3964	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3969	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	PEDIATRICS	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3965	REGISTERED NURSE, UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	3
3965	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3963	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	4
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3964	UNSPECIFIED	QULIPTA 60MG TABLET (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3963	UNSPECIFIED	QULIPTA 60MG TABLETS	MIGRAINE TREATMENT	Denied	1
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	4
3963	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3963	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3956	FAMILY PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	4
3956	GENERAL PRACTICE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3951	INTERNAL MEDICINE	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	3
3963	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	NEUROLOGY	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	3
3963	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3951	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	NURSE PRACTITIONER, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	4
3956	PEDIATRICS	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3956	PHYSICIAN ASSISTANT, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3963	REGISTERED NURSE, UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	1
3951	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	2
3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	12
3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Approved	8
3963	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	2
3956	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	8
3961	UNSPECIFIED	QULIPTA 60MG TABLETS (ATOGE PANT)	MIGRAINE TREATMENT	Denied	1
3964	UNSPECIFIED	QUVIVIQ 50MG TABLET	HYPNOTIC	Denied	1
3963	FAMILY PRACTICE	QVAR REDHALER (BECLOMETHASONE DIPROPI-ONATE)	ASTHMA	Denied	1
3963	UNSPECIFIED	QVAR REDHALER (BECLOMETHASONE DIPROPI-ONATE)	ASTHMA	Denied	1
3956	INTERNAL MEDICINE	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Denied	2
3963	UNSPECIFIED	RANOLAZINE ER	ANTIANGINAL	Approved	1
3956	CARDIOLOGY	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	1
3951	FAMILY PRACTICE	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	1
3951	UNSPECIFIED	RANOLAZINE ER 1000MG OR TB12	ANTIANGINAL	Approved	1
3963	FAMILY PRACTICE	RANOLAZINE ER 500 MG TABLET,EXTENDED RE-LEASE,12 HR	ANTIANGINAL	Approved	1
3963	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	2
3956	CARDIOLOGY	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	2
3956	FAMILY PRACTICE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3951	INTERNAL MEDICINE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
3956	INTERNAL MEDICINE	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	3
3963	NURSE PRACTITIONER, ADULT HEALTH	RANOLAZINE ER 500MG OR TB12	ANTIANGINAL	Approved	1
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	Approved	1
3963	OPTOMETRIST, UNSPECIFIED	RESTASIS 0.05% OP EMUL	OPHTHALMIC PREPARATIONS	Approved	4

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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

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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/24HR TD 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

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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	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
3951	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	INTERNAL MEDICINE	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	NURSE PRACTITIONER, UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	SURGERY, VASCULAR	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3956	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	3
3951	UNSPECIFIED	SUMATRIPTAN TABLET	NON-NARCOTIC ANALGESICS	Denied	1
3963	UNSPECIFIED	SUMATRIPTAN TABLETS	NON-NARCOTIC ANALGESICS	Approved	1
3956	FAMILY MEDICINE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	FAMILY PRACTICE	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Denied	1
3965	PULMONARY DISEASES	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3956	UNSPECIFIED	SUNOSI (SOLRIAMFETOL)	NARCOLEPSY AGENTS	Approved	1
3963	PULMONARY DISEASES	SUNOSI 150MG OR TABS	NARCOLEPSY AGENTS	Approved	2
3956	UNSPECIFIED	SUNOSI 75MG OR TABS	NARCOLEPSY AGENTS	Approved	1
3963	INTERNAL MEDICINE	SYNAGIS 100MG/ML INJ	RESPIRATORY AGENTS	Denied	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Denied	1
3956	UNSPECIFIED	SYNJARDY (EMPAGLIFLOZIN-METFORMIN)	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3951	NURSE PRACTITIONER, FAMILY HEALTH	SYNJARDY 12.5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED PHYSICIAN, INTERN/RESIDENT/FELLOW, UNSPECIFIED	SYNJARDY 12.5-500MG OR TABS	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	SYNJARDY 5-1000MG OR TABS	ANTIDIABETICS	Approved	1
3956	FAMILY PRACTICE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	SYNJARDY XR (EMPAGLIFLOZIN-METFORMIN SR)	ANTIDIABETICS	Approved	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
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 12.5-1000MG OR TB24	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

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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%) TRANSDERMAL 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3956	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Approved	1
3956	UNSPECIFIED	TESTOSTERONE GEL 1% (25MG)	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
3956	FAMILY PRACTICE	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
3956	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3956	PHYSICIAN, ENDOCRINOLOGY	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Approved	1
3963	UNSPECIFIED	TESTOSTERONE GEL 10MG/ACT	ANDROGENS	Denied	1
3963	FAMILY PRACTICE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Approved	1
3963	FAMILY PRACTICE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	2
3964	INTERNAL MEDICINE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3951	OSTEOPATHIC MANIPULATIVE MEDICINE	TESTOSTERONE TOPICAL GEL	ANDROGENS	Denied	1
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TOPICAL GEL	ANDROGENS	Approved	1
3965	UROLOGY	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
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	Approved	2
3963	INTERNAL MEDICINE	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
3964	NURSE PRACTITIONER, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	1
3964	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3951	PHYSICIAN ASSISTANT, UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	2
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	3
3963	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Approved	2
3962	UNSPECIFIED	TESTOSTERONE TRANSDERMAL GEL	ANDROGENS	Denied	1
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
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 & REHABILITATION / 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 & REHABILITATION / 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 & REHABILITATION / 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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	REGISTERED NURSE, EMERGENCY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3956	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	2
3963	RHEUMATOLOGY	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	4
3956	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	23
3963	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	11
3965	UNSPECIFIED	TRAMADOL HCL 50MG OR TABS	NARCOTIC ANALGESICS	Approved	1
3951	UNSPECIFIED	TRAMADOL HCL ER 100MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	ANESTHESIOLOGY	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	UNSPECIFIED	TRAMADOL HCL ER 200MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRAMADOL HCL ER 300MG OR TB24	NARCOTIC ANALGESICS	Approved	1
3956	EMERGENCY MEDICINE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3963	FAMILY PRACTICE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Approved	1
3969	FAMILY PRACTICE	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3961	PLASTIC SURGERY	TRAMADOL-APAP 37.5-325 MG	NARCOTIC ANALGESICS	Denied	1
3951	INTERNAL MEDICINE	TRELEGY ELLIPTA 100MCG-62.5MCG-25MCG/ACTU- ATION	RESPIRATORY AGENTS	Denied	1
3964	UNSPECIFIED	TRELEGY ELLIPTA 200-62.5-25MCG/ACT IN AEPB	RESPIRATORY AGENTS	Denied	1
3963	FAMILY PRACTICE	TRELEGY ELLIPTA INHALER	RESPIRATORY AGENTS	Denied	1
3963	DERMATOLOGY	TREMFYA 100MG/ML SC SOPN	IMMUNOSUPPRESSIVES/DMARDS	Denied	1
3956	FAMILY PRACTICE	TRESIBA 100U/ML VIA	ANTIDIABETICS	Denied	1
3963	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	5
3969	DERMATOLOGY	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3965	FAMILY PRACTICE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3963	FAMILY PRACTICE	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
3962	FAMILY PRACTICE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3962	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3965	INTERNAL MEDICINE	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	1
3962	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Denied	2
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	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	1

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3967	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3963	UNSPECIFIED	TRETINOIN	DERMATOLOGICAL AGENTS	Approved	2
3965	UNSPECIFIED	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3956	UNSPECIFIED	TRETINOIN 0.01 % EX GEL	DERMATOLOGICAL AGENTS	Approved	1
3963	DERMATOLOGY	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Denied	1
3963	NURSE PRACTITIONER, ACUTE CARE	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	1
3963	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	2
3956	UNSPECIFIED	TRETINOIN 0.025 % TOPICAL CREAM	DERMATOLOGICAL AGENTS	Approved	2
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
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
3956	UNSPECIFIED	TRETINOIN 0.025% EX CREA	DERMATOLOGICAL AGENTS	Approved	16
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	PSYCHIATRY	TRINTELLIX 10MG TABLETS	ANTIDEPRESSANTS	Approved	1

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

Carrier	Prescriber Primary Specialty Description	Drug Name	Standard Code Description	Decision	Count
3961	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	INTERNAL MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PHYSICIAN ASSISTANT, UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3963	PHYSICIAN, GERIATRIC MEDICINE	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3956	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	6
3951	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	2
3963	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Approved	1
3965	UNSPECIFIED	TRULICITY 0.75MG/0.5ML SC SOPN	ANTIDIABETICS	Denied	1
3963	UNSPECIFIED	TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR	ANTIDIABETICS	Approved	1
3963	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3956	FAMILY PRACTICE	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	3
3951	FAMILY PRACTICE	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
3956	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	PEDIATRICS	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3964	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Denied	1
3951	UNSPECIFIED	TRULICITY 1.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 3 MG/0.5 ML PEN	DIABETIC AGENT	Denied	1
3965	UNSPECIFIED	TRULICITY 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR (DULAGLUTIDE)	DIABETIC AGENT	Approved	1
3956	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3963	FAMILY PRACTICE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
3965	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	INTERNAL MEDICINE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3951	NURSE PRACTITIONER, ACUTE CARE	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3964	NURSE PRACTITIONER, FAMILY HEALTH	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 3MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3964	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3963	INTERNAL MEDICINE	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	1
3956	UNSPECIFIED	TRULICITY 4.5MG/0.5ML SC SOPN	DIABETIC AGENT	Approved	2
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/24HR TD 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

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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