## **Approvals and Denials**

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

Service Code/Drug Name	Service Code Description	APPROVED	DENIED	<b>Total Prior Authorizations</b>
27096	INJECT SI JOINT ARTHRGRPHY and /ANES/STEROID W/IMA	1	0	1
APPROVED		1	0	1
64625	RADIOFREQUENCY ABLTJ NRV NRVTG SI JT W/IMG GDN	0	2	2
DENIED		0	2	2
Insufficient Info		0	2	2
96573	PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ BY PHYS/QHP	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
96574	DEBRIDEMENT PRMLG HYPERKERATOTIC LES W/PDT	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
A9276	SENSOR;INVSV DISP INTRSTL CONT GLU MON SYS 1U Equal to 1D	0	6	6
DENIED		0	6	6
Administrative Denial		0	1	1
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
A9277	TRANSMITTER; EXT INTERSTITIAL CONT GLU MON SYS	0	6	6
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
A9278	RECEIVER MON; EXT INTERSTITIAL CONT GLU MON SYS	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Abaloparatide		13	12	25
APPROVED		13	0	13
DENIED		0	12	12
Criteria Not Met		0	12	12
Abatacept		34	43	77
APPROVED		34	0	34
DENIED		0	43	43
Administrative Denial		0	1	1

Criteria Not Met	0	32	32
Duration of Therapy Exceeded	0	10	10
Abemaciclib	33	8	41
APPROVED	33	0	33
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Abiraterone	22	4	26
APPROVED	22	0	22
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
Acalabrutinib	1	0	1
APPROVED	1	0	1
ACE Inhibitors & Thiazide/Thiazide-Like - Two Ingredient	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Acitretin	3	11	14
APPROVED	3	0	3
DENIED	0	11	11
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	1	1
Aclidinium	1	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	3	3
Acne Combination - Three Ingredient	0	15	15
DENIED	0	15	15
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	1	1
Acne Combination - Two Ingredient	5	175	180
APPROVED	5	0	5
DENIED	0	175	175
Criteria Not Met	0	174	174
Duration of Therapy Exceeded	0	1	1
Acyclovir Topical	11	129	140
APPROVED	11	0	11
DENIED	0	129	129
Administrative Denial	0	1	1
Criteria Not Met	0	128	128

Adakveo SOLN 100MG/10ML	2	0	2
APPROVED	2	0	2
Adalimumab	289	336	625
APPROVED	289	0	289
DENIED	0	336	336
Criteria Not Met	0	272	272
Duration of Therapy Exceeded	0	64	64
Adapalene	3	22	25
APPROVED	3	0	3
DENIED	0	22	22
Criteria Not Met	0	22	22
Adcetris SOLR 50MG	14	8	22
APPROVED	14	0	14
DENIED	0	8	8
Administrative Denial	0	2	2
Criteria Not Met	0	6	6
Ado-Trastuzumab	8	1	9
APPROVED	8	0	8
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Adrenergic Combination - Three Ingredient	24	162	186
APPROVED	24	0	24
DENIED	0	162	162
Criteria Not Met	0	150	150
Duration of Therapy Exceeded	0	12	12
Adrenergic Combination - Two Ingredient	24	52	76
APPROVED	24	0	24
DENIED	0	52	52
Criteria Not Met	0	47	47
Duration of Therapy Exceeded	0	5	5
Aflibercept	124	143	267
APPROVED	124	0	124
DENIED	0	143	143
Administrative Denial	0	1	1
Appeal Withdrawn	0	1	1
Criteria Not Met	0	80	80
Duration of Therapy Exceeded	0	45	45
Insufficient Info	0	16	16
Agalsidase	1	0	1
APPROVED	1	0	1
Albendazole	3	14	17

APPROVED	3	0	3
DENIED	0	14	14
Criteria Not Met	0	14	14
Albuterol	12	14	26
APPROVED	12	0	12
DENIED	0	14	14
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	1	1
Alectinib	1	0	1
APPROVED	1	0	1
Alfuzosin	8	4	12
APPROVED	8	0	8
DENIED	0	4	4
Criteria Not Met	0	4	4
Alirocumab	2	7	9
APPROVED	2	0	2
DENIED	0	7	7
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	2	2
Aliskiren	1	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Almotriptan	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Alogliptin	21	1	22
APPROVED	21	0	21
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Alpelisib	9	1	10
APPROVED	9	0	9
DENIED	0	1	1
Criteria Not Met	0	1	1
Alprazolam	17	8	25
APPROVED	17	0	17
DENIED	0	8	8
Criteria Not Met	0	8	8
Alternative Medicine - Al's	0	1	1
DENIED	0	1	1

Non-Covered Benefit	0	1	1
Ambrisentan	7	3	10
APPROVED	7	0	7
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Aminocaproic Acid	2	0	2
APPROVED	2	0	2
Amitriptyline	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Amlodipine	20	34	54
APPROVED	20	0	20
DENIED	0	34	34
Criteria Not Met	0	33	33
Duration of Therapy Exceeded	0	1	1
Amphetamine	1	9	10
APPROVED	1	0	1
DENIED	0	9	9
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	1	1
Amphetamine Mixtures - Two Ingredient	1482	259	1741
APPROVED	1482	0	1482
DENIED	0	259	259
Criteria Not Met	0	227	227
Duration of Therapy Exceeded	0	32	32
Amzeeq 4% EX FOAM	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Anakinra	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Analgesics-Sedative Combination - Three Ingredient	0	53	53
DENIED	0	53	53
Criteria Not Met	0	52	52
Duration of Therapy Exceeded	0	1	1
Analgesics-Sedative Combination - Two Ingredient	0	4	4
DENIED	0	4	4

Criteria Not Met	0	4	4
Angiotensin II Recept Antag & Ca Chan Block Comb - 2 Ingred	9	18	27
APPROVED	9	0	9
DENIED	0	18	18
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	2	2
Angiotensin II Receptor Antagonists & Thiazides - Two Ingred	59	101	160
APPROVED	59	0	59
DENIED	0	101	101
Criteria Not Met	0	97	97
Duration of Therapy Exceeded	0	4	4
Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides	3	18	21
APPROVED	3	0	3
DENIED	0	18	18
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	8	8
Anticholinergic Combination - Four Ingredient	0	2	2
DENIED	0	2	2
Administrative Denial	0	1	1
Criteria Not Met	0	1	1
Anticholinergic Combination - Two Ingredient	2	11	13
APPROVED	2	0	2
DENIED	0	11	11
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	1	1
Non-Covered Benefit	0	3	3
Antiemetic Combination - Two Ingredient	33	44	77
APPROVED	33	0	33
DENIED	0	44	44
Criteria Not Met	0	29	29
Duration of Therapy Exceeded	0	12	12
Insufficient Info	0	3	3
Antihemophilic Factor	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Antihistamine-Steroid Two Ingredient	2	11	13
APPROVED	2	0	2
DENIED	0	11	11
Criteria Not Met	0	11	11

Anti-infective Misc. Combination - Two Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Anti-inflammatory Combinations Topical - Four Ingredient	0	14	14
DENIED	0	14	14
Criteria Not Met	0	14	14
Antineoplastic Combination - Two Ingredient	14	3	17
APPROVED	14	0	14
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
Anti-Obesity Combination - Two Ingredient	0	20	20
DENIED	0	20	20
Administrative Denial	0	14	14
Criteria Not Met	0	1	1
Non-Covered Benefit	0	5	5
Antiretroviral Combination - Four Ingredient	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Antiretroviral Combination - Three Ingredient	5	2	7
APPROVED	5	0	5
DENIED	0	2	2
Criteria Not Met	0	2	2
Antiretroviral Combination - Two Ingredient	8	10	18
APPROVED	8	0	8
DENIED	0	10	10
Criteria Not Met	0	10	10
Apixaban	584	151	735
APPROVED	584	0	584
DENIED	0	151	151
Criteria Not Met	0	96	96
Duration of Therapy Exceeded	0	54	54
Non-Covered Benefit	0	1	1
Apremilast	58	180	238
APPROVED	58	0	58
DENIED	0	180	180
Criteria Not Met	0	166	166
Direct Member Reimbursement	0	1	1
Duration of Therapy Exceeded	0	13	13
Aprepitant	39	22	61

APPROVED	39	0	39
DENIED	0	22	22
Criteria Not Met	0	19	19
Duration of Therapy Exceeded	0	3	3
Aripiprazole	208	127	335
APPROVED	208	0	208
DENIED	0	127	127
Criteria Not Met	0	103	103
Duration of Therapy Exceeded	0	24	24
Armodafinil	12	20	32
APPROVED	12	0	12
DENIED	0	20	20
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	4	4
ARNI-Angiotensin II Recept Antag Comb - Two Ingredient	188	192	380
APPROVED	188	0	188
DENIED	0	192	192
Criteria Not Met	0	164	164
Duration of Therapy Exceeded	0	28	28
Artificial Saliva	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Asenapine	2	5	7
APPROVED	2	0	2
DENIED	0	5	5
Criteria Not Met	0	5	5
Atezolizumab	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Atomoxetine	32	228	260
APPROVED	32	0	32
DENIED	0	228	228
Administrative Denial	0	2	2
Criteria Not Met	0	200	200
Duration of Therapy Exceeded	0	26	26
Atorvastatin	32	33	65
APPROVED	32	0	32
DENIED	0	33	33
Administrative Denial	0	1	1
Criteria Not Met	0	32	32
Atovaquone	25	22	47

APPROVED	25	0	25
DENIED	0	22	22
Criteria Not Met	0	21	21
Duration of Therapy Exceeded	0	1	1
Avanafil	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Axitinib	3	0	3
APPROVED	3	0	3
Azelaic Acid	5	28	33
APPROVED	5	0	5
DENIED	0	28	28
Criteria Not Met	0	28	28
Azelastine	37	128	165
APPROVED	37	0	37
DENIED	0	128	128
Criteria Not Met	0	106	106
Duration of Therapy Exceeded	0	22	22
Azilsartan	4	7	11
APPROVED	4	0	4
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Azithromycin	10	4	14
APPROVED	10	0	10
DENIED	0	4	4
Criteria Not Met	0	4	4
Aztreonam	0	2	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Insufficient Info	0	1	1
Baclofen	8	19	27
APPROVED	8	0	8
DENIED	0	19	19
Criteria Not Met	0	19	19
Baricitinib	3	3	6
APPROVED	3	0	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Belimumab	32	35	67
APPROVED	32	0	32

DENIED	0	35	35
Administrative Denial	0	1	1
Criteria Not Met	0	24	24
Duration of Therapy Exceeded	0	10	10
Benralizumab	9	26	35
APPROVED	9	0	9
DENIED	0	26	26
Administrative Denial	0	2	2
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	1	1
Bepotastine	6	80	86
APPROVED	6	0	6
DENIED	0	80	80
Criteria Not Met	0	75	75
Duration of Therapy Exceeded	0	5	5
Besifloxacin	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Beta Blocker & Diuretic Combination - Two Ingredient	1	7	8
APPROVED	1	0	1
DENIED	0	7	7
Criteria Not Met	0	7	7
Beta-blockers - Ophthalmic Combination - Two Ingredient	3	4	7
APPROVED	3	0	3
DENIED	0	4	4
Criteria Not Met	0	4	4
Betamethasone	1	5	6
APPROVED	1	0	1
DENIED	0	5	5
Criteria Not Met	0	5	5
Bevacizumab	19	11	30
APPROVED	19	0	19
DENIED	0	11	11
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	3	3
Insufficient Info	0	1	1
Bexarotene	2	0	2
APPROVED	2	0	2
Bezlotoxumab	1	2	3
APPROVED	1	0	1

DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Bimatoprost	31	32	63
APPROVED	31	0	31
DENIED	0	32	32
Administrative Denial	0	1	1
Criteria Not Met	0	21	21
Duration of Therapy Exceeded	0	8	8
Insufficient Info	0	2	2
Blood Glucose Monitoring Supplies	0	12	12
DENIED	0	12	12
Criteria Not Met	0	12	12
Bortezomib	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
BOSULIF 100MG TAB	1	0	1
APPROVED	1	0	1
Bosutinib	1	0	1
APPROVED	1	0	1
Botulinum Toxin	66	114	180
APPROVED	66	0	66
DENIED	0	114	114
Administrative Denial	0	3	3
Criteria Not Met	0	87	87
Duration of Therapy Exceeded	0	16	16
Insufficient Info	0	8	8
Brentuximab	2	3	5
APPROVED	2	0	2
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Brexpiprazole	13	19	32
APPROVED	13	0	13
DENIED	0	19	19
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	4	4
Brimonidine	2	12	14
APPROVED	2	0	2

DENIED	0	12	12
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	1	1
Bromfenac	0	25	25
DENIED	0	25	25
Criteria Not Met	0	24	24
Duration of Therapy Exceeded	0	1	1
Budesonide	43	77	120
APPROVED	43	0	43
DENIED	0	77	77
Criteria Not Met	0	71	71
Duration of Therapy Exceeded	0	6	6
Buprenorphine	23	89	112
APPROVED	23	0	23
DENIED	0	89	89
Criteria Not Met	0	81	81
Duration of Therapy Exceeded	0	8	8
Bupropion	12	30	42
APPROVED	12	0	12
DENIED	0	30	30
Criteria Not Met	0	30	30
Buspirone	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Butorphanol	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5
Ca Channel Blocker & HMG CoA Reductase Inhib Comb 2 Ingred	0	6	6
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
CABOMETYX 40MG TAB	1	0	1
APPROVED	1	0	1
Cabozantinib	1	0	1
APPROVED	1	0	1
Calcifediol	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Calcipotriene	15	38	53
APPROVED	15	0	15

Citeria Not Met         0         35         35           Duration of Therapy Exceeded         0         3         3           Calcum Carbonates         0         2         2           DENEID         0         2         2           Administrative Derival         0         1         1           Citeria Not Met         0         1         1           Callegrace 10MOR GR APS         9         0         9           APPROVED         9         0         9           Canagelfloar         10         6         86           APPROVED         9         0         9           APPROVED         10         0         10           DENEED         10         0         10           DENEED         0         76         76           Approvince         0         25         65           Duration of Therapy Exceeded         0         25         65           DENEED         0         20         20         20           Expectable         9         0         9         9           DENEID         0         20         20         20           DENEID				
Duration of Therapy Exceeded         0         2         2           DENUED         0         2         2           DENUED         0         2         2           Administrative Denial         0         1         1           Criteria Nat Mer         0         0         1         1           Caleguence 10MKO DK CAPS         9         0         9           PAPROVED         10         76         86           Campatificatin         10         7         76           Appell Willerform         0         7         76           Appell Willerform         0         2         2         2           Criteria Nat Mer         0         2         2         2           Appell Willerform         0         5         6         6           Criteria Nat Mer         0         2         2         2           Appell Willerform         0         2         2         2           Appell Willerform         0         2         2         2           Criteria Nat Mer         0         2         2         2           Appell Willerform         0         2         2         2	DENIED	0	38	38
Carloinato   Car				
DEMINED				
Administrative Denial	Calcium Carbonate	0	2	2
Criteria Not Met         0         1         1           Calquence (10MG or CAPS)         9         0         9           APPROVED         9         0         9           Canagifforin         10         76         86           APPROVED         10         0         10           DENIED         0         76         76           Appeal Withdrawn         0         2         2         2           Criteria Not Met         0         65         65           Duration of Therapy Exceeded         0         9         9         9           Cardesastan         32         20         72         2           APPROVED         52         0         52         0         52           DENIED         0         20<	DENIED	0	2	2
Calquence 100MG OR CAPS         9         0         9           APPROVED         9         0         9           Canagifforia         10         76         86           APPROVED         10         0         10           DENIED         10         0         16         76           Appeal Withdrawn         0         2         2         2           Circlin Not Met         0         95         65         65           Duration of Therapy Exceeded         0         95         9         9           CAPROVED         52         0         52         0         52           CPENIED         0         20         20         20           CHAIR D         0         20         20         20           CHAIR D         0         20         20         20           CHAIR D         0         20         20         20           CHENIED         0         20         20         20           CAPPROVED         94         0         94         20         94           CPRINTED         0         2         2         2         2           CHAIR D <th< td=""><td>Administrative Denial</td><td>0</td><td>1</td><td>1</td></th<>	Administrative Denial	0	1	1
APPROVED         9         0         9           Canagifflozin         10         76         86           APPROVED         10         0         10           DENIED         10         76         76           Appeal Wichtram         0         72         76           Criteria Not Met         0         65         65           Durston of Therapy Exceeded         0         9         9         9           Candesartam         52         20         72         20         72           APPROVED         52         0         0         52         0         0         52         0         0         2         0         0         0 <t< td=""><td>Criteria Not Met</td><td>0</td><td>1</td><td>1</td></t<>	Criteria Not Met	0	1	1
Canapilifoxin         10         76         86           APPROVED         10         0         10           DENIED         0         76         76           Appeal Withdrawn         0         2         2           Criteria Nort Met         0         65         65           Duration of Therapy Exceeded         0         9         9           Candesartan         52         20         72           APPROVED         52         0         32           DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         11         11           Cappertabline         94         28         12           APPROVED         94         28         12           APPROVED         94         28         12           Criteria Not Met         0         2         2           Criteria Not Met         0         7         7           Criteria Not Met         0         5         5           Criteria Not Met         0         6         6           Criteria Not Met         0 <td< td=""><td>Calquence 100MG OR CAPS</td><td>9</td><td>0</td><td>9</td></td<>	Calquence 100MG OR CAPS	9	0	9
APROVED         10         0         10           OENIED         0         76         76           Appeal Withdrawn         0         2         2           Ciffieria Not Met         0         65         65           Duration of Therapy Exceeded         0         9         9           Condesartan         52         20         72           APROVED         52         0         52           DENIED         0         20         20           Ciffieria Not Met         0         11         11           Duration of Therapy Exceeded         0         9         9           Capecitable         9         9         9           APROVED         9         9         9           Capecitable         0         9         9         9           Capecitable         0         9         9         9           Capecitable         0         2         0         0         2           DENIED         0         2         2         2         2           Citieria Not Met         0         0         1         1         1         1         1         1         1 <td>APPROVED</td> <td>9</td> <td>0</td> <td>9</td>	APPROVED	9	0	9
DENIED         0         76         76           Appeal Withdrawn         0         2         2           Criteria Not Met         0         65         65           Duration of Therapy Exceeded         0         9         9           Candesartan         52         20         72           APPROVED         52         0         52           DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         9         9           Capectable         0         9         9         9           APPROVED         94         28         122           APPROVED         94         28         28           Chieria Not Met         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         1         1         1           Insufficient Info         0         1         5         6           APPROVED         1         5         6         6           DENIED         0         5         5 <td< td=""><td>Canagliflozin</td><td>10</td><td>76</td><td>86</td></td<>	Canagliflozin	10	76	86
Appeal Withdrawn         0         2         2           Criteria Not Met         0         65         65           Duration of Therapy Exceeded         0         9         9           Candesartan         52         20         72           APPROVED         52         0         52           DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         9         9         9           Cappetiather         94         28         122           APPROVED         94         0         94         28           APPROVED         94         0         94         28         122           APPROVED         94         0         94         20         20         20           Duration of Therapy Exceeded         0         0         2         2         20 <td>APPROVED</td> <td>10</td> <td>0</td> <td>10</td>	APPROVED	10	0	10
Criteria Not Met         0         65         65           Duration of Therapy Exceeded         0         9         9           Candesartan         52         20         72           APPROVED         52         0         52           DENIED         0         0         20         20           Criteria Not Met         0         11         11         11           Duration of Therapy Exceeded         0         9         9         9           Capectable         94         28         122           APPROVED         94         28         122           APPROVED         94         0         94         28           CPICTION OF Therapy Exceeded         94         0         94         94         94         12	DENIED	0	76	76
Duration of Therapy Exceeded         0         9         9           Candesarian         52         20         72           APPROVED         52         0         52           DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         94         28         12           APPROVED         94         0         94           APPROVED         94         0         94           APPROVED         94         0         94           Cappertabline         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Capplyta 42MGOR CAPS         1         0         1         1           APPROVED         1         0         1         2         2         2 <td>Appeal Withdrawn</td> <td>0</td> <td>2</td> <td>2</td>	Appeal Withdrawn	0	2	2
Candesartan         52         20         72           APPROVED         52         0         52           DENIED         0         0         20           Criteria Not Met         0         0         11         11           Duration of Therapy Exceeded         0         9         9         9           Capecitabine         94         0         94         122           APPROVED         94         0         94         28         28           Citieria Not Met         0         20         20         20           Duration of Therapy Exceeded         0         0         20         20           Insufficient Info         0         0         1         1         1           Capyla 24MG CAPS         1         5         6         6         6         6           APPROVED         0         0         5         <	Criteria Not Met	0	65	65
APPROVED         52         0         52           DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         9         9           Capecitabine         94         28         122           APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1         1           Caplyta 42MG OR CAPS         1         5         6           APPROVED         1         0         1         1           DENIED         0         5         5         5           Criteria Not Met         0         5         5         5           Copsaicin         0         6         6         6           Criteria Not Met         0         2         2         2           Capitaliza         0         2         2         2           Criteria Not Met         0	Duration of Therapy Exceeded	0	9	9
DENIED         0         20         20           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         94         28         122           APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1         1           Captyta 42MG OR CAPS         1         5         6           APROVED         0         5         5           Criteria Not Met         0         5         5           Criteria Not Met         0         6         6           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2         2           Criteria Not Met         0         2         2         2           Carbinoxam	Candesartan	52	20	72
Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         9         9           Capecitabine         94         28         122           APPROVED         94         0         94         28         28           DENIED         0         28         28         28           Criteria Not Met         0         20         20         20           Duration of Therapy Exceeded         0         7         7         7           Insufficient Info         0         1         2         2         2         2         2         2         2 </td <td>APPROVED</td> <td>52</td> <td>0</td> <td>52</td>	APPROVED	52	0	52
Duration of Therapy Exceeded         0         9         9           Capecitabine         94         28         122           APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1         1           Caplyst 42MG OR CAPS         1         5         6           APPROVED         1         0         1         1           DENIED         0         5         5         5           Criteria Not Met         0         6         6         6           DENIED         0         6         6         6           Criteria Not Met         0         6         6         6           Criteria Not Met         0         2         2         2           Cariprazine         0         2         2         2           APPROVED         43         0         43         136         179           APPROVED         4         3         0         43	DENIED	0	20	20
Capecitabine         94         28         122           APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1           Caply a 2MG OR CAPS         1         5         6           APPROVED         1         0         1         1           DENIED         0         5         5         5           Criteria Not Met         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Criteria Not Met         0         6         6           Carbinoxamire         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Carbinoxamire         0         2         2           Carbinoxamire         0         2         2           Carbinoxamire         0 <t< td=""><td>Criteria Not Met</td><td>0</td><td>11</td><td>11</td></t<>	Criteria Not Met	0	11	11
APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1           Caplyta 42MG OR CAPS         1         5         6           APPROVED         1         0         1           DENIED         0         5         5           Criteria Not Met         0         5         5           DENIED         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           APPROVED         43         0         43           APPROVED         43         0         43           DENIED         43         0         43 <td< td=""><td>Duration of Therapy Exceeded</td><td>0</td><td>9</td><td>9</td></td<>	Duration of Therapy Exceeded	0	9	9
APPROVED         94         0         94           DENIED         0         28         28           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1           Caplyta 42MG OR CAPS         1         5         6           APPROVED         1         0         1           DENIED         0         5         5           Criteria Not Met         0         5         5           DENIED         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           APPROVED         43         0         43           APPROVED         43         0         43           DENIED         43         0         43 <td< td=""><td>Capecitabine</td><td>94</td><td>28</td><td>122</td></td<>	Capecitabine	94	28	122
Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1           Capta 42MG OR CAPS         1         5         6           APPROVED         1         0         1           DENIED         0         5         5           Criteria Not Met         0         5         5           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         136         136 <tr< td=""><td></td><td>94</td><td>0</td><td>94</td></tr<>		94	0	94
Duration of Therapy Exceeded         0         7         7           Insufficient Info         0         1         1           Capity a 42MG OR CAPS         1         5         6           APPROVED         1         0         1           DENIED         0         5         5           Criteria Not Met         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         43         0         43           DENIED         43         0         43           Criteria Not Met         0         136         136           Criteria Not Met         0         122         122	DENIED	0	28	28
Insufficient Info       0       1       1         Caplyta 42MG OR CAPS       1       5       6         APPROVED       1       0       1         DENIED       0       5       5         Criteria Not Met       0       5       5         Capsaicin       0       6       6         DENIED       0       6       6         Cartieria Not Met       0       6       6         Carbinoxamine       0       2       2         DENIED       0       2       2         Criteria Not Met       0       2       2         Cariprazine       43       136       179         APPROVED       43       0       43         DENIED       43       0       43         Criteria Not Met       0       136       136         Criteria Not Met       0       136       136         Criteria Not Met       0       122       122	Criteria Not Met	0	20	20
Capita 42MG OR CAPS         1         5         6           APPROVED         1         0         1           DENIED         0         5         5           Criteria Not Met         0         5         5           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Capbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         136         136	Duration of Therapy Exceeded	0	7	7
APPROVED       1       0       1         DENIED       0       5       5         Criteria Not Met       0       5       5         Capsaicin       0       6       6         DENIED       0       6       6         Criteria Not Met       0       6       6         Carbinoxamine       0       2       2         DENIED       0       2       2         Criteria Not Met       0       2       2         Cariprazine       43       136       179         APPROVED       43       0       43         DENIED       0       136       136         Criteria Not Met       0       136       136         Criteria Not Met       0       122       122	Insufficient Info	0	1	1
DENIED         0         5         5           Criteria Not Met         0         5         5           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         43         136         179           APPROVED         43         0         43           DENIED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	Caplyta 42MG OR CAPS	1	5	6
Criteria Not Met         0         5         5           Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Carprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	APPROVED	1	0	1
Capsaicin         0         6         6           DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	DENIED	0	5	5
DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	Criteria Not Met	0	5	5
DENIED         0         6         6           Criteria Not Met         0         6         6           Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	Capsaicin	0	6	6
Carbinoxamine         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	DENIED	0	6	6
DENIED         0         2         2           Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	Criteria Not Met	0	6	6
Criteria Not Met         0         2         2           Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	Carbinoxamine	0	2	2
Cariprazine         43         136         179           APPROVED         43         0         43           DENIED         0         136         136           Criteria Not Met         0         122         122	DENIED	0	2	2
APPROVED       43       0       43         DENIED       0       136       136         Criteria Not Met       0       122       122	Criteria Not Met	0	2	2
APPROVED       43       0       43         DENIED       0       136       136         Criteria Not Met       0       122       122	Cariprazine	43	136	179
Criteria Not Met         0         122         122		43	0	43
Criteria Not Met         0         122         122	DENIED	0	136	136
		0	122	122
	Duration of Therapy Exceeded	0	14	14

Carvedilol	33	31	64
APPROVED	33	0	33
			31
DENIED Criteria Number	0	31	
Criteria Not Met	0	31	31
Cefazolin	16	1	17
APPROVED	16	0	16
DENIED	0	1	1
Criteria Not Met	0	1	1
Cefdinir	1	0	1
APPROVED	1	0	1
Cefepime	29	0	29
APPROVED	29	0	29
Ceftriaxone	33	10	43
APPROVED	33	0	33
DENIED	0	10	10
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	3	3
Celecoxib	108	472	580
APPROVED	108	0	108
DENIED	0	472	472
Criteria Not Met	0	443	443
Duration of Therapy Exceeded	0	29	29
Cephalexin	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Cephalosporin Combination - Two Ingredient	1	0	1
APPROVED	1	0	1
Certolizumab	32	55	87
APPROVED	32	0	32
DENIED	0	55	55
Administrative Denial	0	1	1
Criteria Not Met	0	33	33
Duration of Therapy Exceeded	0	16	16
Insufficient Info	0	4	4
Non-Covered Benefit	0	1	1
Cetirizine	5	11	16
APPROVED	5	0	5
DENIED	0	11	11
Criteria Not Met	0	11	11
Cetuximab	1	0	1

APPROVED	1	0	1
Cevimeline	6	13	19
APPROVED	6	0	6
DENIED	0	13	13
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	1	1
Chlorthalidone	8	2	10
APPROVED	8	0	8
DENIED	0	2	2
Criteria Not Met	0	2	2
Chlorzoxazone	2	4	6
APPROVED	2	0	2
DENIED	0	4	4
Criteria Not Met	0	4	4
Cholestyramine	1	19	20
APPROVED	1	0	1
DENIED	0	19	19
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	1	1
Choriogonadotropin	0	2	2
DENIED	0	2	2
Administrative Denial	0	1	1
Non-Covered Benefit	0	1	1
Ciclesonide	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ciclopirox	1	8	9
APPROVED	1	0	1
DENIED	0	8	8
Criteria Not Met	0	8	8
Cinacalcet	13	32	45
APPROVED	13	0	13
DENIED	0	32	32
Administrative Denial	0	1	1
Criteria Not Met	0	28	28
Duration of Therapy Exceeded	0	3	3
Cisplatin	3	2	5
APPROVED	3	0	3
DENIED	0	2	2
Criteria Not Met	0	2	2
Citalopram	3	8	11

APPROVED	3	0	3
DENIED	0	8	8
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	1	1
Citrates	6	0	6
APPROVED	6	0	6
Clarithromycin	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
lindamycin	0	12	12
DENIED	0	12	12
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	2	2
lindamycin Vaginal	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Clobetasol	4	32	36
APPROVED	4	0	4
DENIED	0	32	32
Criteria Not Met	0	32	32
Clomiphene	0	13	13
DENIED	0	13	13
Administrative Denial	0	6	6
Criteria Not Met	0	4	4
Non-Covered Benefit	0	3	3
Clonazepam	2	8	10
APPROVED	2	0	2
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Clonidine	10	6	16
APPROVED	10	0	10
DENIED	0	6	6
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	4	4
Clopidogrel	0	1	1
DENIED	0	1	1
Criteria Not Met	0		
	0	1	1
Clozapine			1 3
	0	1	

APPROVED	3	0	3
DENIED	0	7	7
Criteria Not Met	0	7	7
Codeine Combination - Two Ingredient	83	109	192
APPROVED	83	0	83
DENIED	0	109	109
Criteria Not Met	0	102	102
Duration of Therapy Exceeded	0	7	7
Colchicine	17	21	38
APPROVED	17	0	17
DENIED	0	21	21
Criteria Not Met	0	17	17
Duration of Therapy Exceeded	0	4	4
Collagenase	45	47	92
APPROVED	45	0	45
DENIED	0	47	47
Criteria Not Met	0	46	46
Duration of Therapy Exceeded	0	1	1
Collagenase Clostridium Histolyticum	5	29	34
APPROVED	5	0	5
DENIED	0	29	29
Criteria Not Met	0	26	26
Duration of Therapy Exceeded	0	2	2
Insufficient Info	0	1	1
Combination Contraceptives - Oral Three Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Combination Contraceptives - Oral Two Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Combination Contraceptives - Transdermal Two Ingredient	0	2	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Combination Contraceptives - Vaginal Two Ingredient	1	21	22
APPROVED	1	0	1
DENIED	0	21	21
Criteria Not Met	0	20	20
Duration of Therapy Exceeded	0	1	1
Continuous Blood Glucose Monitor System and/or Supplies	192	635	827
APPROVED	192	0	192

DENIED	0	635	635
Administrative Denial	0	1	1
Criteria Not Met	0	587	587
Duration of Therapy Exceeded	0	46	46
Non-Covered Benefit	0	1	1
Corticotropin	0	5	5
DENIED	0	5	5
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	1	1
Crisaborole	5	30	35
APPROVED	5	0	5
DENIED	0	30	30
Criteria Not Met	0	28	28
Duration of Therapy Exceeded	0	2	2
Crofelemer	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Cross-Linked Hyaluronate	0	13	13
DENIED	0	13	13
Criteria Not Met	0	13	13
Cyclobenzaprine	4	16	20
APPROVED	4	0	4
DENIED	0	16	16
Criteria Not Met	0	16	16
Cyclophosphamide	13	5	18
APPROVED	13	0	13
DENIED	0	5	5
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	1	1
Cyclosporine	244	469	713
APPROVED	244	0	244
DENIED	0	469	469
Criteria Not Met	0	445	445
Duration of Therapy Exceeded	0	24	24
Cyproheptadine	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Dabigatran	3	2	5
APPROVED	3	0	3
DENIED	0	2	2
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Criteria Not Met	0	2	2
Dabrafenib	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Dalbavancin	4	8	12
APPROVED	4	0	4
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Dalfampridine	0	7	7
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Dapagliflozin	402	210	612
APPROVED	402	0	402
DENIED	0	210	210
Administrative Denial	0	2	2
Criteria Not Met	0	154	154
Duration of Therapy Exceeded	0	54	54
Dapsone	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Daptomycin	55	30	85
APPROVED	55	0	55
DENIED	0	30	30
Administrative Denial	0	1	1
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	6	6
Daratumumab	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Darbepoetin	17	23	40
APPROVED	17	0	17
DENIED	0	23	23
Administrative Denial	0	1	1
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	7	7
Darifenacin	1	0	1
APPROVED	1	0	1
Dasatinib	6	2	8

APPROVED	6	0	6
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
DayVigo 10MG OR TABS	3	11	14
APPROVED	3	0	3
DENIED	0	11	11
Criteria Not Met	0	9	9
Duration of Therapy Exceeded	0	2	2
DayVigo 5MG OR TABS	3	10	13
APPROVED	3	0	3
DENIED	0	10	10
Criteria Not Met	0	10	10
Decongestant & Antihistamine - Two Ingredient	0	3	3
DENIED	0	3	3
Administrative Denial	0	1	1
Criteria Not Met	0	2	2
Deferasirox	2	7	9
APPROVED	2	0	2
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Denosumab	146	218	364
APPROVED	146	0	146
DENIED	0	218	218
Administrative Denial	0	1	1
Criteria Not Met	0	188	188
Duration of Therapy Exceeded	0	28	28
Insufficient Info	0	1	1
Desmopressin	5	14	19
APPROVED	5	0	5
DENIED	0	14	14
Criteria Not Met	0	14	14
Desoximetasone	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Desvenlafaxine	13	17	30
APPROVED	13	0	13
DENIED	0	17	17
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	1	1
Deutetrabenazine	0	4	4

DENIED	0	4	4
Criteria Not Met	0	4	4
Dexamethasone	15	42	57
APPROVED	15	0	15
DENIED	0	42	42
Criteria Not Met	0	39	39
Duration of Therapy Exceeded	0	1	1
Insufficient Info	0	1	1
JCode	0	1	1
Dexlansoprazole	91	69	160
APPROVED	91	0	91
DENIED	0	69	69
Criteria Not Met	0	53	53
Duration of Therapy Exceeded	0	16	16
Dexmethylphenidate	37	54	91
APPROVED	37	0	37
DENIED	0	54	54
Criteria Not Met	0	44	44
Duration of Therapy Exceeded	0	10	10
Dextroamphetamine	17	13	30
APPROVED	17	0	17
DENIED	0	13	13
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	1	1
Diclofenac	50	472	522
APPROVED	50	0	50
DENIED	0	472	472
Administrative Denial	0	1	1
Criteria Not Met	0	457	457
Duration of Therapy Exceeded	0	14	14
Diclofenac (Migraine)	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Dicyclomine	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Difluprednate	6	28	34
APPROVED	6	0	6
DENIED	0	28	28
Criteria Not Met	0	28	28

APPROVED         2           DENIED         0           Criteria Not Met         0           taizem         2           APPROVED         2           DENIED         0           Criteria Not Met         0           methyl Fumaret         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           parktyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           DENIED         339           DENIED         339           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0	0 34 34 5 0 5 0 5 27 0 27 15 12 60 0 60 1 39 20 1	2 34 34 7 2 5 5 5 39 12 27 15 12 399 339 60 1 39 20 1
Criteria Not Met         0           tiazem         2           APPROVED         2           DENIED         0           Criteria Not Met         0           methyl Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Duration of Therapy Exceeded         339           DENIED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Undifiam         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0	34 5 0 5 5 27 0 27 15 12 60 0 60 1 39 20 1	34 7 2 5 5 5 39 12 27 15 12 399 339 60 1 39 20 1
stazem         2           APPROVED         2           DENIED         0           Criteria Not Met         0           Methyl Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           DENIED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Denied         0           Denied         0           Denied         0           Denied         0           Denied         0           Criteria Not Met         0           Denied         0           Criteria Not Met         0 <tr< td=""><td>5 0 5 5 27 0 27 15 12 60 0 60 1 39 20</td><td>7 2 5 5 5 39 12 27 15 12 399 339 60 1 39 20 1</td></tr<>	5 0 5 5 27 0 27 15 12 60 0 60 1 39 20	7 2 5 5 5 39 12 27 15 12 399 339 60 1 39 20 1
APPROVED         2           DENIED         0           Criteria Not Met         0           methyl Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Duration of Therapy Exceeded         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0	0 5 5 27 0 27 15 12 60 0 60 1 39 20	2 5 5 39 12 27 15 12 399 339 60 1 39 20
DENIED         0           Criteria Not Met         0           methyl Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Denied         0           Denied         0           Criteria Not Met         0           Criteria Not Met         0           Denied         0           Criteria Not Met         0           Denied         0           Criteria Not Met         0           Criteria Not Met </td <td>5 5 7 7 0 27 15 12 60 0 60 1 39 20 1</td> <td>5 5 39 12 27 15 12 399 339 60 1 39 20</td>	5 5 7 7 0 27 15 12 60 0 60 1 39 20 1	5 5 39 12 27 15 12 399 339 60 1 39 20
Criteria Not Met         0           Intelly Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Duration of Therapy Exceeded         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Denied         0           Criteria Not Met         0           Criteria Not Met         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0<	5 27 0 27 15 12 60 0 60 1 39 20 1	5 39 12 27 15 12 399 339 60 1 39 20
Interthyl Fumarate         12           APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           DENIED         0           DENIED         0           Criteria Not Met         0           DENIED         0           DENIED         0           DENIED         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           Cettaxel         5           APPROVED         5           DENIED         5           DENIED         5	27 0 27 15 12 60 0 60 1 39 20	39 12 27 15 12 399 339 60 1 39 20 1
APPROVED         12           DENIED         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           DENIED         0           Criteria Not Met         0           Criteria Not Met         0           Interior Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           Criteria Not Met         0           Criteria Not Met         0           Criteria Not Met         0           Cetaxel         5           APPROVED         5           DENIED         5           DENIED         5           DENIED         5	0 27 15 12 <b>60</b> 0 60 1 39 20	12 27 15 12 399 339 60 1 39 20
DENIED   D	27 15 12 <b>60</b> 0 60 1 39 20	27 15 12 399 339 60 1 39 20
Criteria Not Met         0           Duration of Therapy Exceeded         0           Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           DENIED         0           Criteria Not Met         0           Criteria Not Met         0           DENIED         0           Criteria Not Met         0           Criteria Not Met         0           Criteria Not Met         0           Cetaxel         5           APPROVED         5           DENIED         5           DENIED         5	15 12 <b>60</b> 0 60 1 39 20	15 12 <b>399</b> 339 60 1 39 20
Duration of Therapy Exceeded  Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient  APPROVED  DENIED  Criteria Not Met  DURATION OF Therapy Exceeded  DENIED  Criteria Not Met  DENIED  DENIED  Criteria Not Met  DENIED  DENIED  DENIED  DENIED  DENIED	12 60 0 60 1 39 20 1	12 399 339 60 1 39 20 1
Deptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient         339           APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           BURIED         0           Criteria Not Met         0           Interior Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           Criteria Not Met         0           Cectaxel         5           APPROVED         5           DENIED         5           DENIED         5           DENIED         5	60 0 60 1 39 20	399 339 60 1 39 20
APPROVED         339           DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           BURIED         0           Criteria Not Met         0           Interio Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           Cetaxel         5           APPROVED         5           DENIED         0	0 60 1 39 20	339 60 1 39 20
DENIED         0           Administrative Denial         0           Criteria Not Met         0           Duration of Therapy Exceeded         0           Sulfiram         0           DENIED         0           Criteria Not Met         0           Aretic Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           Cetaxel         5           APPROVED         5           DENIED         0	60 1 39 20 1	60 1 39 20 1
Administrative Denial 0 Criteria Not Met 0 Duration of Therapy Exceeded 0 DENIED 0 Criteria Not Met 0 Criteria Not Met 0 DENIED 0 Criteria Not Met 0 DENIED 0 Criteria Not Met 0 DENIED 0 DENIED 0 Criteria Not Met 0 DENIED 0 DENIED 0 O Criteria Not Met 0 DENIED 0 O Criteria Not Met 0 DENIED 0 O Criteria Not Met 0 O C Criteria	1 39 20 1	1 39 20 1
Criteria Not Met         0           Duration of Therapy Exceeded         0           sulfiram         0           DENIED         0           Criteria Not Met         0           uretic Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0	39 20 <b>1</b>	39 20 1
Duration of Therapy Exceeded  Duration of Therapy Exceeded  DENIED  Criteria Not Met  DENIED  Coetaxel  APPROVED  DENIED  DENIED  O  CONTRACTION OF THE PROVED  O  CONTRACTION OF THE PROVED OF THE PR	20 <b>1</b>	20 <b>1</b>
sulfiram         0           DENIED         0           Criteria Not Met         0           uretic Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0	1	1
DENIED         0           Criteria Not Met         0           uretic Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0		
Criteria Not Met         0           uretic Combination - Two Ingredient         0           DENIED         0           Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0		
APPROVED         5           DENIED         5           DENIED         0           cetaxel         5           DENIED         5           DENIED         0	1	1
DENIED         0           Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0	1	1
Criteria Not Met         0           cetaxel         5           APPROVED         5           DENIED         0	1	1
cetaxel5APPROVED5DENIED0	1	1
APPROVED 5 DENIED 0	1	1
DENIED 0	2	7
	0	5
Criteria Not Met 0	2	2
	2	2
lutegravir 4	3	7
APPROVED 4	0	4
DENIED 0	3	3
Criteria Not Met 0	3	3
rnase 2	1	3
APPROVED 2	0	2
DENIED 0	1	1
Criteria Not Met 0	1	1
xazosin 1	3	4
APPROVED 1	0	1
DENIED 0	3	3
Criteria Not Met 0	3	3

Doxepin	8	31	39
APPROVED	8	0	8
DENIED	0	31	31
Administrative Denial	0	2	2
Criteria Not Met	0	28	28
Duration of Therapy Exceeded	0	1	1
Doxercalciferol	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Doxorubicin	2	3	5
APPROVED	2	0	2
DENIED	0	3	3
Criteria Not Met	0	1	1
Insufficient Info	0	2	2
Doxycycline	0	19	19
DENIED	0	19	19
Criteria Not Met	0	19	19
Dronabinol	17	33	50
APPROVED	17	0	17
DENIED	0	33	33
Criteria Not Met	0	32	32
Duration of Therapy Exceeded	0	1	1
Dronedarone	6	10	16
APPROVED	6	0	6
DENIED	0	10	10
Criteria Not Met	0	10	10
Drospirenone	1	13	14
APPROVED	1	0	1
DENIED	0	13	13
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	1	1
Dulaglutide	526	227	753
APPROVED	526	0	526
DENIED	0	227	227
Administrative Denial	0	4	4
Criteria Not Met	0	181	181
Duration of Therapy Exceeded	0	42	42
Duloxetine	14	23	37
APPROVED	14	0	14
DENIED	0	23	23

Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	1	1
Dupilumab		122	127	249
APPROVED		122	0	122
DENIED		0	127	127
Criteria Not Met		0	105	105
Duration of Therapy Exceeded		0	21	21
Non-Covered Benefit		0	1	1
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
Econazole		6	46	52
APPROVED		6	0	6
DENIED		0	46	46
Criteria Not Met		0	46	46
Edaravone		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	2	2
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Efavirenz		1	0	1
APPROVED		1	0	1
Efinaconazole		0	14	14
DENIED		0	14	14
Criteria Not Met		0	14	14
Eflornithine		0	2	2
DENIED		0	2	2
Administrative Denial		0	2	2
Elagolix		14	45	59
APPROVED		14	0	14
DENIED		0	45	45
Criteria Not Met		0	42	42
Duration of Therapy Exceeded		0	3	3
Eletriptan		2	4	6
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
Eltrombopag		7	5	12

APPROVED	7	0	7
DENIED	0	5	5
Criteria Not Met	0	5	5
Eluxadoline	2	8	10
APPROVED	2	0	2
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Empagliflozin	445	144	589
APPROVED	445	0	445
DENIED	0	144	144
Criteria Not Met	0	107	107
Duration of Therapy Exceeded	0	37	37
Enalapril	6	11	17
APPROVED	6	0	6
DENIED	0	11	11
Criteria Not Met	0	11	11
Enoxaparin	12	3	15
APPROVED	12	0	12
DENIED	0	3	3
Criteria Not Met	0	3	3
ENSPRYNG INJ	1	0	1
APPROVED	1	0	1
Enspryng 120MG/ML SC SOSY	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Entecavir	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Enzalutamide	25	7	32
APPROVED	25	0	25
DENIED	0	7	7
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	6	6
Epinephrine	5	25	30
APPROVED	5	0	5
DENIED	0	25	25
Administrative Denial	0	1	1
Criteria Not Met	0	24	24
Epoetin	73	139	212
APPROVED	73	0	73

DENIED	0	120	120
DENIED	0	139	139
Administrative Denial	0	7	7
Criteria Not Met	0	103	103
Duration of Therapy Exceeded	0	23	23
Insufficient Info	0	6	6
Erenumab	22	100	122
APPROVED	22	0	22
DENIED	0	100	100
Appeal Withdrawn	0	1	1
Criteria Not Met	0	88	88
Duration of Therapy Exceeded	0	11	11
Ergocalciferol	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ergot Combination - Two Ingredient	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5
Erlotinib	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Ertapenem	57	3	60
APPROVED	57	0	57
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Ertugliflozin	22	144	166
APPROVED	22	0	22
DENIED	0	144	144
Criteria Not Met	0	128	128
Duration of Therapy Exceeded	0	16	16
Escitalopram	20	31	51
APPROVED	20	0	20
DENIED	0	31	31
Criteria Not Met	0	31	31
Esketamine	28	11	39
APPROVED	28	0	28
DENIED	0	11	11
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	1	1
Esomeprazole	16	127	143
	•		

APPROVED	16	0	16
DENIED	0	127	127
Criteria Not Met	0	114	114
Duration of Therapy Exceeded	0	13	13
Estazolam	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Estradiol	27	61	88
APPROVED	27	0	27
DENIED	0	61	61
Administrative Denial	0	1	1
Criteria Not Met	0	51	51
Duration of Therapy Exceeded	0	9	9
Estradiol Vaginal	1	4	5
APPROVED	1	0	1
DENIED	0	4	4
Criteria Not Met	0	4	4
Estrogen & Progestin - Two Ingredient	2	10	12
APPROVED	2	0	2
DENIED	0	10	10
Criteria Not Met	0	10	10
Estrogens, Conjugated	3	0	3
APPROVED	3	0	3
Eszopiclone	3	4	7
APPROVED	3	0	3
DENIED	0	4	4
Criteria Not Met	0	4	4
Etanercept	145	111	256
APPROVED	145	0	145
DENIED	0	111	111
Criteria Not Met	0	78	78
Duration of Therapy Exceeded	0	33	33
Etelcalcetide	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Etodolac	2	5	7
APPROVED	2	0	2
DENIED	0	5	5
Criteria Not Met	0	5	5
Everolimus	21	3	24

DENIED				
Contents Not Mere         33         139         172           CAPPROVED         33         199         172           APPROVED         33         30         33           DENIED         0         139         119           Criteria Not Met         0         109         119           Durston of Therapy Exceeded         0         20         20           Cemestate         1         0         1           APPROVED         1         0         1           APPROVED         2         35         37           Centeria Not Met         0         25         35           DENIED         0         25         35           Centeria Not Met         0         20         2         2           DEVISION         208         0         20         2         2           APPROVED         208         0         20         2         2           Centeria Not Met         0         20         2         2           APPROVED         0         5         3         3           Durston of Therapy Exceeded         0         1         1         1           Centeria Not Met	APPROVED	21	0	21
Evolumah         33         139         172           APPROVIED         33         0         33           CHINED         0         139         119           CHINED         0         179         119           Duration of Therapy backeded         0         0         20           Exemetate         1         0         1           APPROVED         2         35         37           Central Mode         0         2         0         2           APPROVED         2         0         2         2           Central Not Met         0         33         33           Chronia Not Met         0         33         33           Duration of Therapy Exceeded         20         0         26           Christia Not Met         0         38         58           Christia Not Met         0         3         43           Duration of Therapy Exceeded         0         1         1           Central Not Met         0         1         1           Carrieria Not Met         0         1         1           Debutos         0         1         1           Criteria Not Me		· · · · · · · · · · · · · · · · · · ·		
APPROVED   138   0   33   139   13	Criteria Not Met	0	3	3
DENIED	Evolocumab	33	139	172
Citerie Not Met         0         119         119           Discond of Therapy Exceeded         0         20         20           Exemestane         1         0         1           APPROVED         1         0         1           Exematide         2         35         37           APPROVED         2         35         37           APPROVED         2         0         2           Citeria Not Met         0         35         35           Citeria Not Met         0         33         33           Duration of Therapy Exceeded         20         2         2           Exemiliar         208         8         266           APPROVED         208         8         266           APPROVED         208         8         266           DENIED         0         58         58         58           SECURITY         0         15         15           DENIED         0         1         1           Citeria Not Met         0         1         1           Citeria Not Met         0         1         1           DENIED         0         1	APPROVED	33	0	33
Doration of Therapy Exceeded         0         20         20           Excension         1         0         1           APPROVED         1         0         1           Exenside         2         35         37           APPROVED         0         58         35           Cifical Not Met         0         33         33           Obration of Therapy Exceeded         0         2         2           DEVAILED         208         58         266           APPROVED         208         0         208           CHARLED         0         58         58           CHARLED         0         58         58           CHARLED         0         43         43           CHARLED         0         43         43           DUTATION OF Therapy Exceeded         0         15         15           Family Contract Not Met         0         1         1           CHARLED         0         1         1         1           DEWILD         1         1         1         1           APPROVED         0         1         1         1           CHARLED AS <th< td=""><td>DENIED</td><td>0</td><td>139</td><td>139</td></th<>	DENIED	0	139	139
Eventation         1         0         1           APPROVED         1         0         1           Censatide         2         35         37           APPROVED         2         0         2           Celletile         0         33         35           Childer         0         33         33           Duration of Therapy Exceeded         0         2         2           APPROVED         20         2         2           APPROVED         20         3         33         33           Cetteria Not Met         0         0         2         2         2           APPROVED         20         0         2         2         2           DURISD         15         15         3         3           DENIED         0         1         1         1           Cheria Not Met         0         1         1         1           APPROVED         10         1         1         1           DENIED         10         1         1         1           APPROVED         10         1         1         1         1           DENIED	Criteria Not Met	0	119	119
APPROVED   1 0 0 1 1   1 0 0 1 1   1 0 0 1 1   1 0 0 0 1 1   1 0 0 0 0	Duration of Therapy Exceeded	0	20	20
Exentide         2         35         37           APPROVED         2         0         2           DENIED         0         35         35           Criteria Not Met         0         33         33           Duration of Therapy Exceeded         0         2         2           Extentile         208         0         208           APPROVED         208         0         208           DENIED         0         43         43           DENIED         0         43         43           Criteria Not Met         0         43         43           DENIED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           DENIED         0         1         1         1           DENIED         0         0 </td <td>Exemestane</td> <td>1</td> <td>0</td> <td>1</td>	Exemestane	1	0	1
APRROVED         2         0         2           DENIED         0         35         35           Criteria Not Met         0         33         33           Duration of Therapy Exceeded         0         2         2           Exetimbe         208         58         266           APPROVED         208         0         208           DENIED         0         43         43           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           Famcidovir         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1         1           APPROVED         14         0         14         0         14           DENIED         2         2         2         2           Criteria Not Met         0         2         2         2           DENIED         2         2         2         2           Februaria         2         2         2	APPROVED	1	0	1
DENIED         0         35         35           Criteria Not Met         0         33         33           Duration of Therapy Exceeded         0         0         2         2           Externible         208         58         266           APPROVED         208         0         208         20           DENIED         0         43         43         43           Criteria Not Met         0         43         43         43           Extensión Met         0         1 <td>Exenatide</td> <td>2</td> <td>35</td> <td>37</td>	Exenatide	2	35	37
Criteria Not Met         0         33         33           Duration of Therapy Exceeded         208         58         266           APPROVED         208         0         208           DENIED         208         0         208           Cifteria Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           Famcitodir         0         1         1           Criteria Not Met         0         1         1           Emilian         0         1         1           Criteria Not Met         0         1         1           APPROVED         14         3         17           DENIED         14         3         17           Criteria Not Met         0         3         3           DENIED         0         3         3         3           Criteria Not Met         0         2         2         2           Pabwosta         26         50         76         2           DENIED         26         50         76         2           DENIED         26         50         2         2	APPROVED	2	0	2
Duration of Therapy Exceeded         0         2         2           Exetamible         208         58         266           APPROVED         208         0         208           DENIED         0         15         58           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         1         1           Emmicibin         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           APPROVED         14         0         14         0           Criteria Not Met         0         1         1         1           Insufficient Info         0         1         1         1           Februstat         26         50         76           APPROVED         26         50         76           Duration of Therapy Exceeded         0         43         43           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         1         0         1           APPROVED         1         0         1	DENIED	0	35	35
Exettimbe         208         58         266           APPROVED         208         0         208           DENIED         0         58         58           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           ERMICIONI         0         1         1           ERMICIONI         0         1         1           Criteria Not Met         0         1         1           ERMICIONI         14         3         17           APPROVED         14         0         1         1           ENIED         0         1         1         1           DENIED         0         3         3         3           Criteria Not Met         0         1         1         1           Insufficient Info         26         50         76           APPROVED         26         50         76           APPROVED         0         5         50           DENIED         0         7         7           Criteria Not Met         0         0         5         50           APPROVED </td <td>Criteria Not Met</td> <td>0</td> <td>33</td> <td>33</td>	Criteria Not Met	0	33	33
APPROVED         208         0         208           DENIED         0         58         58           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           Famicitoria         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         14         3         17           APPROVED         14         0         14           DENIED         0         1         1           Criteria Not Met         0         1         1           Insufficient Info         0         1         1           Insufficient Info         0         2         2           APPROVED         26         50         26           PEDNIED         0         0         2         2           DENIED         0         0         2         2           Criteria Not Met         0         0         0         0         0           APPROVED         1         0         1         0         1	Duration of Therapy Exceeded	0	2	2
DENIED         0         58         58           Chreia Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           Famciclovir         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         14         0         14           DENIED         14         0         14           DENIED         0         3         3           Great Famoutifier         0         1         1           DENIED         0         3         3           Griteria Not Met         0         1         1           Insufficient Info         26         50         76           APPROVED         26         0         26           DENIED         0         43         43           Obrition of Therapy Exceeded         0         43         43           Duration of Therapy Exceeded         0         7         7           Fenotibrate         7         16         23           APPROVED         7         16         23	Ezetimibe	208	58	266
Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         15         15           Famciclovir         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Famotidine         14         3         17           APPROVED         14         0         14         0         14           DENIED         0         3         4         3         4         3         4         3         4         3         4         3         4         3         4         3<	APPROVED	208	0	208
Duration of Therapy Exceeded         0         15         15           Famiciclovir         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Famotidine         14         3         17           APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2         2           APPROVED         26         50         76           APPROVED         26         50         76           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         43         43           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         16         23	DENIED	0	58	58
Famicidovir         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Famotidine         14         3         17           APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           PENEXOSED         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         0         7           Fendificate         7         16         23           APPROVED         7         0         7           DENIED <td>Criteria Not Met</td> <td>0</td> <td>43</td> <td>43</td>	Criteria Not Met	0	43	43
DENIED         0         1         1           Criteria Not Met         0         1         1           FAMOUTION         14         3         17           APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           EPROVED         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         6         23           APPROVED         7         16         23           APPROVED         7         16         23           DENIED         9         1         1         1 <th< td=""><td>Duration of Therapy Exceeded</td><td>0</td><td>15</td><td>15</td></th<>	Duration of Therapy Exceeded	0	15	15
Criteria Not Met         0         1         1           Famotidine         14         3         17           APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           Educated         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         50         50           Criteria Not Met         0         7         7           Felodipine         1         0         1           APPROVED         7         16         23           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of	Famciclovir	0	1	1
Famotidine         14         3         17           APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           Febuxostat         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         7         6         23           DENIED         7         0         7           DENIED         0         16         16           DENIED         0         16         16           DENIED         0         16         16           DENIED         0         1         1           DENIED         0         16         16           DENIED         0	DENIED	0	1	1
APPROVED         14         0         14           DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           Febuxostat         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         0         7           DENIED         7         0         7           DENIED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         14         14	Criteria Not Met	0	1	1
DENIED         0         3         3           Criteria Not Met         0         1         1           Insufficient Info         0         2         2           Febuxostat         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         16         16           Denied         0         14         14           Duration of Therapy Exceeded         0         2         2	Famotidine	14	3	17
Criteria Not Met         0         1         1           Insufficient Info         0         2         2           Febuxostat         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           APPROVED         7         16         23           APPROVED         7         0         7           DENIED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	APPROVED	14	0	14
Insufficient Info	DENIED	0	3	3
Febuxostat         26         50         76           APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Criteria Not Met	0	1	1
APPROVED         26         0         26           DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Insufficient Info	0	2	2
DENIED         0         50         50           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Febuxostat	26	50	76
Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	APPROVED	26	0	26
Duration of Therapy Exceeded         0         7         7           Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	DENIED	0	50	50
Felodipine         1         0         1           APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Criteria Not Met	0	43	43
APPROVED         1         0         1           Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Duration of Therapy Exceeded	0	7	7
Fenofibrate         7         16         23           APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Felodipine	T	0	1
APPROVED         7         0         7           DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	APPROVED	1	0	1
DENIED         0         16         16           Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	Fenofibrate	7	16	23
Criteria Not Met         0         14         14           Duration of Therapy Exceeded         0         2         2	APPROVED	7	0	7
Duration of Therapy Exceeded 0 2 2	DENIED	0	16	16
	Criteria Not Met	0	14	14
	Duration of Therapy Exceeded	0	2	2
	Fenoprofen	11	101	112

APPROVED	11	0	11
DENIED	0	101	101
Criteria Not Met	0	99	99
Duration of Therapy Exceeded	0	2	2
Fentanyl	105	58	163
APPROVED	105	0	105
DENIED	0	58	58
Criteria Not Met	0	52	52
Duration of Therapy Exceeded	0	4	4
Insufficient Info	0	2	2
Ferric Carboxymaltose	0	14	14
DENIED	0	14	14
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	1	1
Ferric Citrate	7	19	26
APPROVED	7	0	7
DENIED	0	19	19
Administrative Denial	0	1	1
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	4	4
Ferumoxytol	16	151	167
APPROVED	16	0	16
DENIED	0	151	151
Criteria Not Met	0	143	143
Duration of Therapy Exceeded	0	5	5
Insufficient Info	0	3	3
Fesoterodine	3	9	12
APPROVED	3	0	3
DENIED	0	9	9
Criteria Not Met	0	9	9
Fexofenadine	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Fidaxomicin	2	4	6
APPROVED	2	0	2
DENIED	0	4	4
Criteria Not Met	0	4	4
Filgrastim	48	42	90
APPROVED	48	0	48
DENIED	0	42	42
Criteria Not Met	0	36	36
			-

Duration of Therapy Exceeded	0	2	2
Insufficient Info	0	4	4
Finasteride	0	9	9
DENIED	0	9	9
Administrative Denial	0	2	2
Criteria Not Met	0	4	4
Non-Covered Benefit	0	3	3
Fingolimod	6	4	10
APPROVED	6	0	6
DENIED	0	4	4
Criteria Not Met	0	4	4
Flibanserin	0	8	8
DENIED	0	8	8
Criteria Not Met	0	8	8
Fluconazole	21	12	33
APPROVED	21	0	21
DENIED	0	12	12
Criteria Not Met	0	12	12
Flunisolide	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Fluocinolone	3	11	14
APPROVED	3	0	3
DENIED	0	11	11
Criteria Not Met	0	11	11
Fluorouracil	2	0	2
APPROVED	2	0	2
Fluoxetine	13	45	58
APPROVED	13	0	13
DENIED	0	45	45
Criteria Not Met	0	43	43
Duration of Therapy Exceeded	0	2	2
Fluticasone	55	168	223
APPROVED	55	0	55
DENIED	0	168	168
Criteria Not Met	0	161	161
Duration of Therapy Exceeded	0	7	7
Fluvoxamine	1	6	7
APPROVED	1	0	1
DENIED	0	6	6

63.1 N. M.			
Criteria Not Met	0	6	6
Fosaprepitant	13	2	15
APPROVED	13	0	13
DENIED	0	2	2
Criteria Not Met	0	2	2
Fostamatinib	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Fremanezumab	8	19	27
APPROVED	8	0	8
DENIED	0	19	19
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	1	1
Frovatriptan	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Fulvestrant	3	0	3
APPROVED	3	0	3
Gabapentin	2	30	32
APPROVED	2	0	2
DENIED	0	30	30
Criteria Not Met	0	30	30
Gabapentin (Once-Daily)	2	10	12
APPROVED	2	0	2
DENIED	0	10	10
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	3	3
Galcanezumab	11	56	67
APPROVED	11	0	11
DENIED	0	56	56
Criteria Not Met	0	50	50
Duration of Therapy Exceeded	0	6	6
Ganciclovir	5	4	9
APPROVED	5	0	5
DENIED	0	4	4
Criteria Not Met	0	4	4
Gatifloxacin	1	2	3
APPROVED	1	0	1
DENIED	0	2	2

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Criteria Not Met	0	2	2
Gilteritinib	1	0	1
APPROVED	1	0	1
Glatiramer	16	8	24
APPROVED	16	0	16
DENIED	0	8	8
Criteria Not Met	0	8	8
Glipizide	0	2	2
DENIED	0	2	2
Administrative Denial	0	2	2
Glucose Blood	16	81	97
APPROVED	16	0	16
DENIED	0	81	81
Administrative Denial	0	1	1
Criteria Not Met	0	77	77
Duration of Therapy Exceeded	0	3	3
Glycopyrrolate	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Glycopyrronium	0	14	14
DENIED	0	14	14
Criteria Not Met	0	14	14
Golimumab	18	19	37
APPROVED	18	0	18
DENIED	0	19	19
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	3	3
Goserelin	2	0	2
APPROVED	2	0	2
Granisetron	14	13	27
APPROVED	14	0	14
DENIED	0	13	13
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	3	3
Guaifenesin	0	3	3
DENIED	0	3	3
Criteria Not Met	0	2	2
Non-Covered Benefit	0	1	1
Guanfacine	16	28	44
APPROVED	16	0	16
	10	Ü	

DENIED	0	28	28
Criteria Not Met	0	25	25
Duration of Therapy Exceeded	0	3	3
Guselkumab	11	16	27
APPROVED	11	0	11
DENIED	0	16	16
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	1	1
Halcinonide	0	12	12
DENIED	0	12	12
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	1	1
Halobetasol	0	7	7
DENIED	0	7	7
Criteria Not Met	0	7	7
Heparin Sodium	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Hepatitis C Agent Combination - Three Ingredient	1	0	1
APPROVED	1	0	1
Hepatitis C Agent Combination - Two Ingredient	68	169	237
APPROVED	68	0	68
DENIED	0	169	169
Criteria Not Met	0	169	169
HERCEPTIN 150MG INJ	2	0	2
APPROVED	2	0	2
Human Papillomavirus (HPV) Vaccine	0	7	7
DENIED	0	7	7
Administrative Denial	0	4	4
Criteria Not Met	0	1	1
Non-Covered Benefit	0	2	2
Hyaluronan	2	98	100
APPROVED	2	0	2
DENIED	0	98	98
Administrative Denial	0	2	2
Criteria Not Met	0	90	90
Duration of Therapy Exceeded	0	1	1
Insufficient Info	0	5	5
Hydrochlorothiazide	0	1	1
DENIED	0	1	1

Criteria Not Met	0	1	1
Hydrocodone	7	7	14
APPROVED	7	0	7
DENIED	0	7	7
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	2	2
Hydrocodone Combination - Two Ingredient	335	169	504
APPROVED	335	0	335
DENIED	0	169	169
Administrative Denial	0	1	1
Criteria Not Met	0	148	148
Duration of Therapy Exceeded	0	20	20
Hydrocortisone	4	49	53
APPROVED	4	0	4
DENIED	0	49	49
Administrative Denial	0	18	18
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	1	1
Non-Covered Benefit	0	12	12
Hydromorphone	28	6	34
APPROVED	28	0	28
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
Hydroquinone	0	3	3
DENIED	0	3	3
Administrative Denial	0	1	1
Criteria Not Met	0	2	2
Hydroxychloroquine	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Hydroxyprogesterone	20	31	51
APPROVED	20	0	20
DENIED	0	31	31
Criteria Not Met	0	31	31
Hydroxyzine	4	2	6
APPROVED	4	0	4
DENIED	0	2	2
Criteria Not Met	0	2	2
Hylan	1	84	85
APPROVED	1	0	1

DENIED	0	84	84
Administrative Denial	0	1	1
Criteria Not Met	0	80	80
Duration of Therapy Exceeded	0	1	1
Insufficient Info	0	2	2
Ibandronate	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ibrutinib	5	2	7
APPROVED	5	0	5
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Ibuprofen	6	15	21
APPROVED	6	0	6
DENIED	0	15	15
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	1	1
Icatibant	0	2	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Icosapent	34	417	451
APPROVED	34	0	34
DENIED	0	417	417
Criteria Not Met	0	392	392
Duration of Therapy Exceeded	0	25	25
Imatinib	10	2	12
APPROVED	10	0	10
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
IMATINIB MESYLATE 100MG TAB	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Imatinib Mesylate 400MG OR TABS	7	3	10
APPROVED	7	0	7
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
IMATINIB MESYLATE 400MG TAB	3	0	3
APPROVED	3	0	3
IMBRUVICA 140MG CAP	1	0	1

APPROVED	1	0	1
Imbruvica 140MG OR CAPS	3	0	3
APPROVED	3	0	3
Imbruvica 420MG OR TABS	5	3	8
APPROVED	5	0	5
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
IMBRUVICA 420MG TAB	4	0	4
APPROVED	4	0	4
Imiquimod	77	81	158
APPROVED	77	0	77
DENIED	0	81	81
Criteria Not Met	0	69	69
Duration of Therapy Exceeded	0	12	12
Immune Globulin	22	29	51
APPROVED	22	0	22
DENIED	0	29	29
Criteria Not Met	0	20	20
Duration of Therapy Exceeded	0	5	5
Insufficient Info	0	4	4
Indomethacin	2	6	8
APPROVED	2	0	2
DENIED	0	6	6
Criteria Not Met	0	6	6
Infliximab	102	192	294
APPROVED	102	0	102
DENIED	0	192	192
Administrative Denial	0	3	3
Criteria Not Met	0	148	148
Duration of Therapy Exceeded	0	33	33
Insufficient Info	0	5	5
Non-Covered Benefit	0	3	3
Injection Devices	7	37	44
APPROVED	7	0	7
DENIED	0	37	37
Administrative Denial	0	1	1
Criteria Not Met	0	34	34
Duration of Therapy Exceeded	0	2	2
INLYTA 5MG TAB	4	1	5
APPROVED	4	0	4

DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Insulin Aspart	14	15	29
APPROVED	14	0	14
DENIED	0	15	15
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	2	2
Insulin Aspart Protamine & Aspart (Human)	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	2	2
Insulin Degludec	11	23	34
APPROVED	11	0	11
DENIED	0	23	23
Criteria Not Met	0	23	23
Insulin Detemir	19	22	41
APPROVED	19	0	19
DENIED	0	22	22
Criteria Not Met	0	22	22
Insulin Glargine	22	144	166
APPROVED	22	0	22
DENIED	0	144	144
Criteria Not Met	0	123	123
Duration of Therapy Exceeded	0	21	21
Insulin Infusion Pump	26	43	69
APPROVED	26	0	26
DENIED	0	43	43
Administrative Denial	0	2	2
Criteria Not Met	0	36	36
Duration of Therapy Exceeded	0	4	4
Insufficient Info	0	1	1
Insulin Lispro	22	29	51
APPROVED	22	0	22
DENIED	0	29	29
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	6	6
Insulin Lispro Protamine & Lispro	4	0	4
APPROVED	4	0	4
Insulin NPH (Human) (Isophane)	13	8	21
APPROVED	13	0	13
DENIED	0	8	8

Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	3	3
Insulin NPH Isophane & Reg (Human)	12	3	15
APPROVED	12	0	12
DENIED	0	3	3
Criteria Not Met	0	3	3
Insulin Regular (Human)	3	4	7
APPROVED	3	0	3
DENIED	0	4	4
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	1	1
Insulin Syringes	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5
Insulin-Incretin Mimetic Combination - Two Ingredient	16	58	74
APPROVED	16	0	16
DENIED	0	58	58
Criteria Not Met	0	50	50
Duration of Therapy Exceeded	0	8	8
Interferon	5	7	12
APPROVED	5	0	5
DENIED	0	7	7
Criteria Not Met	0	7	7
Intest Cholest Absorp Inhib-HMG CoA Reduct Inhib Comb 2 Ing	13	29	42
APPROVED	13	0	13
DENIED	0	29	29
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	6	6
Irbesartan	3	6	9
APPROVED	3	0	3
DENIED	0	6	6
Criteria Not Met	0	6	6
Irinotecan	4	0	4
APPROVED	4	0	4
Iron Combination - Eight Ingredient	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Iron Combination - Six Ingredient	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Iron Sucrose	5	19	24

APPROVED	5	0	5
DENIED	0	19	19
Administrative Denial	0	19	19
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	6	6
Insufficient Info	0	1	1
Iron w/ Folic Acid - Five Ingredient		1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Iron-B12-Folate Combination - Seven Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Iron-B12-Folate Combination - Six Ingredient	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5
Isavuconazonium	3	0	3
APPROVED	3	0	3
Isosorbide Dinitrate	2	0	2
APPROVED	2	0	2
Isotretinoin	109	269	378
APPROVED	109	0	109
DENIED	0	269	269
Criteria Not Met	0	267	267
Duration of Therapy Exceeded	0	2	2
Ivabradine	18	6	24
APPROVED	18	0	18
DENIED	0	6	6
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	2	2
Ivermectin	2	14	16
APPROVED	2	0	2
DENIED	0	14	14
Criteria Not Met	0	14	14
Ixazomib	3	0	3
APPROVED	3	0	3
lxekizumab	16	44	60
APPROVED	16	0	16
DENIED	0	44	44
Criteria Not Met	0	35	35
Duration of Therapy Exceeded	0	9	9
J 9303 VECTIBIX 100MG INJ	1	0	1

ADDROVED		4	•	
APPROVED		1	0	1
J 9306 PERJETA 420/14ML INJ , Q 5114 OGIVRI 150MG INJ		0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J0178	INJECTION AFLIBERCEPT 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0490	INJECTION BELIMUMAB 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0585	BOTULINUM TOXIN TYPE A PER UNIT	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG	21	12	33
APPROVED		21	0	21
DENIED		0	12	12
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	10	10
J0712	INJECTION CEFTAROLINE FOSAMIL 10 MG	1	0	1
APPROVED		1	0	1
J0775	INJ COLLAGENASE CLOSTRIDIUM HISTOLYTICUM 0.01 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J0878	INJECTION DAPTOMYCIN 1 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J0897	INJECTION DENOSUMAB 1 MG	1	0	1
APPROVED		1	0	1
J1096	DEXAMETHASONE LACRIMAL OPHTHALMIC INSERT 0.1 MG	0	1	1
DENIED	DESCRIPTION OF EACHINE OF THE PROPERTY OF THE	0	1	1
			·	
Criteria Not Met		0	1	1

J1303	INJECTION RAVULIZUMAB-CWVZ 10 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J1439	INJECTION FERRIC CARBOXYMALTOSE 1 MG	3	33	36
APPROVED		3	0	3
DENIED		0	33	33
Administrative Denial		0	1	1
Criteria Not Met		0	32	32
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1930	INJECTION LANREOTIDE 1 MG	15	2	17
APPROVED		15	0	15
DENIED		0	2	2
Criteria Not Met		0	2	2
J2248	INJECTION MICAFUNGIN SODIUM 1 MG	1	0	1
APPROVED		1	0	1
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
J2505	INJECTION PEGFILGRASTIM 6 MG	0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J2507	INJECTION PEGLOTICASE 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J2778	INJECTION RANIBIZUMAB 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J2783	INJECTION RASBURICASE 0.5 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	10	5	15

APPROVED		10	0	10
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J3032	INJECTION EPTINEZUMAB-JJMR 1 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG	1	0	1
APPROVED		1	0	1
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	4	4	8
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J3357	USTEKINUMAB FOR SUBCUTANEOUS INJECTION 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J3358	USTEKINUMAB FOR INTRAVENOUS INJECTION 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J3490	UNCLASSIFIED DRUGS	6	9	15
APPROVED		6	0	6
DENIED		0	9	9
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	4	4
J3590	UNCLASSIFIED BIOLOGICS	0	3	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20 PCT 1 U DOSE	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Insufficient Info		0	1	1
J7312	INJECTION DEXAMETHASONE INTRAVITREAL IMPL 0.1 MG	1	3	4

APPROVED		1	0	1
DENIED		0	3	3
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2
J7321	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J7323	HYALURONAN/DERIVATIVE EUFLEXXA IA INJ PER DOSE	4	3	7
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
J7324	HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7325	HYALURONAN/DERIV SYNVISC/SYNVISC-ONE IA INJ 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7326	HYALURONAN/DERIV GEL-ONE INTRA-ARTIC INJ PER DOS	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J7328	HYALURONAN/DERIVATIVE GELSYN-3 FOR IA INJ 0.1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J7351	INJECTION BIMATOPROST INTRACAMERAL IMPLANT 1 MCG	0	2	2
DENIED		0	2	2
Insufficient Info		0	2	2
J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG	1	0	1
APPROVED		1	0	1
J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	0	1	1
DENIED		0	1	1
Insufficient Info		0	1	1
J9022	INJECTION ATEZOLIZUMAB 10 MG	21	15	36
APPROVED		21	0	21
DENIED		0	15	15
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	1	1
Non-Covered Benefit		0	2	2
J9033	INJECTION BENDAMUSTINE HCL TREANDA 1 MG	1	0	1
APPROVED		1	0	1
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG	24	8	32

APPROVED		24	0	24
DENIED		0	8	8
Administrative Denial		0	1	1
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J9035	INJECTION BEVACIZUMAB 10 MG	51	41	92
APPROVED	INJECTION BEVACIZOWAB TO MIG	51	0	51
DENIED		0	41	41
		0	3	
Administrative Denial				3
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	8	8
J9041	INJECTION BORTEZOMIB 0.1 MG	41	19	60
APPROVED		41	0	41
DENIED		0	19	19
Administrative Denial		0	2	2
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	9	9
Insufficient Info		0	1	1
J9043	INJECTION CABAZITAXEL 1 MG	3	0	3
APPROVED		3	0	3
J9047	INJECTION CARFILZOMIB 1 MG	3	4	7
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J9055	INJECTION CETUXIMAB 10 MG	2	7	9
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J9144	INJECTION DARATUMUMAB 10 MG and HYALURONIDASE-FIHJ	2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9145	INJECTION DARATUMUMAB 10 MG	17	7	24

APPROVED		17	0	17
DENIED		0	7	7
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded	INVESTIGATION PERSONNELLY 4 MAG	0	5	5
J9155	INJECTION DEGARELIX 1 MG	1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
J9173	INJECTION DURVALUMAB 10 MG	6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	0	2	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	3	3	6
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	1	0	1
APPROVED		1	0	1
J9228	INJECTION IPILIMUMAB 1 MG	5	2	7
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	32	15	47
	INJECTION FACITIANEL PROTEINDOUND PARTICLES I MIG			
APPROVED		32	0	32
DENIED		0	15	15
Administrative Denial		0	1	1

Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	10	10
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	1	0	1
APPROVED		1	0	1
J9271	INJECTION PEMBROLIZUMAB 1 MG	119	65	184
APPROVED		119	0	119
DENIED		0	65	65
Administrative Denial		0	1	1
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	46	46
Insufficient Info		0	3	3
Non-Covered Benefit		0	2	2
J9299	INJECTION NIVOLUMAB 1 MG	44	18	62
APPROVED		44	0	44
DENIED		0	18	18
Administrative Denial		0	2	2
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	10	10
Insufficient Info		0	1	1
J9301	INJECTION OBINUTUZUMAB 10 MG	11	3	14
APPROVED		11	0	11
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
J9303	INJECTION PANITUMUMAB 10 MG	5	3	8
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
J9305	INJECTION PEMETREXED NOS10 MG	25	6	31
APPROVED		25	0	25
DENIED		0	6	6
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	4	4
J9306	INJECTION PERTUZUMAB 1 MG	53	25	78
APPROVED		53	0	53
DENIED		0	25	25
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	16	16
Insufficient Info		0	2	2
J9308	INJECTION RAMUCIRUMAB 5 MG	4	1	5
APPROVED		4	0	4

DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9312	INJECTION RITUXIMAB 10 MG	0	2	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
J9316	INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG	6	4	10
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
J9317	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9349	INJECTION TAFASITAMAB-CXIX 2 MG	4	0	4
APPROVED		4	0	4
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG	9	5	14
APPROVED		9	0	9
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG	13	15	28
APPROVED		13	0	13
DENIED		0	15	15
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	10	10
Insufficient Info		0	1	1
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	10	6	16
APPROVED		10	0	10
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
J9371	INJECTION VINCRISTINE SULFATE LIPOSOME 1 MG	1	0	1
APPROVED		1	0	1
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG	1	0	1

APPROVED		1	0	1
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Kesimpta 20MG/0.4ML SC SOAJ		0	6	6
DENIED		0	6	6
Criteria Not Met		0	6	6
Ketorolac		1	5	6
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	5	5
KEYTRUDA 100MG/4M INJ		2	2	4
APPROVED		2	0	2
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Labetalol		1	4	5
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
Lactulose		0	10	10
DENIED		0	10	10
Criteria Not Met		0	10	10
Lamotrigine		4	5	9
APPROVED		4	0	4
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Lanreotide		1	0	1
APPROVED		1	0	1
Lansoprazole		28	41	69
APPROVED		28	0	28
DENIED		0	41	41
Criteria Not Met		0	37	37
Duration of Therapy Exceeded		0	4	4
Latanoprost		1	0	1
APPROVED		1	0	1
Latanoprostene		7	10	17
APPROVED		7	0	7
DENIED		0	10	10
Criteria Not Met		0	10	10
Lenalidomide		77	10	87

APPROVED	77	0	77
DENIED	0	10	10
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	3	3
Lenvatinib	6	4	10
APPROVED	6	0	6
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
Lenvima (20 MG Daily Dose) 2 x 10MG OR CPPK	6	1	7
APPROVED	6	0	6
DENIED	0	1	1
Criteria Not Met	0	1	1
Letermovir	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Leucovorin	2	0	2
APPROVED	2	0	2
Leuprolide	33	24	57
APPROVED	33	0	33
DENIED	0	24	24
Criteria Not Met	0	22	22
Insufficient Info	0	1	1
Non-Covered Benefit	0	1	1
Levalbuterol	10	20	30
APPROVED	10	0	10
DENIED	0	20	20
Criteria Not Met	0	19	19
Duration of Therapy Exceeded	0	1	1
Levetiracetam	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Levocetirizine	5	6	11
APPROVED	5	0	5
DENIED	0	6	6
Criteria Not Met	0	6	6
Levodopa Combination - Two Ingredient	3	0	3
APPROVED	3	0	3
Levomilnacipran	0	3	3

Criteria Not Met			3
Citteria ivot iviet	0	3	3
Levothyroxine	4	23	27
APPROVED	4	0	4
DENIED	0	23	23
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	5	5
Lidocaine	75	372	447
APPROVED	75	0	75
DENIED	0	372	372
Criteria Not Met	0	361	361
Duration of Therapy Exceeded	0	11	11
Lifitegrast	10	173	183
APPROVED	10	0	10
DENIED	0	173	173
Criteria Not Met	0	168	168
Duration of Therapy Exceeded	0	5	5
Linaclotide	274	701	975
APPROVED	274	0	274
DENIED	0	701	701
Criteria Not Met	0	662	662
Duration of Therapy Exceeded	0	39	39
Linagliptin	175	32	207
APPROVED	175	0	175
DENIED	0	32	32
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	20	20
Linezolid	13	22	35
APPROVED	13	0	13
DENIED	0	22	22
Criteria Not Met	0	22	22
Liraglutide	180	131	311
APPROVED	180	0	180
DENIED	0	131	131
Administrative Denial	0	32	32
Criteria Not Met	0	73	73
Duration of Therapy Exceeded	0	14	14
Non-Covered Benefit	0	12	12
Lisdexamfetamine	163	262	425
APPROVED	163	0	163
DENIED	0	262	262

Criteria Not Met	0	239	239
Duration of Therapy Exceeded	0	23	23
Lisinopril	9	17	26
APPROVED	9	0	9
DENIED	0	17	17
Administrative Denial	0	1	1
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	2	2
Loratadine	4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Criteria Not Met	0	3	3
Lorazepam	3	4	7
APPROVED	3	0	3
DENIED	0	4	4
Criteria Not Met	0	4	4
LORBRENA 100MG TAB	1	0	1
APPROVED	1	0	1
Losartan	35	63	98
APPROVED	35	0	35
DENIED	0	63	63
Administrative Denial	0	1	1
Criteria Not Met	0	56	56
Duration of Therapy Exceeded	0	6	6
Loteprednol	13	86	99
APPROVED	13	0	13
DENIED	0	86	86
Criteria Not Met	0	83	83
Duration of Therapy Exceeded	0	3	3
Lubiprostone	52	138	190
APPROVED	52	0	52
DENIED	0	138	138
Criteria Not Met	0	133	133
Duration of Therapy Exceeded	0	5	5
Luliconazole	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
LUPKYNIS 7.9MG CAP	2	0	2
APPROVED	2	0	2
Lurasidone	54	104	158
APPROVED	54	0	54

Administrative Denial 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEALIED		404	101
Certain Note Mer         0         89         89           Duration of Therapy Exceeded         0         14         14           Usustromboggs         0         2         2           DINNED         0         2         2           Criteria Not Met         0         2         2           MacKentan         6         8         14           DENIED         0         6         8         14           DENIED         0         6         8         8           Criteria Not Met         0         6         8         8           DENIED         0         6         6         8         8           Criteria Not Met         0         10         10         10           Mebendazole         0         10         10         10           Criteria Not Met         0         10         10           Mebendazole         0         10         10           Mebendazole         0         1         1         10         11           Mebendazole         0         1         1         1         1         1         1         1         1         1         1         <	DENIED	0	104	104
Duration of Therapy Exceeded         0         14         14           Lustortem/bang         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           APPROVED         6         8         14           APPROVED         6         0         6         8         14           Criteria Not Met         0         6         7         6         1         1         1         2         2         2         2         2         2         2         2         2         2         2         2				
DENIED				
Criteria Not Met         0         2         2           MacIteration         6         8         14           APPROVED         6         0         6           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         10         10           DENIED         0         10         10           Certain Not Met         0         10         10           Charria Not Met         0         10         10           Mechizoritamine         1         0         1           APPROVED         1         1         0         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0 <th< td=""><td></td><td></td><td></td><td></td></th<>				
Mactentan   6				
APPROVED         6         0         6           DENIED         0         8         8           Criteria Nct Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Mebandazole         0         10         10           DENIED         0         10         10           Methor Methorethamine         1         0         1           APPROVED         1         0         1           Medizine         0         1         1         0           Criteria Not Met         0         1         2         2         2         2         2         2         2         2         2         2         2         2         2         2         2         2				
DENIED				
Citaria Not Met         0         6         6           Duration of Therapy Exceeded         0         10         10           Mecheadzace         0         10         10           DENIED         0         10         10           Citaria Not Met         0         10         10           APPROVED         1         0         1           APPROVED         1         0         1           Meclitan         0         1         1           Citaria Not Met         0         1         1           Citaria Not Met         0         1         1           APPROVED         1         1         2           APPROVED         1         1         2           APPROVED         1         1         1         1           Citaria Not Met         0         1         1         1           APPROVED         3         4         17           APPROVED         3         4         17           APPROVED         3         4         14           APPROVED         3         4         14           APPROVED         1         1         1				
Duration of Therapy Exceeded         0         10         10           Mebendazole         0         10         10           DENIED         0         10         10           Criteria Not Met         0         10         10           Mechlorethamine         1         0         1           APPROVED         1         0         1           Medicine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyprogesterone         1         0         1         1           APPROVED         1         1         2           APPROVED         1         1         1         2           APPROVED         1         1         1         1         1           Criteria Not Met         0         1         1         1         1         1           APPROVED         3         0         3         1         1         1           APPROVED         3         4         17         2           APPROVED         1         1         1         1		0	8	8
Mebendazole         0         10         10           DENIED         0         10         10           Criteria Not Met         0         10         10           Mechiorethamine         1         0         1           APPROVED         0         1         1           Meckline         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyprogetrone         1         1         2           APPROVED         0         1         1         1           DENIED         0         1         1         1         2           APPROVED         0         1 <td>Criteria Not Met</td> <td>0</td> <td>6</td> <td>6</td>	Criteria Not Met	0	6	6
DENIED         0         10         10           Criteria Not Met         0         10         10           Mechlorethamine         1         0         1           APPROVED         1         0         1           Mecliane         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyrogesterone         1         1         1           APPROVED         1         1         1           Criteria Not Met         0         1         1           Medicanian Kad         3         14         17           APPROVED         3         0         3           DENIED         3         0         3           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         17         29           APPROVED         12         0         12           DENIED         12         0         12           Criteria Not Met         0         1         1           Duration of	Duration of Therapy Exceeded	0	2	2
Criteria Not Meth         0         10         10           Mechiorethamine         1         0         1           APPROVED         1         0         1           Medizine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyprogesterone         1         0         1         1           APPROVED         0         1         1         2           APPROVED         0         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         3         14         17           APPROVED         3         1         17           Criteria Not Met         0         14         14           Melociam         12         17         29           APPROVED         12         17         29           APPROVED         12         17         17           Criteria Not Met         0         17         17           Criteria Not Met         0         0         1         1           Debnied </td <td>Mebendazole</td> <td>0</td> <td>10</td> <td>10</td>	Mebendazole	0	10	10
Mecklorethamine         1         0         1           APROVED         1         0         1           Medizine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           DENIED         1         0         1           Criteria Not Met         0         1         1           Mefenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         3         0         3           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         17         29           APPROVED         12         17         29           APPROVED         12         17         29           APPROVED         12         17         17           Criteria Not Met         0         17         17           DENIED         5         7         12           APPROVED	DENIED	0	10	10
APPROVED         1         0         1           Meclizine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Mecroxyprogesterone         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         3         1         17         1           DENIED         3         0         3         3         1         1           Criteria Not Met         0         14         14         14           Criteria Not Met         0         14         14         14           Memarite         0         17         17         17           Criteria Not Met         0         1         1         1           Memarite         5         7         12           APPROVED         5         6         6           DENIED         6         6         6           Criteria Not Met	Criteria Not Met	0	10	10
Mecilizine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyprogesterone         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Merenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Medoxicam         12         17         29           APPROVED         12         0         12           APPROVED         12         0         12           DENIED         0         16         16           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         7         7           APPROVED         5         0         5           DENIED         0         7         7           Criter	Mechlorethamine	1	0	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Medroxyprogesterone         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Mefenanic Acid         3         14         17         1           APPROVED         3         0         3         3         1         14         1	APPROVED	1	0	1
Criteria Not Met         0         1         1           Medroxyprogesterone         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Mefenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           APPROVED         5         7         12           APPROVED         5         0         5           DENIED         5         0         5           APPROVED         5         0         5           DENIED         5         0         5           DENIED <td>Meclizine</td> <td>0</td> <td>1</td> <td>1</td>	Meclizine	0	1	1
Medroxyprogesterone         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Mefenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         0         12           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           Memantine         5         7         12           APPROVED         5         0         5           DENIED         5         0         5           APPROVED         5         7         12           APPROVED         5         0         5           Duration of Therapy Exceeded         0         0         7         7 </td <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
APPROVED  DENIED  Criteria Not Met  Mefenamic Acid  APPROVED  DENIED  DENIED  O  TH  APPROVED  DENIED  O  TH  TH  TH  TH  TH  TH  TH  TH  TH	Criteria Not Met	0	1	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Mefenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12         0         12           DENIED         0         17         12         14         14         14         14         18         18         18         18         14         14	Medroxyprogesterone	Ī	1	2
Criteria Not Met         0         1         1           Mefenanic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         16         16           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           APPROVED         5         7         12           APPROVED         5         0         5           DENIED         5         0         5           Criteria Not Met         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         6         6           APPROVED         14         14         28	APPROVED	1	0	1
Mefenamic Acid         3         14         17           APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           APPROVED         5         0         5           DENIED         5         0         5           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	DENIED	0	1	1
APPROVED         3         0         3           DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           APPROVED         5         0         5           DENIED         5         0         5           APPROVED         5         0         5           DENIED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumb         14         14         28           APPROVED         14         0         14	Criteria Not Met	0	1	1
DENIED         0         14         14           Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           APPROVED         5         7         12           APPROVED         5         0         5           DENIED         5         0         5           Criteria Not Met         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	Mefenamic Acid	3	14	17
Criteria Not Met         0         14         14           Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           Memantine         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	APPROVED	3	0	3
Meloxicam         12         17         29           APPROVED         12         0         12           DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           Memantine         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	DENIED	0	14	14
APPROVED       12       0       12         DENIED       0       17       17         Criteria Not Met       0       16       16         Duration of Therapy Exceeded       0       1       1         Memantine       5       7       12         APPROVED       5       0       5         DENIED       0       7       7         Criteria Not Met       0       6       6         Duration of Therapy Exceeded       0       1       1         Mepolizumab       14       14       0       14	Criteria Not Met	0	14	14
DENIED         0         17         17           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         1         1           Memantine         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	Meloxicam	12	17	29
Criteria Not Met       0       16       16         Duration of Therapy Exceeded       0       1       1         Memantine       5       7       12         APPROVED       5       0       5         DENIED       0       7       7         Criteria Not Met       0       6       6         Duration of Therapy Exceeded       0       1       1         Mepolizumab       14       14       28         APPROVED       14       0       14	APPROVED	12	0	12
Duration of Therapy Exceeded         0         1         1           Memantine         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	DENIED	0	17	17
Memantine         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	Criteria Not Met	0	16	16
APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	Duration of Therapy Exceeded	0	1	1
DENIED         0         7         7           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	Memantine	5	7	12
Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	APPROVED	5	0	5
Duration of Therapy Exceeded         0         1         1           Mepolizumab         14         14         28           APPROVED         14         0         14	DENIED	0	7	7
Mepolizumab         14         14         28           APPROVED         14         0         14	Criteria Not Met	0	6	6
Mepolizumab         14         14         28           APPROVED         14         0         14	Duration of Therapy Exceeded	0	1	1
APPROVED 14 0 14		14	14	28
DENIED 0 14 14		14	0	14
	DENIED	0	14	14

Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	6	6
Meropenem	28	3	31
APPROVED	28	0	28
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Mesalamine	14	90	104
APPROVED	14	0	14
DENIED	0	90	90
Criteria Not Met	0	76	76
Duration of Therapy Exceeded	0	14	14
Metaxalone	3	38	41
APPROVED	3	0	3
DENIED	0	38	38
Criteria Not Met	0	36	36
Duration of Therapy Exceeded	0	2	2
Metformin	12	55	67
APPROVED	12	0	12
DENIED	0	55	55
Administrative Denial	0	1	1
Criteria Not Met	0	51	51
Duration of Therapy Exceeded	0	3	3
Methadone	14	3	17
APPROVED	14	0	14
DENIED	0	3	3
Criteria Not Met	0	3	3
Methenamine Mandelate 1GM OR TABS	0	2	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Methocarbamol	7	14	21
APPROVED	7	0	7
DENIED	0	14	14
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	2	2
Methylphenidate	243	81	324
APPROVED	243	0	243
DENIED	0	81	81
Criteria Not Met	0	71	71
Duration of Therapy Exceeded	0	10	10
Methyltestosterone	0	1	1

DENIED	0	1	1
Criteria Not Met	0	1	1
Metoprolol	35	29	64
APPROVED	35	0	35
DENIED	0	29	29
Criteria Not Met	0	29	29
Metronidazole	4	19	23
APPROVED	4	0	4
DENIED	0	19	19
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	1	1
Micafungin	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Midazolam	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Milnacipran	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Milrinone	1	0	1
APPROVED	1	0	1
MILRINONE LACTATE 20/20ML INJ	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Minocycline	0	8	8
DENIED	0	8	8
Criteria Not Met	0	8	8
Mirabegron	38	138	176
APPROVED	38	0	38
DENIED	0	138	138
Criteria Not Met	0	129	129
Duration of Therapy Exceeded	0	9	9
Mirtazapine	3	18	21
APPROVED	3	0	3
DENIED	0	18	18
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	2	2

Misoprostol	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Modafinil	16	35	51
APPROVED	16	0	16
DENIED	0	35	35
Criteria Not Met	0	35	35
Mometasone	3	44	47
APPROVED	3	0	3
DENIED	0	44	44
Criteria Not Met	0	41	41
Duration of Therapy Exceeded	0	3	3
Morphine	72	17	89
APPROVED	72	0	72
DENIED	0	17	17
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	2	2
Moxifloxacin	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Mupirocin	0	10	10
DENIED	0	10	10
Criteria Not Met	0	10	10
Mycophenolate	3	6	9
APPROVED	3	0	3
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
Nabumetone	2	7	9
APPROVED	2	0	2
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Naftifine	1	17	18
APPROVED	1	0	1
DENIED	0	17	17
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	1	1
Naldemedine	1	4	5
APPROVED	1	0	1
· · · · · · · · · · · · · · · · · · ·			

DENIED	0	4	4
Criteria Not Met	0	4	4
Naloxegol	13	30	43
APPROVED	13	0	13
DENIED	0	30	30
Criteria Not Met	0	28	28
Duration of Therapy Exceeded	0	2	2
Naproxen	12	22	34
APPROVED	12	0	12
DENIED	0	22	22
Criteria Not Met	0	20	20
Duration of Therapy Exceeded	0	2	2
Natalizumab	2	9	11
APPROVED	2	0	2
DENIED	0	9	9
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	4	4
Nebivolol	80	126	206
APPROVED	80	0	80
DENIED	0	126	126
Criteria Not Met	0	112	112
Duration of Therapy Exceeded	0	14	14
Nepafenac	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Neratinib	3	0	3
APPROVED	3	0	3
Nerlynx 40MG OR TABS	5	0	5
APPROVED	5	0	5
NERLYNX 40MG TAB	1	0	1
APPROVED	1	0	1
Netarsudil	15	8	23
APPROVED	15	0	15
DENIED	0	8	8
Criteria Not Met	0	8	8
Nexletol 180MG OR TABS	0	56	56
DENIED	0	56	56
Criteria Not Met	0	53	53
Duration of Therapy Exceeded	0	3	3
Nexletol TABS 180MG	1	3	4
APPROVED	1	0	1
			-

DENIED	0	3	3
Criteria Not Met	0	3	3
Nexlizet 180-10MG OR TABS	5	42	47
APPROVED	5	0	5
DENIED	0	42	42
Criteria Not Met	0	41	41
Duration of Therapy Exceeded	0	1	1
Niacin	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Nifedipine	39	36	75
APPROVED	39	0	39
DENIED	0	36	36
Criteria Not Met	0	33	33
Duration of Therapy Exceeded	0	3	3
Nilotinib	2	0	2
APPROVED	2	0	2
Nintedanib	8	32	40
APPROVED	8	0	8
DENIED	0	32	32
Criteria Not Met	0	27	27
Duration of Therapy Exceeded	0	5	5
Niraparib	4	1	5
APPROVED	4	0	4
DENIED	0	1	1
Criteria Not Met	0	1	1
Nitazoxanide	24	56	80
APPROVED	24	0	24
DENIED	0	56	56
Criteria Not Met	0	56	56
Nitrate & Vasodilator Combination - Two Ingredient	0	3	3
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Nitrofurantoin Monohyd Macro 100MG OR CAPS	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS 100MG CAP	1	0	1
APPROVED	1	0	1
Nitroglycerin	0	2	2

DENIED	0	2	2
Criteria Not Met	0	2	2
Nivolumab	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Nonsteroidal Anti-inflammatory Agent Combination - 2 Ingred	5	62	67
APPROVED	5	0	5
DENIED	0	62	62
Criteria Not Met	0	62	62
Norethindrone	3	3	6
APPROVED	3	0	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Nurtec 75MG OR TBDP	16	149	165
APPROVED	16	0	16
DENIED	0	149	149
Criteria Not Met	0	142	142
Duration of Therapy Exceeded	0	7	7
Nurtec TBDP 75MG	6	32	38
APPROVED	6	0	6
DENIED	0	32	32
Appeal Withdrawn	0	1	1
Criteria Not Met	0	30	30
Duration of Therapy Exceeded	0	1	1
Nutritional Supplements	5	9	14
APPROVED	5	0	5
DENIED	0	9	9
Administrative Denial	0	4	4
Criteria Not Met	0	1	1
Non-Covered Benefit	0	4	4
Obeticholic Acid	4	8	12
APPROVED	4	0	4
DENIED	0	8	8
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	4	4
Ocrelizumab	19	17	36
APPROVED	19	0	19
DENIED	0	17	17
Administrative Denial	0	1	1
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	1	1

Insufficient Info	0	1	1
Octreotide	12	5	17
APPROVED	12	0	12
DENIED	0	5	5
Criteria Not Met	0	5	5
Ofloxacin	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Olanzapine	3	16	19
APPROVED	3	0	3
DENIED	0	16	16
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	4	4
Olaparib	34	6	40
APPROVED	34	0	34
DENIED	0	6	6
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	5	5
Olmesartan	8	16	24
APPROVED	8	0	8
DENIED	0	16	16
Criteria Not Met	0	16	16
Olopatadine	8	53	61
APPROVED	8	0	8
DENIED	0	53	53
Criteria Not Met	0	50	50
Duration of Therapy Exceeded	0	3	3
Omadacycline	2	4	6
APPROVED	2	0	2
DENIED	0	4	4
Criteria Not Met	0	4	4
Omalizumab	30	59	89
APPROVED	30	0	30
DENIED	0	59	59
Criteria Not Met	0	47	47
Duration of Therapy Exceeded	0	11	11
Insufficient Info	0	1	1
Omega-3-acid	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5

Omeprazole	12	36	48
APPROVED	12	0	12
DENIED	0	36	36
Criteria Not Met	0	34	34
Duration of Therapy Exceeded	0	2	2
Ondansetron	4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Criteria Not Met	0	3	3
Ophthalmic Kinase Inhibitors Combination - Two Ingredient	6	9	15
APPROVED	6	0	6
DENIED	0	9	9
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	1	1
Opioid Combination - Two Ingredient	25	20	45
APPROVED	25	0	25
DENIED	0	20	20
Criteria Not Met	0	19	19
Duration of Therapy Exceeded	0	1	1
Oriahnn 300-1-0.5 & 300MG OR CPPK	0	16	16
DENIED	0	16	16
Criteria Not Met	0	16	16
Oritavancin	1	0	1
APPROVED	1	0	1
Orlistat	0	2	2
DENIED	0	2	2
Administrative Denial	0	2	2
Osimertinib	5	4	9
APPROVED	5	0	5
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
Ospemifene	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Otic Steroid-Anti-infective Combination - Two Ingredient	23	151	174
APPROVED	23	0	23
DENIED	0	151	151
Criteria Not Met	0	151	151
Oxaprozin	1	5	6

APPROVED	1	0	1
DENIED	0	5	5
Criteria Not Met	0	5	5
Oxcarbazepine	5	2	7
APPROVED	5	0	5
DENIED	0	2	2
Criteria Not Met	0	2	2
Oxiconazole	1	21	22
APPROVED	1	0	1
DENIED	0	21	21
Criteria Not Met	0	20	20
Duration of Therapy Exceeded	0	1	1
Oxybutynin	10	10	20
APPROVED	10	0	10
DENIED	0	10	10
Criteria Not Met	0	9	9
Duration of Therapy Exceeded	0	1	1
Oxycodone	57	37	94
APPROVED	57	0	57
DENIED	0	37	37
Criteria Not Met	0	37	37
Oxymetazoline	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Palbociclib	59	3	62
APPROVED	59	0	59
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Paliperidone	31	19	50
APPROVED	31	0	31
DENIED	0	19	19
Criteria Not Met	0	17	17
Duration of Therapy Exceeded	0	2	2
Palonosetron	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Pancrelipase (Lipase-Protease-Amylase)	8	11	19
APPROVED	8	0	8
DENIED	0	11	11
		-	

Criteria Not Met	0	11	11
Pantoprazole	23	57	80
APPROVED	23	0	23
DENIED	0	57	57
Criteria Not Met	0	57	57
Paricalcitol	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Paroxetine	6	16	22
APPROVED	6	0	6
DENIED	0	16	16
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	4	4
Passive Immunizing Agent Combination - Two Ingredient	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Patiromer	12	33	45
APPROVED	12	0	12
DENIED	0	33	33
Administrative Denial	0	1	1
Criteria Not Met	0	32	32
Pazopanib	1	0	1
APPROVED	1	0	1
Pegfilgrastim	346	328	674
APPROVED	346	0	346
DENIED	0	328	328
Administrative Denial	0	8	8
Criteria Not Met	0	218	218
Duration of Therapy Exceeded	0	84	84
Insufficient Info	0	13	13
Medical Necessity	0	1	1
Non-Covered Benefit	0	4	4
Peginterferon	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Pegloticase	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5

Pembrolizumab	2	0	2
APPROVED	2	0	2
Penicillamine	1	0	1
APPROVED	1	0	1
Penicillin Combination - Two Ingredient	26	7	33
APPROVED	26	0	26
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Penicillin G	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Penicillin G Benzathine	2	5	7
APPROVED	2	0	2
DENIED	0	5	5
Criteria Not Met	0	5	5
Pentosan Polysulfate Sodium	10	8	18
APPROVED	10	0	10
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Pertuzumab	1	0	1
APPROVED	1	0	1
Phenazopyridine HCl	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Phenobarbital	4	0	4
APPROVED	4	0	4
Phentermine	0	9	9
DENIED	0	9	9
Administrative Denial	0	5	5
Non-Covered Benefit	0	4	4
Phexxi 1.8-1-0.4% VA GEL	2	18	20
APPROVED	2	0	2
DENIED	0	18	18
Criteria Not Met	0	18	18
Pimecrolimus	3	27	30
APPROVED	3	0	3
DENIED	0	27	27
Criteria Not Met	0	26	26

Duration of Therapy Exceeded	0	1	1
Pioglitazone	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Pirfenidone	2	8	10
APPROVED	2	0	2
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Piroxicam	17	54	71
APPROVED	17	0	17
DENIED	0	54	54
Criteria Not Met	0	51	51
Duration of Therapy Exceeded	0	3	3
Pitavastatin	21	46	67
APPROVED	21	0	21
DENIED	0	46	46
Criteria Not Met	0	40	40
Duration of Therapy Exceeded	0	6	6
Plecanatide	5	100	105
APPROVED	5	0	5
DENIED	0	100	100
Criteria Not Met	0	93	93
Duration of Therapy Exceeded	0	7	7
Polysaccharide Iron Complex	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Pomalidomide	7	0	7
APPROVED	7	0	7
Ponatinib	1	0	1
APPROVED	1	0	1
Posaconazole	4	4	8
APPROVED	4	0	4
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
Potassium & Sodium Citrates w / Citric Acid	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Potassium Chloride	1	4	5
APPROVED	1	0	1

DENIED	0	4	4
	0		
Criteria Not Met	1	4	4
Pramlintide		0	1
APPROVED	1	0	1
Pramoxine	0	3	3
DENIED	0	3	3
Administrative Denial	0	1	1
Criteria Not Met	0	2	2
Pravastatin	9	6	15
APPROVED	9	0	9
DENIED	0	6	6
Criteria Not Met	0	6	6
Prednisone	1	13	14
APPROVED	1	0	1
DENIED	0	13	13
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	1	1
Pregabalin	415	731	1146
APPROVED	415	0	415
DENIED	0	731	731
Criteria Not Met	0	675	675
Duration of Therapy Exceeded	0	56	56
Prenatal Vit w/ Fe Polysacch Complex-L Methylfolate-FA-DHA	0	5	5
DENIED	0	5	5
Criteria Not Met	0	5	5
Prenatal Vit w/ Ferric Phosphate-FA-Omega 3 Fatty Acids	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Prenatal Vitamins w/ Ferrous Gluconate-Folic Acid	0	9	9
DENIED	0	9	9
Criteria Not Met	0	9	9
Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-DSS-FA-DHA	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Prenatal w/o Vit A w/ Fe Carbonyl-Fe Gluconate-FA & Vit B6	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Primidone	4	1	5
APPROVED	4	0	4
DENIED	0	1	1
Criteria Not Met	0	1	1

Probiotic Product	2	7	9
APPROVED	2	0	2
DENIED	0	7	7
Criteria Not Met	0	4	4
Non-Covered Benefit	0	3	3
Progesterone	4	17	21
APPROVED	4	0	4
DENIED	0	17	17
Administrative Denial	0	1	1
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	2	2
Progesterone Vaginal	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Promethazine	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Propafenone	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Propranolol	1	7	8
APPROVED	1	0	1
DENIED	0	7	7
Criteria Not Met	0	7	7
Prostatic Hypertrophy Agent Combination - Two Ingredient	0	2	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
roton Pump Inhibitor-Antacid Combination - Two Ingredient	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Prucalopride	4	30	34
APPROVED	4	0	4
DENIED	0	30	30
Criteria Not Met			
	0	30	30
seudobulbar Affect Agent Combination - Two Ingredient	0	30 <b>8</b>	30 <b>8</b>
Pseudobulbar Affect Agent Combination - Two Ingredient  DENIED			
	0	8	8

APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Q0138 INJ FERUMOXYTOL TX IRON DEF ANEMIA 1 MG	NON-ESRD 1	6	7
APPROVED	1	0	1
DENIED	0	6	6
Criteria Not Met	0	5	5
Insufficient Info	0	1	1
Q2050 INJECTION DOXORUBICIN HCL LIPOSOMAL NO	S 10 MG 19	6	25
APPROVED	19	0	19
DENIED	0	6	6
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	3	3
Q4180 REVITA PER SQUARE CM	1	0	1
APPROVED	1	0	1
Q4186 EPIFIX PER SQ CM	1	0	1
APPROVED	1	0	1
Q4187 EPICORD PER SQ CM	1	0	1
APPROVED	1	0	1
Q5103 INJECTION INFLIXIMAB-DYYB BIOSIMILAR 10 M	1G 0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Q5104 INJECTION INFLIXIMAB-ABDA BIOSIMILAR 10 M	ИG 1	0	1
APPROVED	1	0	1
Q5106 INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 10	00 U 2	3	5
APPROVED	2	0	2
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
Q5107 INJECTION BEVACIZUMAB-AWWB BIOSIMILAR	10 MG 72	25	97
APPROVED	72	0	72
DENIED	0	25	25
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	17	17
Insufficient Info	0	1	1
Q5108 INJECTION PEGFILGRASTIM-JMDB BIOSIMILAR	0.5 MG 2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Q5112 INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 1	10 MG 0	2	2
DENIED	0	2	2

Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	19	11	30
APPROVED		19	0	19
DENIED		0	11	11
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	5	5
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	35	18	53
APPROVED		35	0	35
DENIED		0	18	18
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	11	11
Insufficient Info		0	3	3
Non-Covered Benefit		0	1	1
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	14	5	19
APPROVED		14	0	14
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG	5	1	6
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
Quetiapine		9	14	23
APPROVED		9	0	9
DENIED		0	14	14
Criteria Not Met		0	14	14
Rabeprazole		8	14	22
APPROVED		8	0	8
DENIED		0	14	14
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	6	6
Ramelteon		9	25	34
APPROVED		9	0	9
DENIED		0	25	25

Criteria Not Met	0	24	24
Duration of Therapy Exceeded	0	1	1
Ramipril	9	5	14
APPROVED	9	0	9
DENIED	0	5	5
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	1	1
Ranibizumab	47	25	72
APPROVED	47	0	47
DENIED	0	25	25
Criteria Not Met	0	21	21
Duration of Therapy Exceeded	0	2	2
Insufficient Info	0	2	2
Ranolazine	79	23	102
APPROVED	79	0	79
DENIED	0	23	23
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	7	7
Rectal Anesthetic/Steroids - Two Ingredient	0	25	25
DENIED	0	25	25
Administrative Denial	0	4	4
Criteria Not Met	0	20	20
Non-Covered Benefit	0	1	1
Regorafenib	7	3	10
APPROVED	7	0	7
DENIED	0	3	3
Duration of Therapy Exceeded	0	3	3
Retapamulin	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Reyvow 50MG OR TABS	1	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
Ribociclib	10	2	12
APPROVED	10	0	10
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Rifamycin	0	1	1
DENIED	0	1	1

Criteria Not Met	0	1	1
Rifaximin	104	195	299
APPROVED	104	0	104
DENIED	0	195	195
Criteria Not Met	0	180	180
Duration of Therapy Exceeded	0	15	15
Riluzole	3	6	9
APPROVED	3	0	3
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
Riociguat	2	9	11
APPROVED	2	0	2
DENIED	0	9	9
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	2	2
Risankizumab	31	51	82
APPROVED	31	0	31
DENIED	0	51	51
Criteria Not Met	0	46	46
Duration of Therapy Exceeded	0	5	5
Risperidone	3	3	6
APPROVED	3	0	3
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
RITUXAN 10 MG/ML 50ML VIAL	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
RITUXAN 500MG INJ	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Rituxan SOLN 100MG/10ML	14	35	49
APPROVED	14	0	14
DENIED	0	35	35
Administrative Denial	0	1	1
Criteria Not Met	0	28	28
Duration of Therapy Exceeded	0	4	4
Non-Covered Benefit	0	2	2
Rituxan SOLN 500MG/50ML	2	5	7

APPROVED		2	0	2
DENIED	(		5	5
Criteria Not Met		)	5	5
Rituximab	1	3	19	32
APPROVED	1	3	0	13
DENIED		)	19	19
Criteria Not Met	(	)	14	14
Duration of Therapy Exceeded	(	)	2	2
Insufficient Info	(	)	3	3
Rivaroxaban	46	52	195	657
APPROVED	46	52	0	462
DENIED	(	)	195	195
Administrative Denial	(	)	1	1
Criteria Not Met	(	)	124	124
Duration of Therapy Exceeded	(	)	70	70
Rivastigmine	7	2	4	6
APPROVED	2	2	0	2
DENIED	(	)	4	4
Criteria Not Met	(	)	4	4
Rizatriptan	1	1	6	7
APPROVED	1	1	0	1
DENIED	(	)	6	6
Criteria Not Met	(	)	6	6
Roflumilast	· · · · · · · · · · · · · · · · · · ·	7	6	13
APPROVED	7	7	0	7
DENIED	(	)	6	6
Criteria Not Met	(	)	4	4
Duration of Therapy Exceeded	(	)	2	2
Rolapitant	(	כ	1	1
DENIED	(	)	1	1
Criteria Not Met	(	)	1	1
Romiplostim	1	0	6	16
APPROVED	1	0	0	10
DENIED	(	)	6	6
Criteria Not Met	C	)	3	3
Duration of Therapy Exceeded	(	)	2	2
Insufficient Info	(	)	1	1
Romosozumab	1	1	6	7
APPROVED	1	1	0	1
DENIED	(	)	6	6
Criteria Not Met	(	)	6	6

Rosuvastatin		49	43	92
APPROVED		49	0	49
DENIED		0	43	43
Criteria Not Met		0	43	43
Rotigotine		0	3	3
DENIED		0	3	3
Criteria Not Met		0	3	3
Ruxience SOLN 100MG/10ML		41	17	58
APPROVED		41	0	41
DENIED		0	17	17
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	9	9
Ruxience SOLN 500MG/50ML		6	5	11
APPROVED		6	0	6
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
Ruxolitinib		9	3	12
APPROVED		9	0	9
DENIED		0	3	3
Criteria Not Met		0	3	3
S0145 I	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1	0	1
S0145 I APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	<b>1</b> 1	<b>0</b>	<b>1</b> 1
	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML			
APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1	0	1
APPROVED Salicylic Acid	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 <b>2</b>	0 <b>2</b>	1 <b>4</b>
APPROVED Salicylic Acid APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 <b>2</b> 2	0 <b>2</b> 0	1 <b>4</b> 2
APPROVED Salicylic Acid APPROVED DENIED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 <b>2</b> 2 0	0 <b>2</b> 0 2	1 <b>4</b> 2 2
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0	0 <b>2</b> 0 2	1 <b>4</b> 2 2 2 2
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 <b>2</b> 2 0 0 0 4	0 2 0 2 2 2	1 4 2 2 2 2 5 5
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 4 4	0 <b>2</b> 0 2 2 <b>1</b> 0	1 4 2 2 2 2 5 4
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 4 0 0	0 2 0 2 2 1 0 1	1 4 2 2 2 5 4
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0	0 2 0 2 2 1 0 0 1 1 1	1 4 2 2 2 5 4 1
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 4 0 0 0 5 5	0 2 0 2 2 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1	1 4 2 2 2 5 4 1 1 20 5 15
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 5	0 2 0 0 2 2 1 0 0 1 1 1 1 1 1 1 1 1 1 1	1 4 2 2 2 2 5 4 1 1 20 5 15
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  DENIED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 0 0	0 2 0 2 2 1 0 0 1 1 1 1 1 5 0 15	1 4 2 2 2 5 4 1 1 20 5 15
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  Criteria Not Met  Criteria Not Met	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 5 0 0 0	0 2 0 0 2 2 1 0 0 1 1 1 1 1 1 1 1 1 1 1	1 4 2 2 2 2 5 4 1 1 20 5 15
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  Criteria Not Met  Saxugliptin  APPROVED  DENIED  Secution of Therapy Exceeded  Secukinumab  APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 0 0 0 0 0 0	0 2 0 0 2 2 1 0 0 1 1 1 1 1 5 0 1 1 1 1 1 1 1 1 1 1	1 4 2 2 2 2 5 4 1 1 20 5 15 13 2
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  Criteria Not Met  Suxumab  Saxagliptin  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  Seculia Not Met  Duration of Therapy Exceeded  Seculinumab	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 0 0 0 0 5 5 5 0 0 0 0	0 2 0 0 2 2 1 0 0 1 1 1 1 1 5 0 0 1 1 5 1 3 2 6 9	1 4 2 2 2 5 4 1 1 1 20 5 15 13 2
APPROVED  Salicylic Acid  APPROVED  DENIED  Criteria Not Met  Sarilumab  APPROVED  DENIED  Criteria Not Met  Saxagliptin  APPROVED  DENIED  Criteria Not Met  Saxugliptin  APPROVED  DENIED  Secution of Therapy Exceeded  Secukinumab  APPROVED	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML	1 2 2 0 0 0 4 4 0 0 0 5 5 0 0 0 0 5 5 5 5 5 5	0 2 0 0 2 2 1 0 0 1 1 1 1 1 5 0 0 1 5 1 3 2 6 9 0 0	1 4 2 2 2 5 4 1 1 1 20 5 15 13 2 124 55

Selenium	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Selinexor	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Administrative Denial	0	1	1
Semaglutide	570	278	848
APPROVED	570	0	570
DENIED	0	278	278
Administrative Denial	0	18	18
Criteria Not Met	0	220	220
Duration of Therapy Exceeded	0	32	32
Non-Covered Benefit	0	8	8
Sertraline	20	17	37
APPROVED	20	0	20
DENIED	0	17	17
Criteria Not Met	0	17	17
Sevelamer	28	20	48
APPROVED	28	0	28
DENIED	0	20	20
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	6	6
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations - Two Ingred	11	28	39
APPROVED	11	0	11
DENIED	0	28	28
Criteria Not Met	0	27	27
Duration of Therapy Exceeded	0	1	1
Sildenafil	24	121	145
APPROVED	24	0	24
DENIED	0	121	121
Administrative Denial	0	4	4
Criteria Not Met	0	104	104
Duration of Therapy Exceeded	0	7	7
Non-Covered Benefit	0	6	6
Silodosin	12	14	26
APPROVED	12	0	12
DENIED	0	14	14
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	3	3

Simvastatin	10	6	16
APPROVED	10	0	10
DENIED	0	6	6
Criteria Not Met	0	6	6
Sincalide	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Sitagliptin	271	81	352
APPROVED	271	0	271
DENIED	0	81	81
Criteria Not Met	0	45	45
Duration of Therapy Exceeded	0	36	36
Sodium Ferric Gluconate	2	4	6
APPROVED	2	0	2
DENIED	0	4	4
Criteria Not Met	0	4	4
Sodium Hyaluronate	316	684	1000
APPROVED	316	0	316
DENIED	0	684	684
Administrative Denial	0	11	11
Criteria Not Met	0	608	608
Duration of Therapy Exceeded	0	16	16
Insufficient Info	0	47	47
Non-Covered Benefit	0	2	2
Sodium Oxybate	6	5	11
APPROVED	6	0	6
DENIED	0	5	5
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	2	2
Sodium Zirconium Cyclosilicate	9	16	25
APPROVED	9	0	9
DENIED	0	16	16
Criteria Not Met	0	16	16
Sodium-Glucose Co-Transporter 2 Inhib-Biguanide - Two Ingred	236	170	406
APPROVED	236	0	236
DENIED	0	170	170
Criteria Not Met	0	111	111
Duration of Therapy Exceeded	0	59	59
Solifenacin	30	15	45
APPROVED	30	0	30
DENIED	0	15	15

Criteria Not Met	0	15	15
Solriamfetol	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Somatropin	11	18	29
APPROVED	11	0	11
DENIED	0	18	18
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	4	4
Sorafenib	7	2	9
APPROVED	7	0	7
DENIED	0	2	2
Criteria Not Met	0	2	2
Sprycel 100MG OR TABS	11	3	14
APPROVED	11	0	11
DENIED	0	3	3
Criteria Not Met	0	3	3
Sucralfate	7	35	42
APPROVED	7	0	7
DENIED	0	35	35
Criteria Not Met	0	35	35
Sucroferric	4	14	18
APPROVED	4	0	4
DENIED	0	14	14
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	1	1
Sulconazole	0	7	7
DENIED	0	7	7
Criteria Not Met	0	7	7
Sulfonylurea-Biguanide Combination - Two Ingredient	10	6	16
APPROVED	10	0	10
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
Sulfonylurea-Thiazolidinedione Combination - Two Ingredient	1	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
Sulindac	Ō	1	1

DENIED	0	1	1
Criteria Not Met	0	1	1
Sumatriptan	0	19	19
DENIED	0	19	19
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	1	1
Sunitinib	4	2	6
APPROVED	4	0	4
DENIED	0	2	2
Criteria Not Met	0	2	2
Suvorexant	12	49	61
APPROVED	12	0	12
DENIED	0	49	49
Criteria Not Met	0	42	42
Duration of Therapy Exceeded	0	7	7
Tacrolimus	107	251	358
APPROVED	107	0	107
DENIED	0	251	251
Administrative Denial	0	12	12
Criteria Not Met	0	210	210
Duration of Therapy Exceeded	0	17	17
Non-Covered Benefit	0	12	12
Tadalafil	2	38	40
APPROVED	2	0	2
DENIED	0	38	38
Administrative Denial	0	1	1
Criteria Not Met	0	35	35
Non-Covered Benefit	0	2	2
Tafamidis	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Tafluprost	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Tagrisso 80MG OR TABS	16	3	19
APPROVED	16	0	16
DENIED	0	3	3
Criteria Not Met	0	3	3
Tapentadol	4	7	11
APPROVED	4	0	4

DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
TASIGNA 200MG CAP	2	0	2
APPROVED	2	0	2
Tasigna 200MG OR CAPS	3	0	3
APPROVED	3	0	3
Tazarotene	12	40	52
APPROVED	12	0	12
DENIED	0	40	40
Administrative Denial	0	1	1
Criteria Not Met	0	37	37
Duration of Therapy Exceeded	0	2	2
Tazarotene (Acne)	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Tedizolid	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Telavancin	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Telmisartan	137	59	196
APPROVED	137	0	137
DENIED	0	59	59
Criteria Not Met	0	38	38
Duration of Therapy Exceeded	0	21	21
Temazepam	1	11	12
APPROVED	1	0	1
DENIED	0	11	11
Criteria Not Met	0	11	11
Temozolomide	15	6	21
APPROVED	15	0	15
DENIED	0	6	6
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	4	4
Tenofovir	112	88	200
APPROVED	112	0	112
DENIED	0	88	88
Criteria Not Met	0	61	61
Duration of Therapy Exceeded	0	27	27

Teriflunomide	4	11	15
APPROVED	4	0	4
DENIED	0	11	11
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	5	5
Teriparatide	5	11	16
APPROVED	5	0	5
DENIED	0	11	11
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	1	1
Testosterone	13	76	89
APPROVED	13	0	13
DENIED	0	76	76
Criteria Not Met	0	71	71
Duration of Therapy Exceeded	0	5	5
Thalidomide	4	0	4
APPROVED	4	0	4
Thiazolidinedione-Biguanide Combination - Two Ingredient	2	10	12
APPROVED	2	0	2
DENIED	0	10	10
Criteria Not Met	0	10	10
Thienbenzodiazepines & SSRIs - Two Ingredient	2	5	7
APPROVED	2	0	2
DENIED	0	5	5
Criteria Not Met	0	5	5
Thyroid	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Thyrotropin	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Administrative Denial	0	1	1
Insufficient Info	0	1	1
Ticagrelor	142	122	264
APPROVED	142	0	142
DENIED	0	122	122
Criteria Not Met	0	94	94
Duration of Therapy Exceeded	0	28	28
Tigecycline	1	0	1
APPROVED	1	0	1
Tildrakizumab	1	4	5

DENIED				
### Company	APPROVED	1	0	1
Timodel         5         0         5           APPROVED         S         0         S           City         3         3           APPROVED         2         1         3           CENTAGE         0         1         1           CENTAGE         0         1         1           CHEAR NUME         0         1         1           APPROVED         12         0         12           APPROVED         12         0         12           DENED         0         44         44           CHERRIAN MER         0         44         44           CHERRIAN MER         0         6         6           Durison of Therapy Exceeded         0         6         6           DENED         0         35         35         35           APPROVED         4         0         4         4           Durison of Therapy Exceeded         0         3         3         3           Criteria Not Mer         0         1         1         1           Durison of Therapy Exceeded         0         1         1         1           Criteria Not Mer         0 <td>DENIED</td> <td>0</td> <td>4</td> <td>4</td>	DENIED	0	4	4
PREPONUED	Criteria Not Met	0	4	4
Toponin         2         1         3           APPROVIDED         2         0         2           Chesia Not Met         0         1         1           Criteria Not Met         0         1         1           APPROVED         12         4         56           APPROVED         12         40         12           DENIED         0         44         44           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         6         6           DENIED         4         35         39           APPROVED         4         35         39           APPROVED         4         0         4           DENIED         3         35         35           Criteria Not Met         0         35         35           Duration of Therapy Exceeded         0         31         31           Deriver Develop         2         1         3           Criteria Not Met         0         1         1         1           College         7         0         7         2         2           Derivation of Therapy Exceeded <td>Timolol</td> <td>5</td> <td>0</td> <td>5</td>	Timolol	5	0	5
APPROVED         2         0         2           DENLED         0         1         1           Criteria Not Met         0         1         1           Tiotropium         12         44         56           APPROVED         12         0         12           DENIED         0         38         38           Citrica Not Met         0         38         38           Duration of Therapy Exceeded         0         6         6           TEAMING         4         3         39           APPROVED         4         0         4           DENIED         4         0         4           TEAMING         4         0         4           DENIED         0         35         35           Citrical Not Met         0         31         31           DENIED         0         4         4           Citrical Not Met         0         1         1           DURIS OF THERAPY Exceeded         0         1         1           Citrical Not Met         0         1         1         1           Citrical Not Met         0         1         1         <	APPROVED	5	0	5
DENIED	Tiopronin	2	1	3
Criteria Net Met         0         1         1           Tibropium         12         44         56           APPROVED         12         0         12           DENIED         10         44         44           DENIED         0         44         44           Duration of Therapy Exceeded         0         6         6           Tibranifie         4         35         39           APPROVED         4         0         4         35         39           Citeria Not Met         0         35         35         35           Citeria Not Met         0         35         35         35           Citeria Not Met         0         31         31         31           DINIED         2         1         3         35         35           PAPROVED         2         1         3         35         36         35         36         35	APPROVED	2	0	2
Totopium	DENIED	0	1	1
APPROVED         12         0         12           DENIED         0         44         44           Citteria Not Met         0         38         38           Duration of Therapy Exceeded         0         6         6           Titzanidine         4         35         39           APPROVED         4         50         4           DENIED         0         35         35           Citréa Nort Met         0         31         31           Duration of Therapy Exceeded         0         4         4           Totrany Exceeded         0         4         4           Totrany Exceeded         0         4         4           Totrany Exceeded         0         1         1           Citréa Not Met         0         1         1           Citréa Not Met         0         1         1           TORIQUE         0         20         20           Citréa Not Met         0         1         1           Delaired         0         1         1         1           Total         1         1         1         1         1         1         1         1 <td>Criteria Not Met</td> <td>0</td> <td>1</td> <td>1</td>	Criteria Not Met	0	1	1
DENIED         0         44         44           Criteria Not Met         0         38         38           Duration of Therapy Exceeded         0         6         6           Tizandire         4         35         39           APPROVED         4         0         4           DENIED         0         31         31           Criteria Not Met         0         31         31           Duration of Therapy Exceeded         0         4         4           Tobramycin         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           DENIED         7         20         27           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Openium         1         1         1           Totacitation         32         0         32           APPROVED         32         0         32	Tiotropium	12	44	56
Criteria Not Met         0         38         38           Duration of Therapy Exceeded         0         6         6           Texnaldine         4         35         39           APPROVED         4         0         4         35         39           APPROVED         0         35         35         35           Criteria Not Met         0         31         31         31           Duration of Therapy Exceeded         0         4 <td>APPROVED</td> <td>12</td> <td>0</td> <td>12</td>	APPROVED	12	0	12
Duration of Therapy Exceeded         0         6         6           Tizandine         4         35         39           APPROVED         4         0         4           DENIED         0         35         35           Cifieria Not Met         0         31         31           Duration of Therapy Exceeded         0         4         4           APPROVED         2         1         3           APPROVED         2         1         3           DENIED         0         1         1           Criteria Not Met         0         1         1           TOCKILIZATION         7         20         27           APPROVED         7         20         27           APPROVED         7         20         27           DENIED         7         20         27           OPENIED         0         20         20           Criteria Not Met         0         20         20           APPROVED         32         62         92           DENIED         32         0         32         92           APPROVED         32         0         32 <t< td=""><td>DENIED</td><td>0</td><td>44</td><td>44</td></t<>	DENIED	0	44	44
Markenove	Criteria Not Met	0	38	38
APPROVED         4         0         4           DENIED         0         35         35           Criteria Not Met         0         31         31           Duration of Therapy Exceeded         0         4         4           Tobramycin         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           TOCIIIzumab         7         20         27           APPROVED         7         0         2           DENIED         7         0         2           Criteria Not Met         0         19         19           Criteria Not Met         0         19         19           Total Unition of Therapy Exceeded         0         62         62           APPROVED         32         62         94           APPROVED         32         62         94           APPROVED         0         62         62           DENIED         0         62         62           APPROVED         0         62         62	Duration of Therapy Exceeded	0	6	6
DENIED         0         35         35           Criteria Not Met         0         31         31           Duration of Therapy Exceeded         0         4         4           Tobramycin         2         1         3           APPROVED         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Tocilizumab         7         20         27           APPROVED         7         20         27           APPROVED         7         0         7           DENIED         0         17         0         7           APPROVED         0         17         0         7           DENIED         0         19         19         19           Criteria Not Met         0         1         1         1           Duration of Therapy Exceeded         32         0         32         9           APPROVED         32         0         32         9           DENIED         0         62         4         4           APPROVED         0         62         2	Tizanidine	4	35	39
Criteria Not Met         0         31         31           Duration of Therapy Exceeded         0         4         4           Tobamycin         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           Tocilizuma         7         20         27           APPROVED         7         0         7           DENIED         7         0         7           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Totacitinin         32         62         94           APPROVED         32         62         62           Duration of Therapy Exceeded         0         1         1	APPROVED	4	0	4
Duration of Therapy Exceeded         0         4         4           Tobramycin         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           Tocilizumb         7         20         27           APPROVED         7         0         7           DENIED         0         19         19           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           APPROVED         32         62         94           APPROVED         32         62         94           APPROVED         32         62         94           APPROVED         32         62         94           APRINGED         0         62         62           Administrative Denial         0         62         62           Administrative Denial         0         43         43           Duration of Therapy Exceeded         0         2         2         2           APPROVED         26	DENIED	0	35	35
Tobramycin         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           TOCIIIzumab         7         20         27           APPROVED         7         0         7           DENIED         0         20         20           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           APPROVED         32         62         94           APPROVED         32         0         32           APPROVED         32         0         32           DENIED         0         62         9           APPROVED         0         62         62           APPROVED         0         62         62           DENIED         0         43         43           Griteria Not Met         0         43         43           Duration of Therapy Exceeded         0         2         2           Non-Covered Benefit         0         26         25         51	Criteria Not Met	0	31	31
APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           TCollizumb         7         20         27           APPROVED         7         0         7           DENIED         0         19         19           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           APPROVED         32         62         94           APPROVED         32         0         32           DENIED         32         0         32           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         62         62           Administrative Denial         0         43         43           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         25         5	Duration of Therapy Exceeded	0	4	4
DENIED         0         1         1           Criteria Not Met         0         1         1           TOCIIIzamb         7         20         27           APPROVED         7         0         7           DENIED         0         0         19         19           Criteria Not Met         0         19         19         19           Duration of Therapy Exceeded         0         1         1         1           TOFacitinib         32         62         94           APPROVED         32         0         32         94           DENIED         0         62         62         94           APPROVED         32         0         32         94           APPROVED         0         62         62         62           Duration of Therapy Exceeded         0         43         43         43           Duration of Therapy Exceeded         0         26         25         51           APPROVED         26         25         51           APPROVED         26         25         51           DENIED         0         26         0         26         25	Tobramycin	2	1	3
Criteria Not Met         0         1         1           Tocilizumab         7         20         27           APPROVED         7         0         7           DENIED         0         20         20           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         6         9           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1         1           Criteria Not Met         0         43         43         43           Duration of Therapy Exceeded         0         16         16         16           Non-Covered Benefit         0         2         2         2           APPROVED         26         25         51           APPROVED         26         0         26         26           DENIED         0         25         25         25           Criteria Not Met         0         20         20         20           Criteria Not Met         <	APPROVED	2	0	2
Tocilizumab         7         20         27           APPROVED         7         0         7           DENIED         0         20         20           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         5         5           DENIED         0         26         6           DENIED         0         25         25           Criteria Not Met         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	DENIED	0	1	1
APPROVED         7         0         7           DENIED         0         20         20           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         25         51           APPROVED         26         0         26           DENIED         26         0         26           Criteria Not Met         0         25         25           Duration of Therapy Exceeded         0         20         20	Criteria Not Met	0	1	1
DENIED         0         20         20           Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         25         51           APPROVED         26         0         26           DENIED         26         0         26           APPROVED         26         5         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         25         25           Duration of Therapy Exceeded         0         0         20         20	Tocilizumab	7	20	27
Criteria Not Met         0         19         19           Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         0         26           DENIED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         25         25           Duration of Therapy Exceeded         0         20         20           Duration of Therapy Exceeded         0         5         5	APPROVED	7	0	7
Duration of Therapy Exceeded         0         1         1           Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         5         5           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	DENIED	0	20	20
Tofacitinib         32         62         94           APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           APPROVED         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Criteria Not Met	0	19	19
APPROVED         32         0         32           DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           Tolterodine         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Duration of Therapy Exceeded	0	1	1
DENIED         0         62         62           Administrative Denial         0         1         1           Criteria Not Met         0         43         43           Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           Totlerodine         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Tofacitinib	32	62	94
Administrative Denial       0       1       1         Criteria Not Met       0       43       43         Duration of Therapy Exceeded       0       16       16         Non-Covered Benefit       0       2       2         Tolterodine       26       25       51         APPROVED       26       0       26         DENIED       0       25       25         Criteria Not Met       0       20       20         Duration of Therapy Exceeded       0       5       5	APPROVED	32	0	32
Criteria Not Met       0       43       43         Duration of Therapy Exceeded       0       16       16         Non-Covered Benefit       0       2       2         Tolterodine       26       25       51         APPROVED       26       0       26         DENIED       0       25       25         Criteria Not Met       0       20       20         Duration of Therapy Exceeded       0       5       5	DENIED	0	62	62
Duration of Therapy Exceeded         0         16         16           Non-Covered Benefit         0         2         2           Tolterodine         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Administrative Denial	0	1	1
Non-Covered Benefit         0         2         2           Tolterodine         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Criteria Not Met	0	43	43
Tolterodine         26         25         51           APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Duration of Therapy Exceeded	0	16	16
APPROVED         26         0         26           DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Non-Covered Benefit	0	2	2
DENIED         0         25         25           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	Tolterodine	26	25	51
Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         5         5	APPROVED	26	0	26
Duration of Therapy Exceeded 0 5 5	DENIED	0	25	25
	Criteria Not Met	0	20	20
	Duration of Therapy Exceeded	0	5	5
	Tolvaptan	7	1	8

APPROVED	7	0	7
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Topical Anesthetic Combination - Three Ingredient	0	13	13
DENIED	0	13	13
Criteria Not Met	0	13	13
Topical Anesthetic Combination - Two Ingredient	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Topical Steroid Combination - Two Ingredient	4	32	36
APPROVED	4	0	4
DENIED	0	32	32
Criteria Not Met	0	31	31
Non-Covered Benefit	0	1	1
Topiramate	7	13	20
APPROVED	7	0	7
DENIED	0	13	13
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	2	2
Toxoid Combination - Three Ingredient	2	8	10
APPROVED	2	0	2
DENIED	0	8	8
Administrative Denial	0	5	5
Non-Covered Benefit	0	3	3
Tramadol	185	272	457
APPROVED	185	0	185
DENIED	0	272	272
Appeal Withdrawn	0	2	2
Criteria Not Met	0	256	256
Duration of Therapy Exceeded	0	14	14
Tramadol Combination - Two Ingredient	3	34	37
APPROVED	3	0	3
DENIED	0	34	34
Criteria Not Met	0	32	32
Duration of Therapy Exceeded	0	2	2
Trametinib	9	2	11
APPROVED	9	0	9
DENIED	0	2	2
Criteria Not Met	0	2	2
Trastuzumab	0	1	1
DENIED	0	1	1
			·

Administrative Denial	0	1	1
Travoprost	9	6	15
APPROVED	9	0	9
DENIED	0	6	6
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	2	2
Trazodone	0	9	9
DENIED	0	9	9
Criteria Not Met	0	9	9
Tretinoin	281	181	462
APPROVED	281	0	281
DENIED	0	181	181
Administrative Denial	0	5	5
Criteria Not Met	0	169	169
Duration of Therapy Exceeded	0	3	3
Non-Covered Benefit	0	4	4
Tretinoin (Chemotherapy)	1	0	1
APPROVED	1	0	1
Triamcinolone	2	17	19
APPROVED	2	0	2
DENIED	0	17	17
Criteria Not Met	0	17	17
Triazolam	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Trientine	1	0	1
APPROVED	1	0	1
Trifarotene	3	6	9
APPROVED	3	0	3
DENIED	0	6	6
Criteria Not Met	0	6	6
Trijardy XR 10-5-1000MG OR TB24	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
TRIJARDY XR 12.5-2.5 TAB	3	2	5
APPROVED	3	0	3
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Trijardy XR 12.5-2.5-1000MG OR TB24	1	0	1
APPROVED	1	0	1
TRIJARDY XR 25-5-1000 TAB	0	1	1

DENIED	0	1	1
Criteria Not Met	0	1	1
Trijardy XR 25-5-1000MG OR TB24	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Trijardy XR 5-2.5-1000MG OR TB24	0	2	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Trijardy XR TB24 10-5-1000MG	1	0	1
APPROVED	1	0	1
Trijardy XR TB24 12.5-2.5-1000MG	1	0	1
APPROVED	1	0	1
Trijardy XR TB24 25-5-1000MG	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Trikafta 100-50-75 & 150MG OR TBPK	2	0	2
APPROVED	2	0	2
Triptorelin	5	7	12
APPROVED	5	0	5
DENIED	0	7	7
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	2	2
Trospium	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Truxima SOLN 100MG/10ML	35	16	51
APPROVED	35	0	35
DENIED	0	16	16
Administrative Denial	0	1	1
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	5	5
Tukysa 150MG OR TABS	6	1	7
APPROVED	6	0	6
DENIED	0	1	1
Insufficient Info	0	1	1
TUKYSA 150MG TAB	4	1	5
APPROVED	4	0	4
DENIED	0	1	1

Ubrelvy 100MG OR TABS  APPROVED  DENIED  Criteria Not Met  UBRELVY 100MG TAB	10 10 0	<b>35</b>	45
DENIED  Criteria Not Met		0	40
Criteria Not Met	0		10
		35	35
UBRELVY 100MG TAB	0	35	35
A T 1 T T T T T T T T T T T T T T T T T	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Ubrelvy 50MG OR TABS	4	41	45
APPROVED	4	0	4
DENIED	0	41	41
Criteria Not Met	0	36	36
Duration of Therapy Exceeded	0	5	5
Ubrelvy TABS 100MG	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Ubrelvy TABS 50MG	1	4	5
APPROVED	1	0	1
DENIED	0	4	4
Criteria Not Met	0	4	4
Ulcer Anti-Infective w/Bismuth Combination - 3 Ingredient	11	32	43
APPROVED	11	0	11
DENIED	0	32	32
Criteria Not Met	0	32	32
Ulcer Anti-Infective w/Proton Pump Inhibit -Three Ingredient	74	86	160
APPROVED	74	0	74
DENIED	0	86	86
Criteria Not Met	0	85	85
Duration of Therapy Exceeded	0	1	1
Upadacitinib	19	46	65
APPROVED	19	0	19
DENIED	0	46	46
Criteria Not Met	0	40	40
Duration of Therapy Exceeded	0	6	6
URIBEL 118MG CAP	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ursodiol	18	4	22
APPROVED	18	0	18
DENIED	0	4	4

Criteria Not Met	0	4	4
Ustekinumab	37	42	79
APPROVED	37	0	37
DENIED	0	42	42
Administrative Denial	0	1	1
Criteria Not Met	0	30	30
Duration of Therapy Exceeded	0	11	11
Valbenazine	1	5	6
APPROVED	1	0	1
DENIED	0	5	5
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	1	1
Valganciclovir	30	15	45
APPROVED	30	0	30
DENIED	0	15	15
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	1	1
Valsartan	17	16	33
APPROVED	17	0	17
DENIED	0	16	16
Criteria Not Met	0	16	16
Vancomycin	46	20	66
APPROVED	46	0	46
DENIED	0	20	20
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	3	3
Non-Covered Benefit	0	1	1
Vardenafil	0	3	3
DENIED	0	3	3
Criteria Not Met	0	2	2
Non-Covered Benefit	0	1	1
Varenicline	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Vascepa CAPS 1GM	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Vedolizumab	20	52	72
APPROVED	20	0	20
			F2
DENIED	0	52	52

Criteria Not Met	0	40	40
Duration of Therapy Exceeded	0	10	10
Venetoclax	13	3	16
APPROVED	13	0	13
DENIED	0	3	3
Criteria Not Met	0	3	3
Venlafaxine	22	26	48
APPROVED	22	0	22
DENIED	0	26	26
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	3	3
Verapamil	3	3	6
APPROVED	3	0	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Verteporfin	0	5	5
DENIED	0	5	5
Criteria Not Met	0	4	4
Insufficient Info	0	1	1
Vilazodone	21	37	58
APPROVED	21	0	21
DENIED	0	37	37
Criteria Not Met	0	26	26
Duration of Therapy Exceeded	0	11	11
Vismodegib	4	0	4
APPROVED	4	0	4
Vitamin E	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Voriconazole	15	3	18
APPROVED	15	0	15
DENIED	0	3	3
Criteria Not Met	0	3	3
Vorinostat	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Vortioxetine	38	81	119
APPROVED	38	0	38
DENIED			
DENIES	0	81	81

Criteria Not Met	0	77	77
Duration of Therapy Exceeded	0	2	2
Vumerity (Starter) 231MG OR CPDR	1	0	1
APPROVED	1	0	1
Vumerity (Starter) CPDR 231MG	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Vumerity 231MG OR CPDR	4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Criteria Not Met	0	3	3
VYEPTI 100MG/ML INJ	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Zileuton	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Ziprasidone	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Zoledronic Acid	5	7	12
APPROVED	5	0	5
DENIED	0	7	7
Criteria Not Met	0	7	7
Zolmitriptan	4	17	21
APPROVED	4	0	4
DENIED	0	17	17
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	2	2
Zolpidem	9	24	33
APPROVED	9	0	9
DENIED	0	24	24
Criteria Not Met	0	23	23
Duration of Therapy Exceeded	0	1	1
Zoster Vaccine Zoster Vaccine	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Prior Authorization Grand Totals	18285	23529	41814