

Arkansas

For the Quarter(s): 2026 Q1

Prescriber Primary Specialty Description	Drug Brand Name	Indication	Case Status	Denial Reason Type	Count
ADVANCED PRACTICE MIDWIFE:	FREESTYLE LIBRE 3 PLUS SENSOR	Gestational diabetes mellitus in pregnancy, diet controlled	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	AUVI-Q	N/A	Canceled	N/A	1
ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	Eosinophilic esophagitis	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	N/A	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	N/A	Canceled	N/A	1
ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	Prurigo nodularis	Denied	MEDICAL NECESSITY	1
ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	Severe persistent asthma with (acute) exacerbation	Denied	MEDICAL NECESSITY	1
ALLERGY & IMMUNOLOGY:	DUPIXENT SYRINGE	Severe persistent asthma, uncomplicated	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	EPINEPHRINE	Allergy to peanuts	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	NEMLUVIO	Prurigo nodularis	Denied	MEDICAL NECESSITY	1
ALLERGY & IMMUNOLOGY:	OPZELURA	N/A	Canceled	N/A	1
ALLERGY & IMMUNOLOGY:	RHAPSIDO	Other urticaria	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	RYALTRIS	Chronic rhinitis	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	RYALTRIS	N/A	Canceled	N/A	1
ALLERGY & IMMUNOLOGY:	TACROLIMUS	Rash and other nonspecific skin eruption	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	TEZSPIRE	Severe persistent asthma with (acute) exacerbation	Approved	N/A	1
ALLERGY & IMMUNOLOGY:	XOLAIR	N/A	Canceled	N/A	3
ALLERGY & IMMUNOLOGY: ALLERGY	AIRSUPRA	Mild persistent asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
ALLERGY & IMMUNOLOGY: ALLERGY	ANZUPGO	Other specified dermatitis	Approved	N/A	1
ALLERGY & IMMUNOLOGY: ALLERGY	DUPIXENT SYRINGE	Polyp of nasal cavity	Approved	N/A	1
ALLERGY & IMMUNOLOGY: ALLERGY	EOHILIA	Eosinophilic esophagitis	Approved	N/A	1
ALLERGY & IMMUNOLOGY: ALLERGY	EOHILIA	N/A	Canceled	N/A	1
ALLERGY & IMMUNOLOGY: ALLERGY	FASENRA PEN	Severe persistent asthma, uncomplicated	Approved	N/A	1
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Denied	MEDICAL NECESSITY	1
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	Long term (current) use of opiate analgesic	Approved	N/A	1
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Canceled	N/A	1
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Denied	MEDICAL NECESSITY	2
ANESTHESIOLOGY:	HYDROCODONE-ACETAMINOPHEN	Other spondylosis with radiculopathy, lumbar region	Approved	N/A	1
ANESTHESIOLOGY:	LIDOCAINE	N/A	Canceled	N/A	1
ANESTHESIOLOGY:	OXYCODONE-ACETAMINOPHEN	Other chronic pain	Approved	N/A	1
ANESTHESIOLOGY:	OXYCODONE HCL	N/A	Canceled	N/A	1

ANESTHESIOLOGY:	TRAMADOL HCL	N/A	Canceled	N/A	3
ANESTHESIOLOGY: PAIN MEDICINE	ACETAMINOPHEN-CODEINE	Chronic pain syndrome	Denied	MEDICAL NECESSITY	1
ANESTHESIOLOGY: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
ANESTHESIOLOGY: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Approved	N/A	1
ANESTHESIOLOGY: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Other spondylosis with radiculopathy, lumbosacral region	Denied	MEDICAL NECESSITY	1
ANESTHESIOLOGY: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Sacrococcygeal disorders, not elsewhere classified	Approved	N/A	2
ANESTHESIOLOGY: PAIN MEDICINE	LIDOCAINE	Sacrococcygeal disorders, not elsewhere classified	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST:	EMGALITY PEN	Other migraine, not intractable, without status migrainosus	Approved	N/A	1
CLINICAL NURSE SPECIALIST:	ESZOPICLONE	N/A	Approved	N/A	1
CLINICAL NURSE SPECIALIST:	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
CLINICAL NURSE SPECIALIST:	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	2
CLINICAL NURSE SPECIALIST:	NURTEC ODT	N/A	Canceled	N/A	2
CLINICAL NURSE SPECIALIST:	NURTEC ODT	Other migraine, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST:	QULIPTA	Other migraine, not intractable, without status migrainosus	Approved	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST:	UBRELVY	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
CLINICAL NURSE SPECIALIST:	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	2
CLINICAL NURSE SPECIALIST: ADULT HEALTH	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
CLINICAL NURSE SPECIALIST: ADULT HEALTH	ENTRESTO	N/A	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST: ADULT HEALTH	TRINTELLIX	N/A	Canceled	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	MOUNJARO	N/A	Canceled	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	MOUNJARO	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Approved	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	NP THYROID	Hypothyroidism, unspecified	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	PROLIA	Age-related osteoporosis without current pathological fracture	Approved	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	TRAMADOL HCL	Pain in left foot	Denied	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	WEGOVY	Obesity, unspecified	Approved	N/A	1
CLINICAL NURSE SPECIALIST: FAMILY HEALTH	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST: PSYCHIATRIC	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Denied	MEDICAL NECESSITY	1
CLINICAL NURSE SPECIALIST: PSYCHIATRIC	LISDEXAMFETAMINE DIMESYLATE	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
CLINIC/CENTER: PAIN	NUCYNTA	Other chronic pain	Denied	MEDICAL NECESSITY	1
CLINIC/CENTER: PAIN	OXYCODONE HCL	N/A	Approved	MEDICAL NECESSITY	1
CLINIC/CENTER: PAIN	OXYCODONE HCL	N/A	Denied	MEDICAL NECESSITY	2
CLINIC/CENTER: PRIMARY CARE	DEXCOM G7 RECEIVER	Type 1 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
CLINIC/CENTER: PRIMARY CARE	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
CLINIC/CENTER: PRIMARY CARE	HYDROCODONE-ACETAMINOPHEN	Unspecified fracture of left patella, initial encounter for closed fracture	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	BIMZELX AUTOINJECTOR	Hidradenitis suppurativa	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CALCIPOTRIENE	Actinic keratosis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLARAVIS	N/A	Canceled	N/A	1

DERMATOLOGY:	CLINDAMYCIN PHOS-BENZOYL PEROX	Acne vulgaris	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Atopic dermatitis, unspecified	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Dyshidrosis (pompholyx)	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Dyshidrosis (pompholyx)	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Hidradenitis suppurativa	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	N/A	Canceled	N/A	3
DERMATOLOGY:	CLOBETASOL PROPIONATE	N/A	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Neoplasm of uncertain behavior of skin	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Nonscarring hair loss, unspecified	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Nummular dermatitis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Other psoriasis	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Approved	N/A	1
DERMATOLOGY:	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Denied	MEDICAL NECESSITY	2
DERMATOLOGY:	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Approved	N/A	2
DERMATOLOGY:	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	COSENTYX UNOREADY PEN	Hidradenitis suppurativa	Approved	N/A	3
DERMATOLOGY:	COSENTYX UNOREADY PEN	Hidradenitis suppurativa	Denied	MEDICAL NECESSITY	2
DERMATOLOGY:	COSENTYX UNOREADY PEN	N/A	Canceled	N/A	1
DERMATOLOGY:	DAPSONE	Acne vulgaris	Approved	N/A	1
DERMATOLOGY:	DUPIXENT PEN	Other atopic dermatitis	Approved	N/A	1
DERMATOLOGY:	DUPIXENT PEN	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	DUPIXENT SYRINGE	Other atopic dermatitis	Approved	N/A	1
DERMATOLOGY:	EBGLYSS PEN	N/A	Approved	N/A	1
DERMATOLOGY:	EBGLYSS PEN	N/A	Canceled	N/A	1
DERMATOLOGY:	HUMIRA(CF) PEN	Hidradenitis suppurativa	Approved	MEDICAL NECESSITY	1
DERMATOLOGY:	HUMIRA(CF) PEN	Hidradenitis suppurativa	Approved	N/A	1
DERMATOLOGY:	HUMIRA(CF) PEN	N/A	Canceled	N/A	1
DERMATOLOGY:	HUMIRA(CF) PEN	Psoriasis, unspecified	Approved	N/A	1
DERMATOLOGY:	HUMIRA(CF) PEN	Psoriasis vulgaris	Approved	N/A	1
DERMATOLOGY:	HUMIRA(CF) PEN	Pyoderma gangrenosum	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	INFLECTRA	Hidradenitis suppurativa	Denied	MEDICAL NECESSITY	2
DERMATOLOGY:	INFLECTRA	Pyoderma gangrenosum	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	ISOTRETINOIN	Acne vulgaris	Approved	N/A	3
DERMATOLOGY:	ISOTRETINOIN	Acne vulgaris	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	IVERMECTIN	Rosacea, unspecified	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	LITFULO	N/A	Canceled	N/A	1
DERMATOLOGY:	OLUMIANT	Alopecia areata	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	OTEZLA	N/A	Canceled	N/A	1
DERMATOLOGY:	OTEZLA	Psoriasis	Approved	N/A	1
DERMATOLOGY:	OTEZLA	Psoriasis vulgaris	Approved	N/A	1
DERMATOLOGY:	PIMECROLIMUS	Other atopic dermatitis	Approved	N/A	1

DERMATOLOGY:	SKYRIZI	Psoriasis vulgaris	Approved	N/A	1
DERMATOLOGY:	SKYRIZI PEN	N/A	Canceled	N/A	1
DERMATOLOGY:	SKYRIZI PEN	Psoriasis, unspecified	Approved	N/A	1
DERMATOLOGY:	SKYRIZI PEN	Psoriasis vulgaris	Approved	N/A	2
DERMATOLOGY:	SKYRIZI PEN	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	3
DERMATOLOGY:	SOOLANTRA	Other rosacea	Approved	N/A	1
DERMATOLOGY:	TACROLIMUS	Other atopic dermatitis	Approved	N/A	1
DERMATOLOGY:	TACROLIMUS	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TACROLIMUS	Perioral dermatitis	Approved	N/A	1
DERMATOLOGY:	TACROLIMUS	Pityriasis rosea	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TACROLIMUS	Pityriasis versicolor	Approved	N/A	1
DERMATOLOGY:	TACROLIMUS	Psoriasis vulgaris	Approved	N/A	2
DERMATOLOGY:	TALTZ AUTOINJECTOR	Guttate psoriasis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TALTZ AUTOINJECTOR	Psoriasis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TALTZ AUTOINJECTOR	Psoriasis, unspecified	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TALTZ AUTOINJECTOR	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	TALTZ AUTOINJECTOR (2 PACK)	N/A	Canceled	N/A	1
DERMATOLOGY:	TALTZ AUTOINJECTOR (3 PACK)	Psoriasis	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	VTAMA	Psoriasis vulgaris	Approved	N/A	1
DERMATOLOGY:	WINLEVI	Acne vulgaris	Approved	N/A	2
DERMATOLOGY:	ZENATANE	Acne, unspecified	Approved	N/A	1
DERMATOLOGY:	ZENATANE	Acne vulgaris	Approved	N/A	1
DERMATOLOGY:	ZENATANE	Folliculitis decalvans	Denied	MEDICAL NECESSITY	1
DERMATOLOGY:	ZORYVE	N/A	Approved	N/A	1
DERMATOLOGY:	ZORYVE	Seborrheic dermatitis, unspecified	Approved	N/A	1
DERMATOLOGY: MOHS-MICROGRAPHIC SU	COSENTYX UNOREADY PEN	N/A	Canceled	N/A	1
DERMATOLOGY: PROCEDURAL DERMATOL	DUPIXENT PEN	Atopic dermatitis, unspecified	Denied	MEDICAL NECESSITY	1
DERMATOLOGY: PROCEDURAL DERMATOL	OTEZLA	N/A	Approved	N/A	1
DERMATOLOGY: PROCEDURAL DERMATOL	TACROLIMUS	Atopic dermatitis, unspecified	Denied	MEDICAL NECESSITY	1
DERMATOLOGY: PROCEDURAL DERMATOL	TACROLIMUS	Other atopic dermatitis	Approved	N/A	1
EMERGENCY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
EMERGENCY MEDICINE:	MOUNJARO	N/A	Canceled	N/A	1
EMERGENCY MEDICINE:	WEGOVY	Overweight	Denied	MEDICAL NECESSITY	1
EMERGENCY MEDICINE:	ZEPBOUND	Obesity, class 3	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ABILIFY MAINTENA	Schizophrenia, unspecified	Approved	N/A	1
FAMILY MEDICINE:	AIMOVIG AUTOINJECTOR	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	AIMOVIG AUTOINJECTOR	N/A	Approved	N/A	1
FAMILY MEDICINE:	AIRSUPRA	Acute bronchitis, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	AIRSUPRA	Moderate persistent asthma, uncomplicated	Approved	N/A	1
FAMILY MEDICINE:	AIRSUPRA	N/A	Canceled	N/A	1

FAMILY MEDICINE:	AIRSUPRA	Unspecified asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	AJOVY SYRINGE	N/A	Approved	N/A	1
FAMILY MEDICINE:	ALBENDAZOLE	Other hookworm diseases	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ALMOTRIPTAN MALATE	Chronic migraine without aura, not intractable, without status migrainosus	Canceled	N/A	2
FAMILY MEDICINE:	AMLODIPINE-OLMESARTAN	Essential (primary) hypertension	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	AMLODIPINE-OLMESARTAN	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ANORO ELLIPTA	Mild persistent asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	APIDRA	Type 1 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	APIDRA SOLOSTAR	N/A	Canceled	N/A	1
FAMILY MEDICINE:	APIDRA SOLOSTAR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ARMODAFINIL	Circadian rhythm sleep disorder, shift work type	Approved	N/A	2
FAMILY MEDICINE:	ARMODAFINIL	Narcolepsy without cataplexy	Approved	N/A	1
FAMILY MEDICINE:	ARMODAFINIL	Narcolepsy without cataplexy	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	AUVELITY	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
FAMILY MEDICINE:	AUVELITY	Major depressive disorder, single episode, unspecified	Approved	N/A	1
FAMILY MEDICINE:	AZSTARYS	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
FAMILY MEDICINE:	AZSTARYS	Attention-deficit hyperactivity disorder, unspecified type	Approved	N/A	1
FAMILY MEDICINE:	BASAGLAR KWIKPEN U-100	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
FAMILY MEDICINE:	BELSOMRA	Insomnia, unspecified	Approved	N/A	1
FAMILY MEDICINE:	BELSOMRA	N/A	Canceled	N/A	2
FAMILY MEDICINE:	BELSOMRA	Primary insomnia	Approved	N/A	1
FAMILY MEDICINE:	BUCAPSOL	N/A	Approved	N/A	1
FAMILY MEDICINE:	BUCAPSOL	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	BUTALB-ACETAMINOPH-CAFF-CODEIN	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLINDAMYCIN-BENZOYL PEROXIDE	Disorder of the skin and subcutaneous tissue, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLOBETASOL PROPIONATE	Other skin changes	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLOBETASOL PROPIONATE	Pseudofolliculitis barbae	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Approved	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLOBETASOL PROPIONATE	Rash and other nonspecific skin eruption	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CLOBETASOL PROPIONATE	Unspecified contact dermatitis, unspecified cause	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	CYCLOSPORINE	Dry eye syndrome of bilateral lacrimal glands	Approved	N/A	1
FAMILY MEDICINE:	DAYVIGO	Psychophysiologic insomnia	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	Approved	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G6 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G6 TRANSMITTER	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 1 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with diabetic chronic kidney disease	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	MEDICAL NECESSITY	1

FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 RECEIVER	Type 1 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus with other diabetic kidney complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	N/A	Canceled	N/A	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with diabetic chronic kidney disease	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	3
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	4
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other diabetic kidney complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	DEXMETHYLPHENIDATE HCL	Attention-deficit hyperactivity disorder, unspecified type	Approved	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXMETHYLPHENIDATE HCL	Attention-deficit hyperactivity disorder, unspecified type	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DEXTROAMPHETAMINE-AMPHET ER	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DIETHYLPROPION HCL ER	Overweight	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	DOXEPIN HCL	N/A	Denied	N/A	1
FAMILY MEDICINE:	DOXEPIN HCL	Primary insomnia	Approved	N/A	1
FAMILY MEDICINE:	ELETRIPTAN HBR	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	ELETRIPTAN HBR	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	EMGALITY PEN	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	EMGALITY PEN	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	EMGALITY PEN	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	3
FAMILY MEDICINE:	EMGALITY PEN	Migraine with aura, not intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	EMGALITY PEN	N/A	Approved	N/A	2
FAMILY MEDICINE:	EMGALITY PEN	N/A	Canceled	N/A	5
FAMILY MEDICINE:	EMGALITY PEN	Other migraine, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	EMGALITY PEN	Other migraine, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	EMGALITY SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	ENTECAVIR	Liver cell carcinoma	Approved	N/A	1
FAMILY MEDICINE:	EPINEPHRINE	Other seasonal allergic rhinitis	Approved	N/A	1
FAMILY MEDICINE:	EPINEPHRINE	Personal history of anaphylaxis	Approved	N/A	1
FAMILY MEDICINE:	ESOMEPRAZOLE MAGNESIUM	Gastro-esophageal reflux disease without esophagitis	Approved	N/A	2
FAMILY MEDICINE:	ESTRADIOL-NORETHINDRONE ACETAT	Hormone replacement therapy	Approved	N/A	1
FAMILY MEDICINE:	ESZOPICLONE	Adjustment insomnia	Approved	N/A	1
FAMILY MEDICINE:	ESZOPICLONE	N/A	Canceled	N/A	5

FAMILY MEDICINE:	ESZOPICLONE	Other insomnia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ESZOPICLONE	Primary insomnia	Approved	N/A	1
FAMILY MEDICINE:	ESZOPICLONE	Primary insomnia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ESZOPICLONE	Psychophysiologic insomnia	Approved	N/A	1
FAMILY MEDICINE:	ETODOLAC ER	Intervertebral disc disorders with radiculopathy, lumbar region	Approved	N/A	1
FAMILY MEDICINE:	FARXIGA	Chronic kidney disease, stage 3a	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FARXIGA	N/A	Canceled	N/A	1
FAMILY MEDICINE:	FARXIGA	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FARXIGA	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	FARXIGA	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FEBUXOSTAT	Gout, unspecified	Approved	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 14 DAY SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FREESTYLE LIBRE 2 SENSOR	N/A	Canceled	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 2 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FREESTYLE LIBRE 2 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FREESTYLE LIBRE 2 SENSOR	Type 2 diabetes mellitus with unspecified complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Canceled	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Denied	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	2
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hypoglycemia without coma	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Canceled	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	FREESTYLE LIBRE 3 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	FREESTYLE LIBRE 3 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Cervicalgia	Canceled	N/A	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Foot drop, right foot	Approved	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Foot drop, right foot	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Inflammatory polyarthropathy	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Low back pain, unspecified	Approved	N/A	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Low back pain, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Ulcerative colitis, unspecified with unspecified complications	Approved	N/A	1
FAMILY MEDICINE:	ICOSAPENT ETHYL	Mixed hyperlipidemia	Approved	N/A	1
FAMILY MEDICINE:	ICOSAPENT ETHYL	N/A	Canceled	N/A	2
FAMILY MEDICINE:	LEVOTHYROXINE SODIUM	Hypothyroidism, unspecified	Approved	N/A	1

FAMILY MEDICINE:	LIDOCAINE	Bilateral primary osteoarthritis of knee	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LIDOCAINE	N/A	Canceled	N/A	1
FAMILY MEDICINE:	LIDOCAINE	Radiculopathy, lumbar region	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LINEZOLID	Local infection of the skin and subcutaneous tissue, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention and concentration deficit	Approved	N/A	2
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention and concentration deficit	Canceled	N/A	4
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention and concentration deficit	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Canceled	N/A	2
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	MEDICAL NECESSITY	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	7
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Denied	MEDICAL NECESSITY	14
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Approved	N/A	5
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Denied	MEDICAL NECESSITY	4
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Binge eating disorder, mild	Approved	N/A	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Binge eating disorder, moderate	Approved	N/A	2
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	N/A	Approved	N/A	2
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	4
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	N/A	Denied	MEDICAL NECESSITY	5
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Approved	N/A	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Canceled	N/A	1
FAMILY MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	METFORMIN ER OSMOTIC	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MODAFINIL	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MODAFINIL	Other hypersomnia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOTPOLY XR	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Attention-deficit hyperactivity disorder, unspecified type	Canceled	N/A	1
FAMILY MEDICINE:	MOUNJARO	Insulin resistance, unspecified	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	MOUNJARO	Male erectile dysfunction, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	N/A	Approved	N/A	6
FAMILY MEDICINE:	MOUNJARO	N/A	Canceled	N/A	31
FAMILY MEDICINE:	MOUNJARO	N/A	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	MOUNJARO	Obesity, class 1	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Obesity, class 2	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Obesity, unspecified	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	MOUNJARO	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1

FAMILY MEDICINE:	MOUNJARO	Overweight	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Prediabetes	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	MOUNJARO	Sleep apnea, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with diabetic chronic kidney disease	Approved	N/A	2
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Approved	N/A	2
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	27
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	5
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Approved	N/A	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with other specified complication	Approved	N/A	12
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	50
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus without complications	Canceled	N/A	1
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	4
FAMILY MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	8
FAMILY MEDICINE:	MULTAQ	Personal history of other diseases of the circulatory system	Approved	N/A	1
FAMILY MEDICINE:	NITAZOXANIDE	Cryptosporidiosis	Approved	N/A	1
FAMILY MEDICINE:	NORITATE	Perioral dermatitis	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	NURTEC ODT	Headache, unspecified	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	NURTEC ODT	Migraine, unspecified, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	2
FAMILY MEDICINE:	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	5
FAMILY MEDICINE:	NURTEC ODT	Migraine, unspecified, not intractable, with status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	2
FAMILY MEDICINE:	NURTEC ODT	N/A	Approved	N/A	1
FAMILY MEDICINE:	NUZYRA	Local infection of the skin and subcutaneous tissue, unspecified	Canceled	N/A	2
FAMILY MEDICINE:	NUZYRA	Local infection of the skin and subcutaneous tissue, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OSPHENA	N/A	Canceled	N/A	1
FAMILY MEDICINE:	OXYCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
FAMILY MEDICINE:	OXYCODONE HCL	Complex regional pain syndrome I of right lower limb	Approved	N/A	1
FAMILY MEDICINE:	OXYCODONE HCL	N/A	Canceled	N/A	1
FAMILY MEDICINE:	OXYCODONE HCL	Other chronic pain	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	Hyperglycemia, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	N/A	Approved	N/A	7
FAMILY MEDICINE:	OZEMPIC	N/A	Canceled	N/A	16

FAMILY MEDICINE:	OZEMPIC	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	N/A	Denied	N/A	1
FAMILY MEDICINE:	OZEMPIC	Obesity, class 1	Approved	N/A	1
FAMILY MEDICINE:	OZEMPIC	Obesity, class 1	Canceled	N/A	1
FAMILY MEDICINE:	OZEMPIC	Obesity, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy	Approved	N/A	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with diabetic nephropathy	Approved	N/A	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	20
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Canceled	N/A	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Approved	N/A	2
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	Approved	N/A	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	2
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with other specified complication	Approved	N/A	4
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	31
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus without complications	Canceled	N/A	1
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	6
FAMILY MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Approved	N/A	1
FAMILY MEDICINE:	PHENDIMETRAZINE TARTRATE	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	PHENTERMINE HCL	N/A	Canceled	N/A	4
FAMILY MEDICINE:	PHENTERMINE HCL	Obesity, class 1	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	PREMARIN	Hormone replacement therapy	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	PREMARIN	Menopausal and female climacteric states	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	PREMARIN	N/A	Canceled	N/A	1
FAMILY MEDICINE:	PROMETHAZINE-CODEINE	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	PROMETHAZINE-DM	Acute sinusitis, unspecified	Canceled	N/A	1
FAMILY MEDICINE:	PROMETHAZINE-DM	Acute upper respiratory infection, unspecified	Approved	N/A	1
FAMILY MEDICINE:	PROMETHAZINE-DM	Acute upper respiratory infection, unspecified	Canceled	N/A	1
FAMILY MEDICINE:	PROMETHAZINE-DM	Cough, unspecified	Canceled	N/A	1
FAMILY MEDICINE:	PROMETHAZINE-DM	N/A	Canceled	N/A	7
FAMILY MEDICINE:	QULIPTA	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	QULIPTA	Headache, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	QULIPTA	Migraine, unspecified, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	QULIPTA	N/A	Canceled	N/A	4
FAMILY MEDICINE:	RABEPRAZOLE SODIUM	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Denied	MEDICAL NECESSITY	1

FAMILY MEDICINE:	REPATHA SURECLICK	Hyperlipidemia, unspecified	Approved	N/A	2
FAMILY MEDICINE:	REPATHA SURECLICK	Hyperlipidemia, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REPATHA SURECLICK	Mixed hyperlipidemia	Approved	N/A	1
FAMILY MEDICINE:	REPATHA SURECLICK	Mixed hyperlipidemia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REPATHA SURECLICK	Pure hypercholesterolemia, unspecified	Approved	N/A	2
FAMILY MEDICINE:	REPATHA SYRINGE	Mixed hyperlipidemia	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REXULTI	Anxiety disorder, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REXULTI	Major depressive disorder, recurrent, moderate	Approved	N/A	1
FAMILY MEDICINE:	REXULTI	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	REXULTI	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
FAMILY MEDICINE:	REXULTI	Other mixed anxiety disorders	Approved	N/A	1
FAMILY MEDICINE:	RIZATRIPTAN	Migraine with aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	RYBELSUS	N/A	Canceled	N/A	5
FAMILY MEDICINE:	RYBELSUS	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
FAMILY MEDICINE:	RYBELSUS	Type 2 diabetes mellitus without complications	Approved	N/A	3
FAMILY MEDICINE:	SILDENAFIL CITRATE	Erectile dysfunction due to diseases classified elsewhere	Approved	N/A	1
FAMILY MEDICINE:	SILDENAFIL CITRATE	Erectile dysfunction due to diseases classified elsewhere	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	SILDENAFIL CITRATE	Male erectile dysfunction, unspecified	Approved	N/A	2
FAMILY MEDICINE:	SILDENAFIL CITRATE	Male erectile dysfunction, unspecified	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	SILDENAFIL CITRATE	N/A	Canceled	N/A	5
FAMILY MEDICINE:	SILDENAFIL CITRATE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	SPRAVATO	Major depressive disorder, recurrent severe without psychotic features	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TADALAFIL	Male erectile dysfunction, unspecified	Approved	N/A	2
FAMILY MEDICINE:	TADALAFIL	N/A	Canceled	N/A	5
FAMILY MEDICINE:	TESTOSTERONE	N/A	Canceled	N/A	1
FAMILY MEDICINE:	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	5
FAMILY MEDICINE:	TONMYA	Ehlers-Danlos syndrome, unspecified	Approved	N/A	1
FAMILY MEDICINE:	TOUJEO SOLOSTAR	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Chronic pain syndrome	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRAMADOL HCL	Dorsalgia, unspecified	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Low back pain, unspecified	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Low back pain, unspecified	Canceled	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Lumbago with sciatica, right side	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRAMADOL HCL	N/A	Canceled	N/A	4
FAMILY MEDICINE:	TRAMADOL HCL	Other chronic pain	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Other chronic pain	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	TRAMADOL HCL	Other polyosteoarthritis	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRAMADOL HCL	Pain in unspecified joint	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Polyosteoarthritis, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRAMADOL HCL	Primary generalized (osteo)arthritis	Canceled	N/A	1

FAMILY MEDICINE:	TRAMADOL HCL	Primary osteoarthritis, other specified site	Canceled	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Primary osteoarthritis, other specified site	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRAMADOL HCL	Radiculopathy, lumbar region	Approved	N/A	1
FAMILY MEDICINE:	TRAMADOL HCL	Spondylosis, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRINTELLIX	Anxiety disorder, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRINTELLIX	Depression, unspecified	Approved	N/A	1
FAMILY MEDICINE:	TRINTELLIX	Depression, unspecified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRINTELLIX	Major depressive disorder, recurrent, moderate	Approved	N/A	2
FAMILY MEDICINE:	TRINTELLIX	Major depressive disorder, recurrent, moderate	Canceled	N/A	1
FAMILY MEDICINE:	TRINTELLIX	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	TRINTELLIX	N/A	Approved	N/A	2
FAMILY MEDICINE:	TRINTELLIX	N/A	Canceled	N/A	4
FAMILY MEDICINE:	TRINTELLIX	Other specified anxiety disorders	Approved	N/A	1
FAMILY MEDICINE:	TRULANCE	Chronic idiopathic constipation	Approved	N/A	1
FAMILY MEDICINE:	TRULANCE	Irritable bowel syndrome with constipation	Approved	N/A	1
FAMILY MEDICINE:	TRULICITY	N/A	Approved	N/A	1
FAMILY MEDICINE:	TRULICITY	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
FAMILY MEDICINE:	TRULICITY	Type 2 diabetes mellitus with other specified complication	Approved	N/A	1
FAMILY MEDICINE:	TRULICITY	Type 2 diabetes mellitus without complications	Approved	N/A	3
FAMILY MEDICINE:	UBRELVY	Chronic migraine without aura, intractable, with status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	Migraine, unspecified, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	UBRELVY	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	2
FAMILY MEDICINE:	UBRELVY	Migraine without aura, intractable, with status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	UBRELVY	Migraine without aura, not intractable, with status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	UBRELVY	N/A	Canceled	N/A	1
FAMILY MEDICINE:	UBRELVY	Other migraine, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	VARENICLINE TARTRATE	N/A	Canceled	N/A	1
FAMILY MEDICINE:	VOQUEZNA	Gastro-esophageal reflux disease with esophagitis, with bleeding	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	VOQUEZNA	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	VOQUEZNA	Gastro-esophageal reflux disease without esophagitis	Approved	N/A	1
FAMILY MEDICINE:	VOQUEZNA	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	VOQUEZNA	N/A	Denied	MEDICAL NECESSITY	1

FAMILY MEDICINE:	VOQUEZNA	Ulcer of esophagus without bleeding	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Bipolar disorder, current episode mixed, moderate	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Bipolar disorder, unspecified	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Depression, unspecified	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Dysthymic disorder	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Major depressive disorder, recurrent, moderate	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	VRAYLAR	N/A	Approved	N/A	1
FAMILY MEDICINE:	VRAYLAR	N/A	Denied	N/A	1
FAMILY MEDICINE:	VYVANSE	N/A	Canceled	N/A	2
FAMILY MEDICINE:	VYVANSE	N/A	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Abnormal weight gain	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	WEGOVY	Acquired absence of stomach (part of)	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	1
FAMILY MEDICINE:	WEGOVY	Body mass index (BMI) 25.0-25.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Body mass index (BMI) 30.0-30.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Body mass index (BMI) 33.0-33.9, adult	Approved	N/A	1
FAMILY MEDICINE:	WEGOVY	Body mass index (BMI) 45.0-49.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Insulin resistance, unspecified	Approved	N/A	2
FAMILY MEDICINE:	WEGOVY	Morbid (severe) obesity due to excess calories	Approved	N/A	3
FAMILY MEDICINE:	WEGOVY	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	WEGOVY	N/A	Approved	N/A	1
FAMILY MEDICINE:	WEGOVY	N/A	Canceled	N/A	8
FAMILY MEDICINE:	WEGOVY	N/A	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	WEGOVY	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Obesity, class 1	Approved	N/A	2
FAMILY MEDICINE:	WEGOVY	Obesity, class 3	Approved	N/A	1
FAMILY MEDICINE:	WEGOVY	Obesity, class 3	Canceled	N/A	1
FAMILY MEDICINE:	WEGOVY	Obesity, class 3	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	WEGOVY	Obesity, unspecified	Approved	N/A	1
FAMILY MEDICINE:	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	WEGOVY	Other obesity due to excess calories	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Other specified personal risk factors, not elsewhere classified	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	WEGOVY	Overweight	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	WEGOVY	Polycystic ovarian syndrome	Approved	N/A	1
FAMILY MEDICINE:	XIGDUO XR	N/A	Approved	N/A	1
FAMILY MEDICINE:	XIGDUO XR	N/A	Canceled	N/A	2
FAMILY MEDICINE:	XIGDUO XR	N/A	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	XIGDUO XR	N/A	Denied	N/A	1
FAMILY MEDICINE:	XIGDUO XR	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Denied	MEDICAL NECESSITY	1

FAMILY MEDICINE:	XIGDUO XR	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE:	XIGDUO XR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	XYOSTED	N/A	Canceled	N/A	2
FAMILY MEDICINE:	XYOSTED	Testicular hypofunction	Approved	N/A	1
FAMILY MEDICINE:	XYOSTED	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	YEZTUGO	Contact with and (suspected) exposure to human immunodeficiency virus (HIV)	Approved	N/A	1
FAMILY MEDICINE:	YEZTUGO	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 31.0-31.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 32.0-32.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 35.0-35.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 38.0-38.9, adult	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 40.0-44.9, adult	Approved	N/A	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Body mass index (BMI) 60.0-69.9, adult	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Moderate persistent asthma with (acute) exacerbation	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	ZEPBOUND	N/A	Canceled	N/A	12
FAMILY MEDICINE:	ZEPBOUND	N/A	Denied	MEDICAL NECESSITY	3
FAMILY MEDICINE:	ZEPBOUND	N/A	Denied	N/A	2
FAMILY MEDICINE:	ZEPBOUND	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Obesity, class 1	Approved	N/A	1
FAMILY MEDICINE:	ZEPBOUND	Obesity, class 1	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	ZEPBOUND	Obesity, unspecified	Denied	MEDICAL NECESSITY	5
FAMILY MEDICINE:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Approved	N/A	1
FAMILY MEDICINE:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Canceled	N/A	1
FAMILY MEDICINE:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	13
FAMILY MEDICINE:	ZEPBOUND	Other persistent atrial fibrillation	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Overweight	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE:	ZEPBOUND	Prediabetes	Denied	MEDICAL NECESSITY	2
FAMILY MEDICINE:	ZEPBOUND	Sleep apnea, unspecified	Denied	MEDICAL NECESSITY	4
FAMILY MEDICINE:	ZOLMITRIPTAN	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
FAMILY MEDICINE:	ZOLMITRIPTAN	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE: ADULT MEDICINE	HUMIRA(CF) PEN	Illness, unspecified	Approved	N/A	1
FAMILY MEDICINE: ADULT MEDICINE	HUMIRA(CF) PEN	N/A	Canceled	N/A	1
FAMILY MEDICINE: ADULT MEDICINE	HYDROCODONE-ACETAMINOPHEN	Low back pain, unspecified	Canceled	N/A	1
FAMILY MEDICINE: ADULT MEDICINE	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
FAMILY MEDICINE: ADULT MEDICINE	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Denied	MEDICAL NECESSITY	1
FAMILY MEDICINE: ADULT MEDICINE	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1
FAMILY MEDICINE: ADULT MEDICINE	ZEPBOUND KWIKPEN	N/A	Denied	MEDICAL NECESSITY	1

FAMILY MEDICINE: SPORTS MEDICINE	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
GENERAL PRACTICE:	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
GENERAL PRACTICE:	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus with unspecified complications	Canceled	N/A	1
GENERAL PRACTICE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with unspecified complications	Canceled	N/A	1
GENERAL PRACTICE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
GENERAL PRACTICE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Denied	MEDICAL NECESSITY	2
GENERAL PRACTICE:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	2
GENERAL PRACTICE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
GENERAL PRACTICE:	WEGOVY	Other obesity due to excess calories	Approved	N/A	1
GENERAL PRACTICE:	WEGOVY	Prediabetes	Denied	MEDICAL NECESSITY	1
HOSPITALIST:	OXYCODONE HCL	Acute pain due to trauma	Approved	N/A	1
INTERNAL MEDICINE:	AIMOVIG AUTOINJECTOR	N/A	Canceled	N/A	2
INTERNAL MEDICINE:	AIMOVIG AUTOINJECTOR	Other migraine, not intractable, without status migrainosus	Approved	N/A	1
INTERNAL MEDICINE:	AJOVY AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	BELSOMRA	Sleep deprivation	Approved	N/A	1
INTERNAL MEDICINE:	BUPRENORPHINE	Rheumatoid arthritis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	CLONAZEPAM	Anxiety disorder, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	DESCOVY	N/A	Canceled	N/A	2
INTERNAL MEDICINE:	DEXCOM G6 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	DEXCOM G7 SENSOR	N/A	Canceled	N/A	3
INTERNAL MEDICINE:	DEXCOM G7 SENSOR	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with diabetic polyneuropathy	Approved	N/A	1
INTERNAL MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	4
INTERNAL MEDICINE:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE:	DICLOFENAC SODIUM	Low back pain, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	EMGALITY PEN	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
INTERNAL MEDICINE:	EMGALITY PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	EMGALITY SYRINGE	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	ESZOPICLONE	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	3
INTERNAL MEDICINE:	FREESTYLE LIBRE 3 SENSOR	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	INSULIN DEGLUDEC PEN (U-100)	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	KERENDIA	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	LANTUS	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	2
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Canceled	N/A	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	2

INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Binge eating disorder, moderate	Approved	N/A	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE:	LOSARTAN POTASSIUM	Essential (primary) hypertension	Approved	N/A	1
INTERNAL MEDICINE:	LOSARTAN POTASSIUM	N/A	Approved	N/A	1
INTERNAL MEDICINE:	LOSARTAN POTASSIUM	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
INTERNAL MEDICINE:	MODAFINIL	Multiple sclerosis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	MODAFINIL	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	MOUNJARO	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	MOUNJARO	N/A	Approved	N/A	3
INTERNAL MEDICINE:	MOUNJARO	N/A	Canceled	N/A	4
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Approved	N/A	1
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with diabetic polyneuropathy	Approved	N/A	1
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Approved	N/A	1
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus with other specified complication	Approved	N/A	3
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	6
INTERNAL MEDICINE:	MOUNJARO	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	NEFFY	Personal history of anaphylaxis	Approved	N/A	2
INTERNAL MEDICINE:	NURTEC ODT	Migraine without aura, not intractable, with status migrainosus	Approved	N/A	1
INTERNAL MEDICINE:	NURTEC ODT	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	OTEZLA	Psoriasis, unspecified	Approved	N/A	1
INTERNAL MEDICINE:	OZEMPIC	N/A	Canceled	N/A	5
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with diabetic polyneuropathy	Approved	N/A	1
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus with other circulatory complications	Approved	N/A	1
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	4
INTERNAL MEDICINE:	OZEMPIC	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	PANTOPRAZOLE SODIUM	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	PANTOPRAZOLE SODIUM	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	PHENTERMINE HCL	Obesity, unspecified	Denied	N/A	1
INTERNAL MEDICINE:	PREGABALIN	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	QULIPTA	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	QULIPTA	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	1

INTERNAL MEDICINE:	REPATHA SURECLICK	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	REPATHA SURECLICK	Pure hypercholesterolemia, unspecified	Approved	N/A	1
INTERNAL MEDICINE:	REXULTI	Major depressive disorder, single episode, moderate	Approved	N/A	1
INTERNAL MEDICINE:	REXULTI	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	RYBELSUS	N/A	Canceled	N/A	2
INTERNAL MEDICINE:	RYBELSUS	N/A	Denied	N/A	1
INTERNAL MEDICINE:	RYBELSUS	Type 2 diabetes mellitus with other specified complication	Approved	N/A	1
INTERNAL MEDICINE:	SILDENAFIL CITRATE	Erectile dysfunction due to diseases classified elsewhere	Approved	N/A	1
INTERNAL MEDICINE:	SILDENAFIL CITRATE	Erectile dysfunction due to diseases classified elsewhere	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	SILDENAFIL CITRATE	N/A	Approved	N/A	1
INTERNAL MEDICINE:	SILDENAFIL CITRATE	N/A	Denied	N/A	1
INTERNAL MEDICINE:	SKYRIZI ON-BODY	Crohn's disease of small intestine without complications	Approved	N/A	1
INTERNAL MEDICINE:	SKYRIZI ON-BODY	Ulcerative (chronic) pancolitis without complications	Approved	N/A	1
INTERNAL MEDICINE:	SKYRIZI ON-BODY	Ulcerative (chronic) pancolitis without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	TADALAFIL	Male erectile dysfunction, unspecified	Approved	N/A	1
INTERNAL MEDICINE:	TADALAFIL	N/A	Canceled	N/A	2
INTERNAL MEDICINE:	TADALAFIL	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	TRAMADOL HCL	Low back pain, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	TRULICITY	Type 2 diabetes mellitus with other specified complication	Approved	N/A	1
INTERNAL MEDICINE:	UBRELVY	Menstrual migraine, intractable, without status migrainosus	Approved	N/A	2
INTERNAL MEDICINE:	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
INTERNAL MEDICINE:	UBRELVY	N/A	Approved	N/A	1
INTERNAL MEDICINE:	UBRELVY	N/A	Canceled	N/A	1
INTERNAL MEDICINE:	VARENICLINE TARTRATE	Nicotine dependence, unspecified, uncomplicated	Approved	N/A	1
INTERNAL MEDICINE:	VRAYLAR	Anxiety disorder, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	WEGOVY	N/A	Approved	N/A	1
INTERNAL MEDICINE:	WEGOVY	N/A	Canceled	N/A	5
INTERNAL MEDICINE:	WEGOVY	Obesity, class 1	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE:	WEGOVY	Obesity, class 3	Approved	N/A	1
INTERNAL MEDICINE:	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE:	WEGOVY	Overweight	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	XOFLUZA	Influenza due to identified novel influenza A virus with pneumonia	Approved	N/A	1
INTERNAL MEDICINE:	ZEPBOUND	Body mass index (BMI) 35.0-35.9, adult	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZEPBOUND	Body mass index (BMI) 38.0-38.9, adult	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZEPBOUND	Morbid (severe) obesity due to excess calories	Approved	N/A	1
INTERNAL MEDICINE:	ZEPBOUND	N/A	Canceled	N/A	2
INTERNAL MEDICINE:	ZEPBOUND	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZEPBOUND	Obesity, class 1	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZEPBOUND	Obesity, unspecified	Denied	MEDICAL NECESSITY	1

INTERNAL MEDICINE:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	6
INTERNAL MEDICINE:	ZEPBOUND	Overweight	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZOLEDRONIC ACID	Age-related osteoporosis without current pathological fracture	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE:	ZOLEDRONIC ACID	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ADOLESCENT MEDICINE:	TRAMADOL HCL	Other chronic pain	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ADVANCED HEART FAILURE:	OPSUMIT	N/A	Approved	N/A	1
INTERNAL MEDICINE: ADVANCED HEART FAILURE:	ZEPBOUND	N/A	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: ADVANCED HEART FAILURE:	ZEPBOUND	N/A	Denied	N/A	1
INTERNAL MEDICINE: ADVANCED HEART FAILURE:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ALLERGY & IMMUNOLOGY:	AIRSUPRA	Mild intermittent asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	N/A	Approved	N/A	1
INTERNAL MEDICINE: ALLERGY & IMMUNOLOGY:	DUPIXENT PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	CAMZYOS	N/A	Approved	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	COLCHICINE	Precordial pain	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	ICOSAPENT ETHYL	Atherosclerotic heart disease of native coronary artery without angina pectoris	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	ICOSAPENT ETHYL	Mixed hyperlipidemia	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	IVABRADINE HCL	Inappropriate sinus tachycardia, so stated	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	IVABRADINE HCL	N/A	Canceled	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	8
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SURECLICK	Hyperlipidemia, unspecified	Approved	N/A	2
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SURECLICK	N/A	Canceled	N/A	5
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SURECLICK	Pure hypercholesterolemia, unspecified	Approved	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	REPATHA SYRINGE	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	VALSARTAN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	WEGOVY	Atherosclerotic heart disease of native coronary artery without angina pectoris	Denied	MEDICAL NECESSITY	4
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	WEGOVY	N/A	Canceled	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	WEGOVY	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	WEGOVY	N/A	Denied	N/A	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CARDIOVASCULAR DISEASE:	ZEPBOUND	Sleep apnea, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CLINICAL CARDIAC ELECTROPHYSIOLOGY:	IVABRADINE HCL	Abnormal electrocardiogram (ECG) (EKG)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: CRITICAL CARE MEDICINE:	SUNOSI	Narcolepsy without cataplexy	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES:	APIDRA SOLOSTAR	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES:	BASAGLAR KWIKPEN U-100	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES:	DEXCOM G6 SENSOR	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES:	DEXCOM G6 SENSOR	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES:	DEXCOM G6 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	3

INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G6 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G6 TRANSMITTER	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G6 TRANSMITTER	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G6 TRANSMITTER	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Hypoglycemia, unspecified	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Hypoglycemia, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	N/A	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	N/A	Canceled	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Other specified diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	6
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FARXIGA	Type 2 diabetes mellitus with diabetic polyneuropathy	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FENOFIBRATE	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FIASP	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 2 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Gestational diabetes mellitus in pregnancy, unspecified control	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Gestational diabetes mellitus in pregnancy, unspecified control	Denied	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Hypoglycemia, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Other specified diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	3
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	FREESTYLE LIBRE 3 SENSOR	Type 2 diabetes mellitus with unspecified complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	HUMALOG KWIKPEN U-200	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	INSULIN ASPART	N/A	Denied	MEDICAL NECESSITY	1

INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN ASPART	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN ASPART	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN ASPART PENFILL	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN ASPART PENFILL	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN DEGLUDEC PEN (U-100)	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	INSULIN DEGLUDEC PEN (U-200)	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	KERENDIA	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	KERENDIA	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	LANTUS SOLOSTAR	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	METHADONE HCL	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MINIMED INSTINCT SENSOR	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MINIMED INSTINCT SENSOR	N/A	Denied	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	N/A	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	N/A	Canceled	N/A	10
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Postprocedural hypothyroidism	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 1 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	12
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus with other circulatory complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	3
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	MOUNJARO	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OCTREOTIDE ACETATE	Hypoglycemia, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	Type 1 diabetes mellitus with unspecified complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	ONDANSETRON ODT	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OZEMPIC	N/A	Approved	N/A	3
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OZEMPIC	N/A	Canceled	N/A	7
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	OZEMPIC	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	REPATHA SURECLICK	Hyperlipidemia, unspecified	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	STRENSIQ	N/A	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	TESTOSTERONE	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	TESTOSTERONE	Testicular hypofunction	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	TOUJEO SOLOSTAR	N/A	Canceled	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIA	TOUJEO SOLOSTAR	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1

INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	TRULICITY	N/A	Canceled	N/A	2
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	TRULICITY	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	WEGOVY	Obesity, class 2	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	ZEPBOUND	Hypothyroidism, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: ENDOCRINOLOGY, DIABETES	ZEPBOUND	Overweight	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	DEXLANSOPRAZOLE DR	Gastro-esophageal reflux disease without esophagitis	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	DUPIXENT PEN	Eosinophilic esophagitis	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	DUPIXENT PEN	Eosinophilic esophagitis	Approved	N/A	2
INTERNAL MEDICINE: GASTROENTEROLOGY	DUPIXENT PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	ENTECAVIR	N/A	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	ENTECAVIR	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	ENTYVIO PEN	Ulcerative colitis, unspecified, without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	HUMIRA(CF) PEN	Crohn's disease of both small and large intestine with other complication	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	HUMIRA(CF) PEN	Crohn's disease of small intestine with other complication	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	HUMIRA(CF) PEN	Crohn's disease, unspecified, without complications	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	IBSRELA	Irritable bowel syndrome with constipation	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: GASTROENTEROLOGY	INFLECTRA	Ulcerative (chronic) pancolitis with unspecified complications	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	LIALDA	Ulcerative colitis, unspecified, without complications	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	MESALAMINE ER	N/A	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	MESALAMINE ER	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	MESALAMINE ER	Ulcerative (chronic) rectosigmoiditis without complications	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	MOUNJARO	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	PEG 3350-ELECTROLYTE	Abnormal weight loss	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	REZDIFFRA	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	REZDIFFRA	Nonalcoholic steatohepatitis (NASH)	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	RINVOQ	Crohn's disease, unspecified, without complications	Denied	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	RINVOQ	N/A	Approved	N/A	2
INTERNAL MEDICINE: GASTROENTEROLOGY	RINVOQ	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	SKYRIZI ON-BODY	Crohn's disease, unspecified, without complications	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	STELARA	Crohn's disease, unspecified, without complications	Approved	N/A	2
INTERNAL MEDICINE: GASTROENTEROLOGY	TRAMADOL HCL	Crohn's disease of both small and large intestine with intestinal obstruction	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	TRULANCE	Chronic idiopathic constipation	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	TRULANCE	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	VEMLIDY	Acute hepatitis B with delta-agent without hepatic coma	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOGY	VOQUEZNA	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	VOQUEZNA	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	WEGOVY	Body mass index (BMI) 45.0-49.9, adult	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	WEGOVY	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GASTROENTEROLOGY	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	3

INTERNAL MEDICINE: GASTROENTEROLOG	XIFAXAN	Bacterial intestinal infection, unspecified	Approved	N/A	1
INTERNAL MEDICINE: GASTROENTEROLOG	XIFAXAN	Biliary cirrhosis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: GERIATRIC MEDICINE	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: GERIATRIC MEDICINE	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	1
INTERNAL MEDICINE: GERIATRIC MEDICINE	MOUNJARO	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: GERIATRIC MEDICINE	TADALAFIL	Male erectile dysfunction, unspecified	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	BRAFTOVI	Malignant neoplasm of ascending colon	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	CABOMETYX	N/A	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	CALQUENCE	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	CAPECITABINE	Malignant neoplasm of rectum	Approved	N/A	2
INTERNAL MEDICINE: HEMATOLOGY & ONC	CAPECITABINE	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	DASATINIB	Chronic myeloid leukemia, BCR/ABL-positive, in relapse	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	DASATINIB	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	ENTECAVIR	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	ESZOPICLONE	Insomnia, unspecified	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	ETOPOSIDE	Malignant neoplasm of unspecified descended testis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	HYDROCODONE-ACETAMINOPHEN	Neoplasm related pain (acute) (chronic)	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	HYDROCODONE-ACETAMINOPHEN	Other Hodgkin lymphoma, lymph nodes of multiple sites	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	HYDROCODONE-ACETAMINOPHEN	Secondary malignant neoplasm of liver and intrahepatic bile duct	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	IBRANCE	Malignant neoplasm of lower-outer quadrant of left female breast	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	JAKAFI	Myelofibrosis	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	KISQALI	Malignant neoplasm of upper-inner quadrant of left female breast	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	KISQALI	Malignant neoplasm of upper-outer quadrant of left female breast	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	LENALIDOMIDE	Multiple myeloma not having achieved remission	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	NYVEPRIA	Malignant neoplasm of lower lobe, right bronchus or lung	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	ORGOVYX	Malignant neoplasm of prostate	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	OSENVELT	Malignant neoplasm of left kidney, except renal pelvis	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	PREVYMIS	Cytomegaloviral disease, unspecified	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	PROAIR RESPICLICK	Dyspnea, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	RYDAPT	Systemic mastocytosis	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	SORAFENIB	Desmoid tumor of abdominal wall	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	TEMOZOLOMIDE	Malignant neoplasm of brain, unspecified	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	TRUQAP	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	UDENYCA ONBODY	Malignant neoplasm of central portion of left female breast	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	UDENYCA ONBODY	Malignant neoplasm of central portion of right female breast	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	UDENYCA ONBODY	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	VENCLEXTA	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Approved	N/A	2
INTERNAL MEDICINE: HEMATOLOGY & ONC	VENCLEXTA	N/A	Canceled	N/A	1

INTERNAL MEDICINE: HEMATOLOGY & ONC	VENCLEXTA STARTING PACK	Chronic lymphocytic leukemia of B-cell type not having achieved remission	Approved	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	VENCLEXTA STARTING PACK	N/A	Canceled	N/A	1
INTERNAL MEDICINE: HEMATOLOGY & ONC	XGEVA	Localized enlarged lymph nodes	Canceled	N/A	1
INTERNAL MEDICINE: HOSPICE AND PALLIA	FENTANYL	N/A	Approved	N/A	1
INTERNAL MEDICINE: HOSPICE AND PALLIA	FENTANYL	N/A	Denied	N/A	1
INTERNAL MEDICINE: HOSPICE AND PALLIA	HYDROMORPHONE HCL	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: HOSPICE AND PALLIA	OXYCODONE HCL	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission	Approved	N/A	1
INTERNAL MEDICINE: INFECTIOUS DISEASE	CRESEMBA	Mucormycosis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: INFECTIOUS DISEASE	ITRACONAZOLE	Histoplasmosis capsulati, unspecified	Approved	N/A	1
INTERNAL MEDICINE: INFECTIOUS DISEASE	LINEZOLID	Nocardiosis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	ICOSAPENT ETHYL	N/A	Canceled	N/A	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	ICOSAPENT ETHYL	Pure hyperglyceridemia	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	MULTAQ	Paroxysmal atrial fibrillation	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	NEBIVOLOL HCL	Essential (primary) hypertension	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	3
INTERNAL MEDICINE: INTERVENTIONAL CAF	REPATHA SURECLICK	N/A	Approved	N/A	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	REPATHA SYRINGE	Hyperlipidemia, unspecified	Approved	N/A	1
INTERNAL MEDICINE: INTERVENTIONAL CAF	VALSARTAN	Essential (primary) hypertension	Approved	N/A	1
INTERNAL MEDICINE: MEDICAL ONCOLOGY	TRAMADOL HCL	Neoplasm related pain (acute) (chronic)	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: NEPHROLOGY	OZEMPIC	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: NEPHROLOGY	TRAMADOL HCL	N/A	Canceled	N/A	1
INTERNAL MEDICINE: NEPHROLOGY	VALGANCICLOVIR HCL	N/A	Canceled	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	AIRSUPRA	Cough variant asthma	Approved	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	AIRSUPRA	Moderate persistent asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: PULMONARY DISEASE	AIRSUPRA	Moderate persistent asthma with (acute) exacerbation	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: PULMONARY DISEASE	AIRSUPRA	Severe persistent asthma, uncomplicated	Approved	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	ALYFTREK	Cystic fibrosis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: PULMONARY DISEASE	DUPIXENT PEN	Severe persistent asthma, uncomplicated	Approved	N/A	2
INTERNAL MEDICINE: PULMONARY DISEASE	DUPIXENT PEN	Severe persistent asthma, uncomplicated	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: PULMONARY DISEASE	FASENRA	N/A	Canceled	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	FASENRA PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	FASENRA PEN	Severe persistent asthma, uncomplicated	Approved	N/A	1
INTERNAL MEDICINE: PULMONARY DISEASE	MODAFINIL	Obstructive sleep apnea (adult) (pediatric)	Canceled	N/A	4
INTERNAL MEDICINE: PULMONARY DISEASE	SUNOSI	Narcolepsy without cataplexy	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	ADALIMUMAB-ADAZ(CF) PEN	Psoriatic spondylitis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	ADALIMUMAB-ADB(MCF) PEN	Arthropathic psoriasis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	BENLYSTA	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	BENLYSTA	Systemic lupus erythematosus, unspecified	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	BIMZELX AUTOINJECTOR	Arthropathic psoriasis, unspecified	Approved	N/A	1

INTERNAL MEDICINE: RHEUMATOLOGY	BIMZELX AUTOINJECTOR	Arthropathic psoriasis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	BIMZELX AUTOINJECTOR	Other psoriatic arthropathy	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	BIMZELX AUTOINJECTOR	Other psoriatic arthropathy	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	BIMZELX AUTOINJECTOR	Psoriasis	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	CIMZIA (2 PACK)	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	CIMZIA (2 PACK)	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	COSENTYX SENSOREADY (2 PENS)	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	COSENTYX SENSOREADY PEN	N/A	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	CYLTEZO(CF) PEN	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	ENBREL SURECLICK	Ankylosing spondylitis of unspecified sites in spine	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	ENBREL SURECLICK	N/A	Canceled	N/A	3
INTERNAL MEDICINE: RHEUMATOLOGY	ENBREL SURECLICK	Rheumatoid arthritis with rheumatoid factor, unspecified	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	ENBREL SURECLICK	Rheumatoid arthritis with rheumatoid factor, unspecified	Denied	MEDICAL NECESSITY	2
INTERNAL MEDICINE: RHEUMATOLOGY	FEBUXOSTAT	Gout, unspecified	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF)	Hidradenitis suppurativa	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF)	Hidradenitis suppurativa	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF)	N/A	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF)	Psoriatic spondylitis	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	N/A	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	N/A	Canceled	N/A	4
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Other psoriatic arthropathy	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis, unspecified	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis, unspecified	Denied	MEDICAL NECESSITY	5
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis without rheumatoid factor, multiple sites	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis without rheumatoid factor, multiple sites	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor, unspecified	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	HUMIRA PEN	Rheumatoid arthritis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	HYRIMOZ(CF) PEN	N/A	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	KEVZARA	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	OTEZLA	N/A	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	OTEZLA	Other psoriatic arthropathy	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	OXYCODONE HCL	Spondylosis without myelopathy or radiculopathy, lumbar region	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	RENFLEXIS	Arthropathic psoriasis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	RINVOQ	Arthropathic psoriasis, unspecified	Canceled	N/A	1

INTERNAL MEDICINE: RHEUMATOLOGY	RINVOQ	Non-radiographic axial spondyloarthritis of unspecified sites in spine	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	RINVOQ	Rheumatoid arthritis, unspecified	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	RINVOQ	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Denied	MEDICAL NECESSITY	1
INTERNAL MEDICINE: RHEUMATOLOGY	SILDENAFIL CITRATE	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	SIMPONI	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	SKYRIZI PEN	N/A	Canceled	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	SKYRIZI PEN	Other psoriatic arthropathy	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	STELARA	Arthropathic psoriasis, unspecified	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	TREMFYA ONE-PRESS	N/A	Approved	N/A	1
INTERNAL MEDICINE: RHEUMATOLOGY	TREMFYA ONE-PRESS	Psoriasis vulgaris	Approved	N/A	1
INTERNAL MEDICINE: TRANSPLANT HEPATOC	INFLECTRA	N/A	Denied	MEDICAL NECESSITY	1
MILITARY HEALTH CARE PROVIDER:	TOBRAMYCIN	Cystic fibrosis with pulmonary manifestations	Approved	N/A	1
MILITARY HEALTH CARE PROVIDER:	TOBRAMYCIN	N/A	Canceled	N/A	1
N/A	BIKTARVY	N/A	Approved	N/A	8
N/A	BIMZELX AUTOINJECTOR	N/A	Approved	N/A	2
N/A	COSENTYX UNOREADY PEN	N/A	Approved	N/A	2
N/A	CREON	N/A	Approved	N/A	2
N/A	CRESEMBA	N/A	Approved	N/A	1
N/A	EBGLYSS PEN	N/A	Approved	N/A	1
N/A	ENBREL SURECLICK	Rheumatoid arthritis without rheumatoid factor, multiple sites	Denied	MEDICAL NECESSITY	1
N/A	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Canceled	N/A	1
N/A	GENVOYA	N/A	Approved	N/A	1
N/A	GLASSIA	N/A	Approved	N/A	1
N/A	HUMIRA(CF)	N/A	Approved	N/A	1
N/A	HUMIRA(CF) PEN	N/A	Approved	N/A	4
N/A	INLYTA	N/A	Approved	N/A	1
N/A	JAKAFI	N/A	Approved	N/A	1
N/A	KESIMPTA PEN	N/A	Approved	N/A	1
N/A	KISQALI	N/A	Approved	N/A	2
N/A	LENALIDOMIDE	N/A	Approved	N/A	1
N/A	L-METHYLFOLATE	N/A	Denied	MEDICAL NECESSITY	1
N/A	LUMRYZ	N/A	Approved	N/A	1
N/A	MINIMED 780G	N/A	Denied	MEDICAL NECESSITY	1
N/A	NITAZOXANIDE	N/A	Approved	N/A	1
N/A	NUZYRA	N/A	Approved	N/A	2
N/A	OXERVATE	N/A	Approved	N/A	1
N/A	PREMARIN	N/A	Canceled	N/A	1
N/A	RHAPSIDO	N/A	Approved	N/A	1
N/A	RINVOQ	N/A	Approved	N/A	1
N/A	SKYRIZI	N/A	Approved	N/A	2

N/A	SKYRIZI ON-BODY	N/A	Approved	N/A	3
N/A	SKYRIZI PEN	N/A	Approved	N/A	5
N/A	SKYRIZI PEN	Psoriasis vulgaris	Approved	N/A	1
N/A	STELARA	N/A	Approved	N/A	5
N/A	STRENSIQ	N/A	Approved	N/A	2
N/A	TREMFYA ONE-PRESS	N/A	Approved	N/A	5
N/A	VENCLEXTA	N/A	Approved	N/A	2
N/A	VERZENIO	N/A	Approved	N/A	1
N/A	WAKIX	N/A	Approved	N/A	2
N/A	XIAFLEX	N/A	Approved	N/A	1
N/A	XIFAXAN	N/A	Approved	N/A	1
N/A	YEZTUGO	N/A	Approved	N/A	1
N/A	ZENPEP	N/A	Approved	N/A	1
N/A	ZEPBOUND	N/A	Canceled	N/A	1
N/A	ZURZUVAE	N/A	Approved	N/A	1
NEUROLOGICAL SURGERY:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
NEUROLOGICAL SURGERY:	OXYCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
NEUROLOGICAL SURGERY:	OXYCODONE-ACETAMINOPHEN	Other specified postprocedural states	Canceled	N/A	1
NEUROLOGICAL SURGERY:	OXYCODONE HCL	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	ACETAMINOPHEN-CODEINE	Low back pain, unspecified	Denied	N/A	1
NURSE PRACTITIONER:	ACETAMINOPHEN-CODEINE	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	ACETAMINOPHEN-CODEINE	N/A	Approved	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	AIMOVIG AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	ANZUPGO	Dermatitis, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	BLUJEP	Urinary tract infection, site not specified	Approved	N/A	1
NURSE PRACTITIONER:	BOTOX	Chronic migraine without aura, intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	BUTORPHANOL TARTRATE	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	CLOBETASOL PROPIONATE	Atopic dermatitis, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	CLOBETASOL PROPIONATE	Dermatitis, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	CLOBETASOL PROPIONATE	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	CLOBETASOL PROPIONATE	Other psoriasis	Approved	N/A	1
NURSE PRACTITIONER:	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Approved	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	DAYVIGO	Insomnia, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	DAYVIGO	Insomnia, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	DESCOVY	High risk homosexual behavior	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G6 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G6 TRANSMITTER	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	N/A	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	N/A	Denied	MEDICAL NECESSITY	1

NURSE PRACTITIONER:	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with diabetic chronic kidney disease	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
NURSE PRACTITIONER:	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER:	DOXEPIN HCL	Major depressive disorder, single episode, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	DUPIXENT PEN	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	EBGLYSS PEN	Other atopic dermatitis	Approved	N/A	1
NURSE PRACTITIONER:	EBGLYSS PEN	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	EMGALITY PEN	Chronic migraine without aura, intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	EMGALITY PEN	Chronic migraine without aura, intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	EMGALITY PEN	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	EMGALITY PEN	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	ENTECAVIR	Chronic viral hepatitis B without delta-agent	Approved	N/A	1
NURSE PRACTITIONER:	ENTECAVIR	Chronic viral hepatitis B without delta-agent	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	HYDROCODONE-ACETAMINOPHEN	Low back pain, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	HYOSCYAMINE SULFATE	Irritable bowel syndrome with constipation	Canceled	N/A	1
NURSE PRACTITIONER:	HYOSCYAMINE SULFATE	Irritable bowel syndrome with constipation	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	ISOTRETINOIN	Acne vulgaris	Approved	N/A	1
NURSE PRACTITIONER:	LEVETIRACETAM	Epilepsy, unspecified, not intractable, without status epilepticus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	LORAZEPAM	Other specified anxiety disorders	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	MOUNJARO	N/A	Approved	N/A	2
NURSE PRACTITIONER:	MOUNJARO	N/A	Canceled	N/A	2
NURSE PRACTITIONER:	MOUNJARO	Prediabetes	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
NURSE PRACTITIONER:	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	10
NURSE PRACTITIONER:	NURTEC ODT	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	ORLISSA	Endometriosis of the uterus, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	OZEMPIC	N/A	Canceled	N/A	2
NURSE PRACTITIONER:	OZEMPIC	Obesity, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	OZEMPIC	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	4
NURSE PRACTITIONER:	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1

NURSE PRACTITIONER:	QULIPTA	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	QULIPTA	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	QULIPTA	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	QULIPTA	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	REXULTI	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	RHAPSIDO	Other urticaria	Approved	N/A	1
NURSE PRACTITIONER:	RINVOQ	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	RINVOQ	Other ulcerative colitis without complications	Approved	N/A	1
NURSE PRACTITIONER:	RINVOQ	Other ulcerative colitis without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	RIZATRIPTAN	Migraine with aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	RYBELSUS	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER:	SODIUM OXYBATE	Narcolepsy with cataplexy	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	SUNOSI	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	SUNOSI	Narcolepsy without cataplexy	Approved	N/A	1
NURSE PRACTITIONER:	TACROLIMUS	Other atopic dermatitis	Approved	N/A	1
NURSE PRACTITIONER:	TREMFYA PEN	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	TRIAMCINOLONE ACETONIDE	Rash and other nonspecific skin eruption	Approved	N/A	1
NURSE PRACTITIONER:	TRINTELLIX	Adjustment disorder with mixed anxiety and depressed mood	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	TRULICITY	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER:	UBRELVY	Migraine, unspecified, not intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER:	UBRELVY	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	UBRELVY	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	URSODIOL	Biliary cirrhosis, unspecified	Approved	N/A	1
NURSE PRACTITIONER:	VEOZAH	Menopausal and female climacteric states	Approved	N/A	1
NURSE PRACTITIONER:	VOQUEZNA	Epigastric pain	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	VRAYLAR	Bipolar disorder, current episode hypomanic	Approved	N/A	1
NURSE PRACTITIONER:	WAKIX	Narcolepsy with cataplexy	Approved	N/A	1
NURSE PRACTITIONER:	WAKIX	Narcolepsy with cataplexy	Canceled	N/A	1
NURSE PRACTITIONER:	WEGOVY	N/A	Canceled	N/A	1
NURSE PRACTITIONER:	WEGOVY	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	WEGOVY	Obesity, class 2	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	XIFAXAN	Irritable bowel syndrome with diarrhea	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER:	XOLAIR	N/A	Approved	N/A	1
NURSE PRACTITIONER:	ZENATANE	Acne vulgaris	Approved	N/A	1
NURSE PRACTITIONER:	ZEPBOUND	Essential (primary) hypertension	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	ZEPBOUND	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER:	ZURZUVAE	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	AJOVY AUTOINJECTOR	N/A	Canceled	N/A	1

NURSE PRACTITIONER: ACUTE CARE	BELBUCA	Radiculopathy, lumbar region	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	CLOBETASOL PROPIONATE	Seborrheic dermatitis, unspecified	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	CLOBETASOL PROPIONATE	Seborrheic dermatitis, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	EMGALITY PEN	Chronic migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	EMGALITY PEN	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: ACUTE CARE	EMGALITY PEN	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	EMGALITY PEN	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	FIASP	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	FREESTYLE LIBRE 2 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	GLASSIA	Alpha-1-antitrypsin deficiency	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
NURSE PRACTITIONER: ACUTE CARE	LIDOCAINE	Other low back pain	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	METOPROLOL TARTRATE	Essential (primary) hypertension	Canceled	N/A	1
NURSE PRACTITIONER: ACUTE CARE	NURTEC ODT	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	QULIPTA	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	QULIPTA	Migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	QULIPTA	N/A	Canceled	N/A	1
NURSE PRACTITIONER: ACUTE CARE	RINVOQ	Arthropathic psoriasis, unspecified	Denied	N/A	1
NURSE PRACTITIONER: ACUTE CARE	RINVOQ	N/A	Canceled	N/A	1
NURSE PRACTITIONER: ACUTE CARE	RINVOQ	Rheumatoid arthritis without rheumatoid factor, unspecified site	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	RINVOQ	Rheumatoid arthritis without rheumatoid factor, unspecified site	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	TESTOSTERONE	Testicular hypofunction	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	TRAMADOL HCL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: ACUTE CARE	UBRELVY	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	VOQUEZNA	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ACUTE CARE	XIFAXAN	Hepatic encephalopathy	Approved	N/A	1
NURSE PRACTITIONER: ACUTE CARE	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ADULT HEALTH	ARMODAFINIL	Obstructive sleep apnea (adult) (pediatric)	Approved	N/A	1
NURSE PRACTITIONER: ADULT HEALTH	BIMZELX AUTOINJECTOR	Arthropathic psoriasis, unspecified	Approved	N/A	1
NURSE PRACTITIONER: ADULT HEALTH	ESZOPICLONE	Insomnia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: ADULT HEALTH	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1

NURSE PRACTITIONER: ADULT HEALTH	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ADULT HEALTH	TREMFYA	Crohn's disease, unspecified, without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: ADULT HEALTH	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ACCRUFER	Anemia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ACCRUFER	Iron deficiency anemia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ACETAMINOPHEN-CODEINE	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ACETAMINOPHEN-CODEINE	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ACETAMINOPHEN-CODEINE	Unspecified internal derangement of left knee	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ADDYI	Hypoactive sexual desire disorder	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	AIMOVIG AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	AIMOVIG AUTOINJECTOR	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	AIMOVIG AUTOINJECTOR	Migraine without aura, intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	AIMOVIG AUTOINJECTOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	AIRSUPRA	Acute cough	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	AIRSUPRA	Bronchiectasis, uncomplicated	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	AIRSUPRA	Mild intermittent asthma with (acute) exacerbation	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	AIRSUPRA	Moderate persistent asthma, uncomplicated	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	AIRSUPRA	Shortness of breath	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	AJOVY AUTOINJECTOR	Migraine, unspecified, not intractable, without status migrainosus	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	AJOVY AUTOINJECTOR	Migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ALBENDAZOLE	Enterobiasis	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	ALBUTEROL SULFATE	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	AMLODIPINE-OLMESARTAN	Essential (primary) hypertension	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	AMLODIPINE-OLMESARTAN	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	AMLODIPINE-OLMESARTAN	N/A	Denied	N/A	1
NURSE PRACTITIONER: FAMILY	ANORO ELLIPTA	Chronic obstructive pulmonary disease with (acute) exacerbation	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ARMODAFINIL	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ARMODAFINIL	Narcolepsy with cataplexy	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ARMODAFINIL	Obstructive sleep apnea (adult) (pediatric)	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	BASAGLAR KWIKPEN U-100	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	BENLYSTA	Other organ or system involvement in systemic lupus erythematosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	BROMPHENIRAMINE-PSEUDOEPHED-DM	Chronic sinusitis, unspecified	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	BUDESONIDE	Eosinophilic esophagitis	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CALCIPOTRIENE	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CALCIPOTRIENE	Psoriasis vulgaris	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CLINDAMYCIN-BENZOYL PEROXIDE	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	CLINDAMYCIN-BENZOYL PEROXIDE	Unspecified atherosclerosis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL EMOLLIENT	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Atopic dermatitis, unspecified	Denied	MEDICAL NECESSITY	1

NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Dermatitis, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Disorder of the skin and subcutaneous tissue, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	N/A	Canceled	N/A	3
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Other psoriasis	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Personal history of diseases of the skin and subcutaneous tissue	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CLOBETASOL PROPIONATE	Pruritus, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	COLCHICINE	Abnormal immunological finding in serum, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CONTRAVE	Body mass index (BMI) 29.0-29.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	CONTRAVE	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	CONTRAVE	Obesity, unspecified	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	COSENTYX UNOREADY PEN	Arthropathic psoriasis, unspecified	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	DAPSONE	Acne vulgaris	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G6 SENSOR	Type 1 diabetes mellitus with other specified complication	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G6 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	DEXCOM G6 SENSOR	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 15 DAY SENSOR	Diabetes mellitus due to underlying condition without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 15 DAY SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 15 DAY SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	3
NURSE PRACTITIONER: FAMILY	DEXCOM G7 15 DAY SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 RECEIVER	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 RECEIVER	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Hyperglycemia, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Hypoglycemia, unspecified	Denied	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	N/A	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with unspecified complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	6
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	DEXCOM G7 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	DUPIXENT PEN	Eosinophilic esophagitis	Approved	N/A	1

NURSE PRACTITIONER: FAMILY	EBGLYSS PEN	Psoriasis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Migraine, unspecified, intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY PEN	N/A	Canceled	N/A	5
NURSE PRACTITIONER: FAMILY	EMGALITY SYRINGE	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EMGALITY SYRINGE	Migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	EMGALITY SYRINGE	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ENBREL SURECLICK	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ENBREL SURECLICK	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ESZOPICLONE	Insomnia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ESZOPICLONE	Insomnia, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ESZOPICLONE	Other insomnia	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	ESZOPICLONE	Primary insomnia	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	EVENITY (2 SYRINGES)	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FARXIGA	Other ill-defined heart diseases	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FARXIGA	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	FARXIGA	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FARXIGA	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 14 DAY SENSOR	Prediabetes	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 1 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 PLUS SENSOR	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	FREESTYLE LIBRE 3 SENSOR	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	GVOKE HYOPEN 2-PACK	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	HUMIRA(CF) PEN	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	HUMIRA(CF) PEN	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1

NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	N/A	Denied	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Other cervical disc degeneration, unspecified cervical region	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Other fracture of unspecified lumbar vertebra, initial encounter for closed fracture	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Other spondylosis with radiculopathy, cervical region	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Pain in unspecified knee	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Sacrococcygeal disorders, not elsewhere classified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	HYDROCODONE-ACETAMINOPHEN	Spondylosis without myelopathy or radiculopathy, lumbar region	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	HYOSCYAMINE SULFATE	Unspecified abdominal pain	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	IBSRELA	Irritable bowel syndrome with constipation	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ICOSAPENT ETHYL	Pure hyperglyceridemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	INSULIN DEGLUDEC PEN (U-100)	Type 1 diabetes mellitus with other specified complication	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	INSULIN DEGLUDEC PEN (U-200)	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	INSULIN DEGLUDEC PEN (U-200)	Type 2 diabetes mellitus without complications	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ISOTRETINOIN	Acne vulgaris	Approved	N/A	3
NURSE PRACTITIONER: FAMILY	JOURNAVX	Dorsalgia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	KETOROLAC TROMETHAMINE	Headache, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	LANTUS	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	LANTUS SOLOSTAR	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	LEVETIRACETAM	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	LIDOCAINE	Pain in left shoulder	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	LINEZOLID	Disorder of the skin and subcutaneous tissue, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	LISDEXAMFETAMINE DIMESYLATE	Binge eating disorder, moderate	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	LOSARTAN POTASSIUM	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	LYNKUET	Menopausal and female climacteric states	Approved	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	METFORMIN HCL	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MIRABEGRON ER	Urge incontinence	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MODAFINIL	Circadian rhythm sleep disorder, shift work type	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MODAFINIL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	MODAFINIL	Narcolepsy in conditions classified elsewhere without cataplexy	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Insulin resistance, unspecified	Denied	MEDICAL NECESSITY	1

NURSE PRACTITIONER: FAMILY	MOUNJARO	Metabolic syndrome	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	N/A	Approved	N/A	6
NURSE PRACTITIONER: FAMILY	MOUNJARO	N/A	Canceled	N/A	24
NURSE PRACTITIONER: FAMILY	MOUNJARO	N/A	Denied	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Obesity, class 1	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Overweight	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Persons encountering health services in other specified circumstances	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Prediabetes	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Prediabetes	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with diabetic chronic kidney disease	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with diabetic polyneuropathy	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	11
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with other specified complication	Approved	N/A	6
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	50
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus without complications	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	4
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MOUNJARO	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	MULTAQ	Paroxysmal atrial fibrillation	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NP THYROID	Hypothyroidism, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Chronic migraine with aura, intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine, unspecified, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine with aura, intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine with aura, intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	NURTEC ODT	Migraine without aura, not intractable, with status migrainosus	Approved	N/A	2

NURSE PRACTITIONER: FAMILY	NURTEC ODT	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	OCREVUS	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	OLMESARTAN MEDOXOMIL	Essential (primary) hypertension	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ONDANSETRON ODT	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ONDANSETRON ODT	Nausea with vomiting, unspecified	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	OTEZLA	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Metabolic syndrome	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	N/A	Canceled	N/A	14
NURSE PRACTITIONER: FAMILY	OZEMPIC	Other specified diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Prediabetes	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with diabetic polyneuropathy	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	14
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with other specified complication	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with other specified complication	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	31
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus without complications	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	OZEMPIC	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	PHENTERMINE HCL	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	PHENTERMINE HCL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	PHENTERMINE HCL	N/A	Denied	N/A	1
NURSE PRACTITIONER: FAMILY	PHENTERMINE HCL	Obesity, unspecified	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	PHENTERMINE HCL	Overweight	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	PROMETHAZINE-DM	Acute cough	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	PROMETHAZINE-DM	Acute pharyngitis, unspecified	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	PROMETHAZINE-DM	Acute upper respiratory infection, unspecified	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	PROMETHAZINE-DM	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	PROMETHAZINE-DM	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	QULIPTA	Chronic migraine without aura, not intractable, without status migrainosus	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	QULIPTA	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	QULIPTA	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	QULIPTA	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	QULIPTA	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	QULIPTA	Vascular headache, not elsewhere classified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	REPATHA SURECLICK	Atherosclerotic heart disease of native coronary artery without angina pectoris	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REPATHA SURECLICK	Hyperlipidemia, unspecified	Approved	N/A	2

NURSE PRACTITIONER: FAMILY	REPATHA SURECLICK	Mixed hyperlipidemia	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REPATHA SYRINGE	Elevated Lipoprotein(a)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	REPATHA SYRINGE	Familial hypercholesterolemia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REPATHA SYRINGE	Hyperlipidemia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REXULTI	Bipolar disorder, current episode depressed, mild	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	REXULTI	Major depressive disorder, recurrent, moderate	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REXULTI	Major depressive disorder, single episode, mild	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	REZVOGLAR KWIKPEN	Type 2 diabetes mellitus without complications	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	RINVOQ	Rheumatoid arthritis, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	RISEDRONATE SODIUM	Age-related osteoporosis without current pathological fracture	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	RYALTRIS	Other allergic rhinitis	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	RYBELSUS	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	RYBELSUS	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	RYBELSUS	Type 2 diabetes mellitus with other specified complication	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	RYBELSUS	Type 2 diabetes mellitus without complications	Approved	N/A	3
NURSE PRACTITIONER: FAMILY	SAVELLA	Depression, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SAVELLA	N/A	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	SAVELLA	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	SAVELLA	Other specified anxiety disorders	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	SERNIVO	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	SILDENAFIL CITRATE	Drug-induced erectile dysfunction	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SILDENAFIL CITRATE	Drug-induced erectile dysfunction	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	SILDENAFIL CITRATE	Male erectile dysfunction, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SILDENAFIL CITRATE	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	SKYRIZI PEN	Arthropathic psoriasis, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SKYRIZI PEN	N/A	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SKYRIZI PEN	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	SOFOSBUVIR-VELPATASVIR	Chronic viral hepatitis C	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	STELARA	Psoriasis vulgaris	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	SUMATRIPTAN SUCCINATE	Migraine, unspecified, not intractable, without status migrainosus	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	TACROLIMUS	Granuloma annulare	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Benign prostatic hyperplasia with lower urinary tract symptoms	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	TADALAFIL	Benign prostatic hyperplasia with lower urinary tract symptoms	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Male erectile disorder	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Male erectile dysfunction, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Testicular dysfunction, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Testicular dysfunction, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TADALAFIL	Testicular hypofunction	Denied	MEDICAL NECESSITY	2

NURSE PRACTITIONER: FAMILY	TERIPARATIDE	Osteomyelitis of vertebra, lumbar region	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TOPIRAMATE ER	Migraine with aura, intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TRAMADOL HCL	Intervertebral disc disorders with radiculopathy, lumbosacral region	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TRAMADOL HCL	Intervertebral disc disorders with radiculopathy, lumbosacral region	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	TRAMADOL HCL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	TRAMADOL HCL	Other chronic pain	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TREMFYA ONE-PRESS	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TREMFYA ONE-PRESS	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TRIKAFTA	Cystic fibrosis with pulmonary manifestations	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TRINTELLIX	Major depressive disorder, recurrent, mild	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TRINTELLIX	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	TRINTELLIX	Other specified anxiety disorders	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	TRULICITY	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	TRULICITY	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TRULICITY	Type 2 diabetes mellitus without complications	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	TRULICITY	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	TYMLOS	Age-related osteoporosis without current pathological fracture	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	UBRELVY	Migraine without aura, not intractable, with status migrainosus	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	UBRELVY	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	VASCEPA	Mixed hyperlipidemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	VEOZAH	Menopausal and female climacteric states	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	VEOZAH	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	VOQUEZNA	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	VOQUEZNA	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	VOQUEZNA	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	VRAYLAR	Major depressive disorder, recurrent, unspecified	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	VRAYLAR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	VYLEESI	Hypoactive sexual desire disorder	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Atherosclerotic heart disease of native coronary artery without angina pectoris	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Atherosclerotic heart disease of native coronary artery without angina pectoris	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 26.0-26.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 27.0-27.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 29.0-29.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 32.0-32.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 33.0-33.9, adult	Denied	MEDICAL NECESSITY	2

NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 36.0-36.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 39.0-39.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	WEGOVY	Body mass index (BMI) 45.0-49.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Morbid (severe) obesity due to excess calories	Approved	N/A	3
NURSE PRACTITIONER: FAMILY	WEGOVY	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	WEGOVY	N/A	Canceled	N/A	2
NURSE PRACTITIONER: FAMILY	WEGOVY	N/A	Denied	MEDICAL NECESSITY	7
NURSE PRACTITIONER: FAMILY	WEGOVY	Nonalcoholic steatohepatitis (NASH)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Obesity, class 1	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	WEGOVY	Obesity, class 1	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	WEGOVY	Obesity, class 2	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Obesity, unspecified	Approved	N/A	3
NURSE PRACTITIONER: FAMILY	WEGOVY	Obesity, unspecified	Denied	MEDICAL NECESSITY	8
NURSE PRACTITIONER: FAMILY	WEGOVY	Other obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Overweight	Approved	N/A	4
NURSE PRACTITIONER: FAMILY	WEGOVY	Overweight	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Overweight	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Personal history of other endocrine, nutritional and metabolic disease	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	WEGOVY	Sleep apnea, unspecified	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	WEZLANA	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	XULTOPHY 100-3.6	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	XYOSTED	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	XYWAV	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	XYWAV	Narcolepsy without cataplexy	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZENATANE	Acne vulgaris	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Abnormal weight gain	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 30.0-30.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 32.0-32.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 34.0-34.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 40.0-44.9, adult	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Body mass index (BMI) 50.0-59.9, adult	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Dietary counseling and surveillance	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Insulin resistance, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Morbid (severe) obesity due to excess calories	Approved	N/A	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	2

NURSE PRACTITIONER: FAMILY	ZEPBOUND	N/A	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	N/A	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obesity, class 1	Denied	MEDICAL NECESSITY	4
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obesity, class 2	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obesity, class 3	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obesity, unspecified	Denied	MEDICAL NECESSITY	7
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Approved	N/A	2
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	9
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Overweight	Canceled	N/A	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Overweight	Denied	MEDICAL NECESSITY	3
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Personal history of other endocrine, nutritional and metabolic disease	Denied	MEDICAL NECESSITY	2
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Persons encountering health services in other specified circumstances	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: FAMILY	ZEPBOUND	Sleep apnea, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	AIMOVIG AUTOINJECTOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	2
NURSE PRACTITIONER: GERONTOLOGY	ELETRIPTAN HBR	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	EMGALITY PEN	Other migraine, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	EMGALITY PEN	Other migraine, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	LISDEXAMFETAMINE DIMESYLATE	N/A	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	MOUNJARO	N/A	Canceled	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	NURTEC ODT	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	NURTEC ODT	Migraine with aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	REPATHA SURECLICK	Hyperlipidemia, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	REPATHA SURECLICK	Hyperlipidemia, unspecified	Denied	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	UBRELVY	Migraine without aura, not intractable, with status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	UBRELVY	Migraine without aura, not intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	UBRELVY	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	UBRELVY	New daily persistent headache (NDPH)	Approved	N/A	1
NURSE PRACTITIONER: GERONTOLOGY	WEGOVY	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: GERONTOLOGY	WEGOVY	N/A	Canceled	N/A	1
NURSE PRACTITIONER: OBSTETRICS & GYN	COMBIPATCH	Menopausal and female climacteric states	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PEDIATRICS	BAQSIMI	Type 1 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PEDIATRICS	BUDESONIDE-FORMOTEROL FUMARATE	Moderate persistent asthma, uncomplicated	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PEDIATRICS	DEXCOM G6 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	2
NURSE PRACTITIONER: PEDIATRICS	DEXCOM G6 TRANSMITTER	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1

NURSE PRACTITIONER: PEDIATRICS	ESOMEPRAZOLE MAGNESIUM	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PEDIATRICS	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: PEDIATRICS	TACROLIMUS	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PEDIATRICS	TRULICITY	Type 2 diabetes mellitus with hyperglycemia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	ACTEMRA	Other juvenile arthritis, unspecified site	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	AJOVY AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	AUVELITY	Major depressive disorder, recurrent, mild	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	BASAGLAR KWIKPEN U-100	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	DEXCOM G7 SENSOR	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	EMGALITY PEN	Migraine without aura, not intractable, without status migrainosus	Approved	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	EMGALITY PEN	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	OZEMPIC	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	2
NURSE PRACTITIONER: PRIMARY CARE	OZEMPIC	Type 2 diabetes mellitus with other specified complication	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	RINVOQ	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PRIMARY CARE	RINVOQ	Ulcerative colitis, unspecified, without complications	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
NURSE PRACTITIONER: PRIMARY CARE	ZEPBOUND	Obesity, class 3	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ARIPIPIRAZOLE	Major depressive disorder, single episode, moderate	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	AUVELITY	Major depressive disorder, recurrent, moderate	Approved	N/A	4
NURSE PRACTITIONER: PSYCHIATRIC/MENT	AUVELITY	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	2
NURSE PRACTITIONER: PSYCHIATRIC/MENT	AUVELITY	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	AZSTARYS	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	CLINDAMYCIN-BENZOYL PEROXIDE	Acne vulgaris	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	DOXEPIN HCL	Bipolar disorder, current episode depressed, moderate	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	DOXEPIN HCL	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	DOXEPIN HCL	Other specified anxiety disorders	Approved	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	DOXEPIN HCL	Other specified anxiety disorders	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ESZOPICLONE	Bipolar disorder, current episode depressed, moderate	Canceled	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ESZOPICLONE	Bipolar disorder, current episode depressed, moderate	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ESZOPICLONE	Insomnia, unspecified	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ESZOPICLONE	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	ESZOPICLONE	Psychophysilogic insomnia	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MENT	JORNAY PM	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1

NURSE PRACTITIONER: PSYCHIATRIC/MEN	JORNAY PM	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	3
NURSE PRACTITIONER: PSYCHIATRIC/MEN	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	MODAFINIL	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	MODAFINIL	Psychophysiologic insomnia	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	OZEMPIC	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	QELBREE	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	REXULTI	Major depressive disorder, recurrent, in full remission	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	REXULTI	Major depressive disorder, recurrent, moderate	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	SPRAVATO	Major depressive disorder, recurrent, moderate	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	SPRAVATO	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	3
NURSE PRACTITIONER: PSYCHIATRIC/MEN	SPRAVATO	N/A	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	TIROSINT	Autoimmune thyroiditis	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	TRINTELLIX	Major depressive disorder, recurrent, in full remission	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	TRINTELLIX	Major depressive disorder, recurrent, moderate	Approved	N/A	2
NURSE PRACTITIONER: PSYCHIATRIC/MEN	TRINTELLIX	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	TRINTELLIX	N/A	Canceled	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar disorder, current episode depressed, moderate	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar disorder, current episode hypomanic	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar disorder, in full remission, most recent episode manic	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar disorder, unspecified	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar disorder, unspecified	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Bipolar II disorder	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Major depressive disorder, recurrent, moderate	Approved	N/A	4
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	VRAYLAR	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	WEGOVY	Morbid (severe) obesity due to excess calories	Approved	N/A	1
NURSE PRACTITIONER: PSYCHIATRIC/MEN	WEGOVY	Obesity, class 1	Denied	LACK OF INFORMATION	1
NURSE PRACTITIONER: WOMEN'S HEALTH	GEMTESA	Overactive bladder	Approved	N/A	1
NURSE PRACTITIONER: WOMEN'S HEALTH	MIRABEGRON ER	Overactive bladder	Approved	N/A	1
NURSE PRACTITIONER: WOMEN'S HEALTH	MYRBETRIQ	Urge incontinence	Approved	N/A	1
NURSE PRACTITIONER: WOMEN'S HEALTH	OSPHENA	Unspecified dyspareunia	Approved	N/A	1
NURSE PRACTITIONER: WOMEN'S HEALTH	OZEMPIC	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	CLOBETASOL PROPIONATE	Lichen sclerosus et atrophicus	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	CLOBETASOL PROPIONATE	N/A	Canceled	N/A	2
OBSTETRICS & GYNECOLOGY:	DUAVEE	Menopausal and female climacteric states	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	DUAVEE	Menopausal and female climacteric states	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	ESTRADIOL-NORETHINDRONE ACETAT	N/A	Canceled	N/A	1

OBSTETRICS & GYNECOLOGY:	ESZOPICLONE	N/A	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	GEMTESA	N/A	Canceled	N/A	1
OBSTETRICS & GYNECOLOGY:	GEMTESA	Urge incontinence	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	KYLEENA	Encounter for insertion of intrauterine contraceptive device	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	MIRABEGRON ER	Overactive bladder	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	NEEVODHA	Other specified pregnancy related conditions, first trimester	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	NURTEC ODT	Migraine with aura, not intractable, with status migrainosus	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	ORILISSA	Endometriosis of the uterus, unspecified	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	ORILISSA	Endometriosis, unspecified	Approved	N/A	2
OBSTETRICS & GYNECOLOGY:	ORILISSA	N/A	Canceled	N/A	1
OBSTETRICS & GYNECOLOGY:	OSPHENA	Unspecified dyspareunia	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	PREMARIN	Hormone replacement therapy	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY:	PREMARIN	N/A	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	PREMARIN	N/A	Canceled	N/A	1
OBSTETRICS & GYNECOLOGY:	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
OBSTETRICS & GYNECOLOGY:	ZEPBOUND	N/A	Canceled	N/A	1
OBSTETRICS & GYNECOLOGY:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY: GYNECOLOG	DUAVEE	Menopausal and female climacteric states	Approved	N/A	1
OBSTETRICS & GYNECOLOGY: MATERNAL &	DEXCOM G7 15 DAY SENSOR	Gestational diabetes mellitus in pregnancy, insulin controlled	Approved	N/A	1
OBSTETRICS & GYNECOLOGY: MATERNAL &	REZVOGLAR KWIKPEN	Gestational diabetes mellitus in pregnancy, insulin controlled	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY: REPRODUCTI	LEUPROLIDE ACETATE	Female infertility, unspecified	Denied	MEDICAL NECESSITY	1
OBSTETRICS & GYNECOLOGY: UROGYNECO	MIRABEGRON ER	Overactive bladder	Approved	N/A	1
OBSTETRICS & GYNECOLOGY: UROGYNECO	MIRABEGRON ER	Urge incontinence	Approved	N/A	1
OPHTHALMOLOGY:	CYCLOSPORINE	Dry eye syndrome of bilateral lacrimal glands	Denied	MEDICAL NECESSITY	1
OPHTHALMOLOGY:	CYCLOSPORINE	N/A	Canceled	N/A	1
OPHTHALMOLOGY:	MIEBO	Dry eye syndrome of bilateral lacrimal glands	Denied	MEDICAL NECESSITY	1
OPHTHALMOLOGY:	RESTASIS	Dry eye syndrome of bilateral lacrimal glands	Denied	MEDICAL NECESSITY	1
OPHTHALMOLOGY:	XIIDRA	Dry eye syndrome of bilateral lacrimal glands	Approved	N/A	2
OPTOMETRIST:	CYCLOSPORINE	Dry eye syndrome of bilateral lacrimal glands	Approved	N/A	3
OPTOMETRIST:	CYCLOSPORINE	Dry eye syndrome of bilateral lacrimal glands	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	CYCLOSPORINE	Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	Approved	N/A	1
OPTOMETRIST:	CYCLOSPORINE	Meibomian gland dysfunction of unspecified eye, unspecified eyelid	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	CYCLOSPORINE	N/A	Approved	N/A	1
OPTOMETRIST:	CYCLOSPORINE	Punctate keratitis, bilateral	Approved	N/A	1
OPTOMETRIST:	LOTEPREDNOL ETABONATE	Punctate keratitis, bilateral	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	LUMIGAN	Primary open-angle glaucoma, bilateral, moderate stage	Approved	N/A	1
OPTOMETRIST:	LUMIGAN	Primary open-angle glaucoma, right eye, severe stage	Approved	N/A	1
OPTOMETRIST:	LUMIGAN	Unspecified open-angle glaucoma, severe stage	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	MIEBO	Dry eye syndrome of bilateral lacrimal glands	Denied	MEDICAL NECESSITY	4
OPTOMETRIST:	MIEBO	Dry eye syndrome of unspecified lacrimal gland	Approved	N/A	1

OPTOMETRIST:	MIEBO	Meibomian gland dysfunction right eye, upper and lower eyelids	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	MIEBO	Meibomian gland dysfunction right upper eyelid	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	MIEBO	N/A	Canceled	N/A	2
OPTOMETRIST:	MIEBO	Sjogren syndrome with keratoconjunctivitis	Approved	MEDICAL NECESSITY	1
OPTOMETRIST:	MIEBO	Unspecified blepharitis right eye, upper and lower eyelids	Approved	N/A	1
OPTOMETRIST:	OXERVATE	Neurotrophic keratoconjunctivitis, bilateral	Approved	N/A	1
OPTOMETRIST:	TYRVAYA	Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	UPNEEQ	Myogenic ptosis of right eyelid	Denied	MEDICAL NECESSITY	1
OPTOMETRIST:	XDEMZY	Infestation by Demodex mites	Approved	N/A	5
OPTOMETRIST:	XDEMZY	Unspecified blepharitis right upper eyelid	Approved	N/A	1
OPTOMETRIST:	XDEMZY	Unspecified blepharitis unspecified eye, unspecified eyelid	Approved	N/A	1
OPTOMETRIST:	XIIDRA	Dry eye syndrome of unspecified lacrimal gland	Denied	MEDICAL NECESSITY	1
ORTHOPAEDIC SURGERY:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
ORTHOPAEDIC SURGERY:	HYDROCODONE-ACETAMINOPHEN	Radiculopathy, cervical region	Denied	MEDICAL NECESSITY	1
ORTHOPAEDIC SURGERY:	OXYCODONE HCL	Other acute postprocedural pain	Approved	N/A	1
ORTHOPAEDIC SURGERY:	TRAMADOL HCL	N/A	Canceled	N/A	1
ORTHOPAEDIC SURGERY:	VAZALORE	Presence of left artificial hip joint	Denied	MEDICAL NECESSITY	1
ORTHOPAEDIC SURGERY: ADULT RECONSTRUCTION	JOURNAVX	Other acute postprocedural pain	Approved	N/A	1
ORTHOPAEDIC SURGERY: ADULT RECONSTRUCTION	OXYCODONE HCL	N/A	Canceled	N/A	1
ORTHOPAEDIC SURGERY: SPORTS MEDICINE	OXYCODONE-ACETAMINOPHEN	Bicipital tendinitis, left shoulder	Denied	MEDICAL NECESSITY	1
ORTHOPAEDIC SURGERY: SPORTS MEDICINE	OXYCODONE-ACETAMINOPHEN	N/A	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	2
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Denied	MEDICAL NECESSITY	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Other spondylosis with radiculopathy, lumbar region	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Pain in right hand	Denied	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Spondylosis without myelopathy or radiculopathy, lumbar region	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Spondylosis without myelopathy or radiculopathy, lumbar region	Denied	MEDICAL NECESSITY	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	HYDROCODONE-ACETAMINOPHEN	Spondylosis without myelopathy or radiculopathy, lumbar region	Denied	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	LIDOCAINE	N/A	Canceled	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	OXYCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	OXYCODONE-ACETAMINOPHEN	Pain in right hip	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	OXYCODONE HCL	Chronic pain syndrome	Denied	MEDICAL NECESSITY	2
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	QULIPTA	Migraine with aura, not intractable, with status migrainosus	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	TRAMADOL HCL	N/A	Canceled	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	TRAMADOL HCL	Other spondylosis with radiculopathy, cervical region	Approved	N/A	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	TRAMADOL HCL	Other spondylosis with radiculopathy, cervical region	Denied	MEDICAL NECESSITY	1
PAIN MEDICINE: INTERVENTIONAL PAIN MANAGEMENT	XTAMPZA ER	Chronic pain syndrome	Approved	N/A	1
PAIN MEDICINE: PAIN MEDICINE	ACETAMINOPHEN-CODEINE	N/A	Canceled	N/A	1

PAIN MEDICINE: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	N/A	Approved	N/A	2
PAIN MEDICINE: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Radiculopathy, cervical region	Denied	N/A	1
PAIN MEDICINE: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Radiculopathy, lumbar region	Approved	N/A	1
PAIN MEDICINE: PAIN MEDICINE	HYDROCODONE-ACETAMINOPHEN	Radiculopathy, lumbar region	Denied	MEDICAL NECESSITY	1
PAIN MEDICINE: PAIN MEDICINE	LIDOCAINE	Other chronic pain	Approved	N/A	1
PAIN MEDICINE: PAIN MEDICINE	OXYCODONE-ACETAMINOPHEN	N/A	Approved	N/A	1
PEDIATRICS:	AZSTARYS	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PEDIATRICS:	AZSTARYS	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Approved	N/A	2
PEDIATRICS:	AZSTARYS	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	2
PEDIATRICS:	AZSTARYS	Attention-deficit hyperactivity disorder, unspecified type	Approved	N/A	1
PEDIATRICS:	AZSTARYS	N/A	Canceled	N/A	1
PEDIATRICS:	BACLOFEN	Disorder of the autonomic nervous system, unspecified	Approved	MEDICAL NECESSITY	1
PEDIATRICS:	BUDESONIDE	Eosinophilic esophagitis	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	DEXMETHYLPHENIDATE HCL	Attention-deficit hyperactivity disorder, predominantly inattentive type	Denied	N/A	1
PEDIATRICS:	DUPIXENT SYRINGE	N/A	Canceled	N/A	2
PEDIATRICS:	DUPIXENT SYRINGE	Other atopic dermatitis	Approved	N/A	1
PEDIATRICS:	ESOMEPRAZOLE MAGNESIUM	Acute gastritis without bleeding	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	EUCRISA	N/A	Canceled	N/A	1
PEDIATRICS:	EUCRISA	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	FEBUXOSTAT	Idiopathic gout, unspecified ankle and foot	Denied	MEDICAL NECESSITY	2
PEDIATRICS:	FEBUXOSTAT	N/A	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	JORNAY PM	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
PEDIATRICS:	LANSOPRAZOLE	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PEDIATRICS:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	2
PEDIATRICS:	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	3
PEDIATRICS:	METHYLPHENIDATE	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Approved	N/A	1
PEDIATRICS:	METHYLPHENIDATE	N/A	Approved	N/A	1
PEDIATRICS:	NEFFY	Other adverse food reactions, not elsewhere classified, initial encounter	Approved	N/A	1
PEDIATRICS:	NEXIUM	Acute gastritis without bleeding	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	NEXIUM	Gastro-esophageal reflux disease without esophagitis	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	ONDANSETRON ODT	N/A	Canceled	N/A	1
PEDIATRICS:	PROMETHAZINE-DM	Vomiting, unspecified	Approved	MEDICAL NECESSITY	1
PEDIATRICS:	TACROLIMUS	Other atopic dermatitis	Approved	N/A	1
PEDIATRICS:	WEGOVY	N/A	Canceled	N/A	1
PEDIATRICS:	ZENATANE	Acne vulgaris	Denied	MEDICAL NECESSITY	1
PEDIATRICS:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
PEDIATRICS: ADOLESCENT MEDICINE	BUDESONIDE	Acute bronchospasm	Denied	MEDICAL NECESSITY	1
PEDIATRICS: ADOLESCENT MEDICINE	BUDESONIDE	Personal history of other specified conditions	Denied	MEDICAL NECESSITY	1

PEDIATRICS: DEVELOPMENTAL - BEHAVIOR	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	1
PEDIATRICS: PEDIATRIC ALLERGY/IMMUNOLOGY	DUPIXENT PEN	Eosinophilic esophagitis	Approved	N/A	1
PEDIATRICS: PEDIATRIC CARDIOLOGY	INZIRQO	Cardiomyopathy, unspecified	Approved	N/A	1
PEDIATRICS: PEDIATRIC CARDIOLOGY	SILDENAFIL CITRATE	Other specified congenital malformations of heart	Approved	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	BAQSIMI	Type 1 diabetes mellitus without complications	Approved	N/A	1
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	DEXCOM G7 SENSOR	N/A	Approved	N/A	2
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	DEXCOM G7 SENSOR	N/A	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	1
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	DEXCOM G7 SENSOR	Type 1 diabetes mellitus without complications	Approved	N/A	2
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	NORDITROPIN FLEXPPO	Hypopituitarism	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	NORDITROPIN FLEXPPO	N/A	Canceled	N/A	3
PEDIATRICS: PEDIATRIC ENDOCRINOLOGY	NORDITROPIN FLEXPPO	N/A	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC GASTROENTEROLOGY	STELARA	N/A	Approved	N/A	1
PEDIATRICS: PEDIATRIC GASTROENTEROLOGY	STELARA	Ulcerative (chronic) pancolitis with rectal bleeding	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC GASTROENTEROLOGY	STEQEYMA	Ulcerative (chronic) pancolitis with rectal bleeding	Approved	N/A	1
PEDIATRICS: PEDIATRIC HEMATOLOGY-ONCOLOGY	GOMEKLI	N/A	Approved	N/A	1
PEDIATRICS: PEDIATRIC HEMATOLOGY-ONCOLOGY	HUMATE-P	Von Willebrand disease, type 1	Approved	N/A	1
PEDIATRICS: PEDIATRIC HEMATOLOGY-ONCOLOGY	HUMATE-P	Von Willebrand disease, type 2B	Approved	N/A	2
PEDIATRICS: PEDIATRIC HEMATOLOGY-ONCOLOGY	IWILFIN	Malignant neoplasm of ribs, sternum and clavicle	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC NEPHROLOGY	MYCOPHENOLATE MOFETIL	Encounter for aftercare following kidney transplant	Approved	N/A	1
PEDIATRICS: PEDIATRIC NEPHROLOGY	NITAZOXANIDE	Cryptosporidiosis	Approved	N/A	1
PEDIATRICS: PEDIATRIC NEPHROLOGY	NITAZOXANIDE	Cryptosporidiosis	Denied	MEDICAL NECESSITY	1
PEDIATRICS: PEDIATRIC NEPHROLOGY	RETACRIT	Anemia in chronic kidney disease	Approved	N/A	1
PEDIATRICS: PEDIATRIC NEPHROLOGY	RETACRIT	N/A	Canceled	N/A	1
PHYSICAL MEDICINE & REHABILITATION:	BOTOX	N/A	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION:	BOTOX	N/A	Denied	MEDICAL NECESSITY	1
PHYSICAL MEDICINE & REHABILITATION:	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	ACETAMINOPHEN-CODEINE	N/A	Canceled	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	HYDROCODONE-ACETAMINOPHEN	Ankylosing spondylitis of cervicothoracic region	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	4
PHYSICAL MEDICINE & REHABILITATION: PA	HYDROCODONE-ACETAMINOPHEN	Other chronic pain	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PHYSICAL MEDICINE & REHABILITATION: PA	OXYCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	3
PHYSICAL MEDICINE & REHABILITATION: PA	OXYCODONE HCL	Chronic pain syndrome	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	OXYCODONE HCL	Low back pain, unspecified	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	OXYCODONE HCL	N/A	Approved	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	OXYCODONE HCL	N/A	Canceled	N/A	1
PHYSICAL MEDICINE & REHABILITATION: PA	TRAMADOL HCL	Radiculopathy, lumbar region	Denied	MEDICAL NECESSITY	1
PHYSICAL MEDICINE & REHABILITATION: PA	UBRELVY	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	AIMOVIG AUTOINJECTOR	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1

PHYSICIAN ASSISTANT:	AJOVY AUTOINJECTOR	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PHYSICIAN ASSISTANT:	ANZUPGO	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	BIMZELX AUTOINJECTOR	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	BROMPHENIRAMINE-PSEUDOEPHED-DM	N/A	Canceled	N/A	2
PHYSICIAN ASSISTANT:	CLARAVIS	Acne vulgaris	Approved	N/A	3
PHYSICIAN ASSISTANT:	CLINDAMYCIN-BENZOYL PEROXIDE	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT:	CLINDAMYCIN-BENZOYL PEROXIDE	Acne vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLINDAMYCIN PHOS-BENZOYL PEROX	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Allergic contact dermatitis, unspecified cause	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Lichen simplex chronicus	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Other alopecia areata	Approved	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Other psoriasis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Other seborrheic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Approved	N/A	3
PHYSICIAN ASSISTANT:	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT:	COSENTYX UNOREADY PEN	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	DEXCOM G7 SENSOR	Type 1 diabetes mellitus with hyperglycemia	Approved	N/A	2
PHYSICIAN ASSISTANT:	DUPIXENT PEN	Atopic dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT:	DUPIXENT PEN	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	DUPIXENT PEN	Other atopic dermatitis	Approved	N/A	2
PHYSICIAN ASSISTANT:	DUPIXENT PEN	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	DUPIXENT SYRINGE	Other atopic dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT:	EBGLYSS PEN	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT:	EBGLYSS PEN	N/A	Denied	N/A	1
PHYSICIAN ASSISTANT:	EBGLYSS PEN	Other atopic dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT:	EBGLYSS PEN	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	GEMTESA	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	GEMTESA	Urge incontinence	Approved	N/A	2
PHYSICIAN ASSISTANT:	HYDROCODONE-ACETAMINOPHEN	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	HYDROCODONE-ACETAMINOPHEN	Radiculopathy, cervical region	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	ICOSAPENT ETHYL	Hyperlipidemia, unspecified	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	INSULIN ASPART	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	ISOTRETINOIN	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT:	ISOTRETINOIN	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT:	ITRACONAZOLE	Local infection of the skin and subcutaneous tissue, unspecified	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	LISDEXAMFETAMINE DIMESYLATE	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	Denied	MEDICAL NECESSITY	3
PHYSICIAN ASSISTANT:	MOUNJARO	N/A	Canceled	N/A	3

PHYSICIAN ASSISTANT:	MOUNJARO	Type 2 diabetes mellitus with diabetic chronic kidney disease	Canceled	N/A	1
PHYSICIAN ASSISTANT:	MOUNJARO	Type 2 diabetes mellitus with diabetic chronic kidney disease	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
PHYSICIAN ASSISTANT:	MOUNJARO	Type 2 diabetes mellitus with other diabetic kidney complication	Approved	N/A	1
PHYSICIAN ASSISTANT:	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	3
PHYSICIAN ASSISTANT:	MOVANTI	Drug induced constipation	Approved	N/A	1
PHYSICIAN ASSISTANT:	NURTEC ODT	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	NURTEC ODT	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	OTEZLA	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	OXYCODONE-ACETAMINOPHEN	Other reactive arthropathies, left knee	Denied	N/A	1
PHYSICIAN ASSISTANT:	OZEMPIC	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	OZEMPIC	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
PHYSICIAN ASSISTANT:	PHENTERMINE HCL	Body mass index (BMI) 29.0-29.9, adult	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	PROMETHAZINE-DM	Acute upper respiratory infection, unspecified	Denied	N/A	1
PHYSICIAN ASSISTANT:	PROMETHAZINE-DM	N/A	Canceled	N/A	3
PHYSICIAN ASSISTANT:	QUVIVIQ	Insomnia, unspecified	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	REPATHA SURECLICK	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	RINVOQ	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	SKYRIZI PEN	N/A	Approved	N/A	2
PHYSICIAN ASSISTANT:	SKYRIZI PEN	N/A	Canceled	N/A	2
PHYSICIAN ASSISTANT:	SKYRIZI PEN	Psoriasis vulgaris	Approved	N/A	3
PHYSICIAN ASSISTANT:	SKYRIZI PEN	Psoriasis vulgaris	Canceled	N/A	1
PHYSICIAN ASSISTANT:	SKYRIZI PEN	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	STELARA	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TACROLIMUS	Lichen simplex chronicus	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TACROLIMUS	N/A	Canceled	N/A	2
PHYSICIAN ASSISTANT:	TACROLIMUS	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TACROLIMUS	Other atopic dermatitis	Approved	N/A	3
PHYSICIAN ASSISTANT:	TACROLIMUS	Other atopic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TACROLIMUS	Other seborrheic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TACROLIMUS	Perioral dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT:	TACROLIMUS	Perioral dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TADALAFIL	Benign prostatic hyperplasia without lower urinary tract symptoms	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TALTZ AUTOINJECTOR	N/A	Canceled	N/A	2
PHYSICIAN ASSISTANT:	TALTZ AUTOINJECTOR	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TALTZ AUTOINJECTOR	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	3
PHYSICIAN ASSISTANT:	TALTZ AUTOINJECTOR (3 PACK)	Psoriasis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TALTZ AUTOINJECTOR (3 PACK)	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TESTOSTERONE	Other specified abnormal findings of blood chemistry	Denied	MEDICAL NECESSITY	1

PHYSICIAN ASSISTANT:	TESTOSTERONE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TRAMADOL HCL	N/A	Canceled	N/A	2
PHYSICIAN ASSISTANT:	TREMFYA ONE-PRESS	N/A	Approved	N/A	2
PHYSICIAN ASSISTANT:	TREMFYA ONE-PRESS	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	TREMFYA ONE-PRESS	Psoriasis vulgaris	Approved	N/A	4
PHYSICIAN ASSISTANT:	TREMFYA ONE-PRESS	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	UBRELVY	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PHYSICIAN ASSISTANT:	WEGOVY	Body mass index (BMI) 35.0-35.9, adult	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WEGOVY	Body mass index (BMI) 36.0-36.9, adult	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WEGOVY	Body mass index (BMI) 38.0-38.9, adult	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WEGOVY	Fatty (change of) liver, not elsewhere classified	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WEGOVY	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT:	WEGOVY	Obesity, unspecified	Approved	N/A	1
PHYSICIAN ASSISTANT:	WEGOVY	Other cirrhosis of liver	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WEGOVY	Overweight	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	WINLEVI	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT:	XOLAIR	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT:	ZENATANE	Other acne	Approved	N/A	1
PHYSICIAN ASSISTANT:	ZEPBOUND	Morbid (severe) obesity due to excess calories	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT:	ZEPBOUND	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT:	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT:	ZORYVE	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	AIMOVIG AUTOINJECTOR	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	2
PHYSICIAN ASSISTANT: MEDICAL	ATOVAQUONE-PROGUANIL HCL	Encounter for health counseling related to travel	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	CALCIPOTRIENE-BETAMETHASONE	Psoriasis, unspecified	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	CETIRIZINE HCL	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	CETIRIZINE HCL	N/A	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	CLINDAMYCIN-BENZOYL PEROXIDE	Acne vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	CLOBETASOL PROPIONATE	Other atopic dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Approved	N/A	2
PHYSICIAN ASSISTANT: MEDICAL	COSENTYX UNOREADY PEN	Hidradenitis suppurativa	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	DEXCOM G7 SENSOR	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	DUPIXENT PEN	Atopic dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	DUPIXENT PEN	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	DUPIXENT PEN	Other atopic dermatitis	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	DUPIXENT PEN	Other atopic dermatitis	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	DUPIXENT PEN	Other atopic dermatitis	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT: MEDICAL	EBGLYSS PEN	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	ESZOPICLONE	Primary insomnia	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	EUCRISA	Other atopic dermatitis	Approved	N/A	1

PHYSICIAN ASSISTANT: MEDICAL	FARXIGA	Type 2 diabetes mellitus without complications	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	FARXIGA	Type 2 diabetes mellitus without complications	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT: MEDICAL	GEMTESA	Overactive bladder	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	ISOTRETINOIN	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	ITRACONAZOLE	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	ITRACONAZOLE	Tinea pedis	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	JOURNAVX	Vertebrogenic low back pain	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	KERENDIA	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	KERENDIA	N/A	Denied	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	LITFULO	Alopecia universalis	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	MOUNJARO	Polycystic ovarian syndrome	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	MOUNJARO	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	OTEZLA	N/A	Canceled	N/A	4
PHYSICIAN ASSISTANT: MEDICAL	OTEZLA	Psoriasis vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	OZEMPIC	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	PIMECROLIMUS	Perioral dermatitis	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	PIMECROLIMUS	Perioral dermatitis	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	QULIPTA	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	RINVOQ	Other atopic dermatitis	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SILDENAFIL CITRATE	Testicular hypofunction	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SILDENAFIL CITRATE	Testicular hypofunction	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI	Psoriasis vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI PEN	N/A	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI PEN	Psoriasis vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI PEN	Psoriasis vulgaris	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	SKYRIZI PEN	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	TACROLIMUS	Other atopic dermatitis	Approved	N/A	2
PHYSICIAN ASSISTANT: MEDICAL	TALTZ AUTOINJECTOR	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	3
PHYSICIAN ASSISTANT: MEDICAL	TALTZ SYRINGE	N/A	Canceled	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	TALTZ SYRINGE	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	2
PHYSICIAN ASSISTANT: MEDICAL	TREMFYA	Psoriasis vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	TREMFYA ONE-PRESS	Psoriasis vulgaris	Approved	N/A	2
PHYSICIAN ASSISTANT: MEDICAL	UBRELVY	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	VEOZAH	Menopausal and female climacteric states	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: MEDICAL	VEOZAH	N/A	Canceled	N/A	1

PHYSICIAN ASSISTANT: MEDICAL	WEGOVS	Obesity, class 2	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	WINLEVI	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	XOLAIR	N/A	Denied	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	ZENATANE	Acne vulgaris	Approved	N/A	1
PHYSICIAN ASSISTANT: MEDICAL	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
PHYSICIAN ASSISTANT: SURGICAL	ENVARUSUS XR	Encounter for aftercare following liver transplant	Approved	N/A	1
PODIATRIST: FOOT & ANKLE SURGERY	ITRACONAZOLE	Tinea unguium	Approved	N/A	1
PODIATRIST: FOOT & ANKLE SURGERY	NUZYRA	Local infection of the skin and subcutaneous tissue, unspecified	Approved	N/A	2
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	GUANFACINE HCL ER	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	2
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	LISDEXAMFETAMINE DIMESYLATE	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	QELBREE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	QELBREE	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	SPRAVATO	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	2
PSYCHIATRY & NEUROLOGY: CHILD & ADOL	VRAYLAR	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: CLINICAL NEU	HYDROCODONE-ACETAMINOPHEN	Long term (current) use of opiate analgesic	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AIMOVIG AUTOINJECTOR	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	4
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AIMOVIG AUTOINJECTOR	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AIMOVIG AUTOINJECTOR	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	4
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AIMOVIG AUTOINJECTOR	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AJOVY AUTOINJECTOR	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AJOVY AUTOINJECTOR	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AJOVY SYRINGE	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	AJOVY SYRINGE	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ARMODAFINIL	Other fatigue	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	BELSOMRA	Relapsing-remitting multiple sclerosis	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	BOTOX	N/A	Canceled	N/A	3
PSYCHIATRY & NEUROLOGY: NEUROLOGY	BOTOX	Spastic diplegic cerebral palsy	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	BUTORPHANOL TARTRATE	Chronic migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ELETRIPTAN HBR	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ELETRIPTAN HBR	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ELETRIPTAN HBR	Migraine with aura, intractable, without status migrainosus	Approved	N/A	3
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ELETRIPTAN HBR	Migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1

PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Chronic migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Migraine with aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	2
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	3
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	N/A	Approved	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	N/A	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	N/A	Canceled	N/A	4
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY PEN	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY SYRINGE	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY SYRINGE	N/A	Approved	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	EMGALITY SYRINGE	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	KESIMPTA PEN	Multiple sclerosis	Approved	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	KESIMPTA PEN	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	LAMOTRIGINE ER	Epilepsy, unspecified, not intractable, without status epilepticus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	LAMOTRIGINE ER	Epilepsy, unspecified, not intractable, without status epilepticus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	MODAFINIL	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	MODAFINIL	Relapsing-remitting multiple sclerosis	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	MODAFINIL	Relapsing-remitting multiple sclerosis	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Chronic migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine with aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine without aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	2
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	Migraine without aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	4
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NURTEC ODT	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	Chronic migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	Migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	Migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	Migraine with aura, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1

PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	N/A	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	QULIPTA	N/A	Canceled	N/A	2
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ROPINIROLE ER	Parkinson's disease without dyskinesia, without mention of fluctuations	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine, unspecified, not intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine with aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine with aura, intractable, without status migrainosus	Denied	MEDICAL NECESSITY	4
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine with aura, intractable, with status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	Migraine without aura, not intractable, without status migrainosus	Approved	N/A	2
PSYCHIATRY & NEUROLOGY: NEUROLOGY	UBRELVY	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	XEOMIN	Spasmodic torticollis	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	XTAMPZA ER	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ZAVZPRET	Migraine without aura, intractable, without status migrainosus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	ZEMBRACE SYMTOUCH	Migraine, unspecified, not intractable, without status migrainosus	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	NAYZILAM	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	VALTOCO	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: NEUROLOGY	VALTOCO	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ABILIFY ASIMTUFI	Bipolar disorder, current episode depressed, moderate	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ABILIFY MAINTENA	Bipolar disorder, current episode depressed, moderate	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ABILIFY MAINTENA	Bipolar disorder, current episode depressed, moderate	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ARMODAFINIL	Insomnia, unspecified	Denied	MEDICAL NECESSITY	2
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	AZSTARYS	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	AZSTARYS	N/A	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	AZSTARYS	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	DEXMETHYLPHENIDATE HCL	N/A	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	DOXEPIN HCL	Primary insomnia	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ESZOPICLONE	Nightmare disorder	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	FETZIMA	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	FETZIMA	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	INVEGA HAFYERA	Schizoaffective disorder, bipolar type	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	INVEGA HAFYERA	Schizophrenia, unspecified	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	JORNAY PM	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Approved	N/A	3
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	7
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly hyperactive type	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	3

PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, unspecified type	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	N/A	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	N/A	Canceled	N/A	3
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	LISDEXAMFETAMINE DIMESYLATE	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	MODAFINIL	N/A	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	MODAFINIL	Obstructive sleep apnea (adult) (pediatric)	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	REXULTI	Major depressive disorder, recurrent, moderate	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	REXULTI	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	TEMAZEPAM	Social phobia, unspecified	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	TRINTELLIX	Major depressive disorder, recurrent, moderate	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	TRINTELLIX	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	VRAYLAR	Major depressive disorder, recurrent, moderate	Approved	N/A	2
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	VRAYLAR	Major depressive disorder, recurrent, moderate	Denied	MEDICAL NECESSITY	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	VRAYLAR	Major depressive disorder, recurrent severe without psychotic features	Approved	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	VYVANSE	N/A	Canceled	N/A	1
PSYCHIATRY & NEUROLOGY: PSYCHIATRY	ZURZUVAE	N/A	Approved	N/A	1
SPECIALIST:	COSENTYX UNOREADY PEN	Other follicular disorders	Canceled	N/A	1
SPECIALIST:	COSENTYX UNOREADY PEN	Other follicular disorders	Denied	MEDICAL NECESSITY	1
SPECIALIST:	HYDROCODONE-ACETAMINOPHEN	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
SPECIALIST:	HYOSCYAMINE SULFATE	N/A	Canceled	N/A	1
SPECIALIST:	ISOTRETINOIN	Acne vulgaris	Approved	N/A	1
SPECIALIST:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, combined type	Denied	MEDICAL NECESSITY	3
SPECIALIST:	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Approved	N/A	1
SPECIALIST:	TRAMADOL HCL	Unspecified fracture of right patella, subsequent encounter for closed fracture with routine healing	Denied	MEDICAL NECESSITY	1
SPECIALIST:	VRAYLAR	Dysthymic disorder	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	ADDYI	Hypoactive sexual desire disorder	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	AJOVY AUTOINJECTOR	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	AMNESTEEM	Acne vulgaris	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	AMNESTEEM	N/A	Canceled	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	CLOBETASOL PROPIONATE	Other cicatricial alopecia	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	CLOBETASOL PROPIONATE	Psoriasis vulgaris	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	DEXCOM G7 SENSOR	N/A	Canceled	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	ELIQUIS	N/A	Denied	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	LIDOCAINE	Other chest pain	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	LISDEXAMFETAMINE DIMESYLATE	Attention-deficit hyperactivity disorder, predominantly inattentive type	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	MOUNJARO	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	MOUNJARO	Type 2 diabetes mellitus without complications	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	OZEMPIC	N/A	Approved	N/A	1

STUDENT IN AN ORGANIZED HEALTH CARE	OZEMPIC	N/A	Canceled	N/A	3
STUDENT IN AN ORGANIZED HEALTH CARE	OZEMPIC	Type 2 diabetes mellitus with other circulatory complications	Approved	N/A	2
STUDENT IN AN ORGANIZED HEALTH CARE	OZEMPIC	Type 2 diabetes mellitus without complications	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	SILDENAFIL CITRATE	Male erectile dysfunction, unspecified	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	SILDENAFIL CITRATE	Male erectile dysfunction, unspecified	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	SKYRIZI PEN	N/A	Canceled	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	SKYRIZI PEN	Psoriasis vulgaris	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	TRULICITY	Type 2 diabetes mellitus with unspecified complications	Approved	N/A	1
STUDENT IN AN ORGANIZED HEALTH CARE	ZEPBOUND	Body mass index (BMI) 40.0-44.9, adult	Denied	MEDICAL NECESSITY	1
STUDENT IN AN ORGANIZED HEALTH CARE	ZEPBOUND	Obstructive sleep apnea (adult) (pediatric)	Denied	MEDICAL NECESSITY	1
SURGERY:	HYDROCODONE-ACETAMINOPHEN	Chronic pain syndrome	Denied	MEDICAL NECESSITY	1
SURGERY:	LINEZOLID	N/A	Approved	N/A	1
SURGERY: SURGICAL CRITICAL CARE	LINEZOLID	N/A	Approved	MEDICAL NECESSITY	1
TRANSPLANT SURGERY:	VALGANCICLOVIR HCL	Pancreas transplant status	Denied	MEDICAL NECESSITY	1
TRANSPLANT SURGERY:	WEGOVY	Body mass index (BMI) 50.0-59.9, adult	Denied	MEDICAL NECESSITY	2
TRANSPLANT SURGERY:	ZEPBOUND	Body mass index (BMI) 50.0-59.9, adult	Denied	MEDICAL NECESSITY	1
UROLOGY:	FIRMAGON	Malignant neoplasm of prostate	Approved	N/A	1
UROLOGY:	GEMTESA	Frequency of micturition	Denied	MEDICAL NECESSITY	1
UROLOGY:	GEMTESA	Overactive bladder	Approved	N/A	1
UROLOGY:	LITHOSTAT	Calculus of kidney	Approved	MEDICAL NECESSITY	1
UROLOGY:	LITHOSTAT	Calculus of kidney	Denied	MEDICAL NECESSITY	1
UROLOGY:	MIRABEGRON ER	Overactive bladder	Approved	N/A	3
UROLOGY:	TADALAFIL	Male erectile dysfunction, unspecified	Denied	MEDICAL NECESSITY	2
UROLOGY:	XIAFLEX	Induration penis plastica	Approved	N/A	1