

### Approvals and Denials

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

Service Code/Drug Name	Service Code Description	APPROVED	DENIED	Total Prior Authorizations
<b>*SGLT2 Inhibitor - DPP-4 Inhibitor - Biguanide -Three Ing***</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>A9276 SNSR;INVSV DISP USE NONDME INTRSTL CGM 1U Equal to 1D SPL</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>A9277 TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Abaloparatide</b>		<b>8</b>	<b>6</b>	<b>14</b>
APPROVED		8	0	8
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Abatacept</b>		<b>22</b>	<b>23</b>	<b>45</b>
APPROVED		22	0	22
DENIED		0	23	23
Administrative Denial		0	1	1
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	6	6
JCode		0	1	1
<b>Abemaciclib</b>		<b>47</b>	<b>10</b>	<b>57</b>
APPROVED		47	0	47
DENIED		0	10	10
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	6	6
<b>Abiraterone</b>		<b>21</b>	<b>4</b>	<b>25</b>
APPROVED		21	0	21
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
<b>Acalabrutinib</b>		<b>9</b>	<b>1</b>	<b>10</b>
APPROVED		9	0	9
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Acarbose</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1

Criteria Not Met		0	1	1
<b>Acitretin</b>		<b>3</b>	<b>4</b>	<b>7</b>
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>ACL Inhib-Intest Cholest Absorp Inhib Comb - Two Ingredient</b>		<b>6</b>	<b>8</b>	<b>14</b>
APPROVED		6	0	6
DENIED		0	8	8
Criteria Not Met		0	8	8
<b>Acne Combination - Three Ingredient</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Acne Combination - Two Ingredient</b>		<b>6</b>	<b>61</b>	<b>67</b>
APPROVED		6	0	6
DENIED		0	61	61
Criteria Not Met		0	60	60
Duration of Therapy Exceeded		0	1	1
<b>Acyclovir Topical</b>		<b>4</b>	<b>42</b>	<b>46</b>
APPROVED		4	0	4
DENIED		0	42	42
Criteria Not Met		0	42	42
<b>Adalimumab</b>		<b>155</b>	<b>126</b>	<b>281</b>
APPROVED		155	0	155
DENIED		0	126	126
Criteria Not Met		0	94	94
Duration of Therapy Exceeded		0	30	30
Non-Covered Benefit		0	2	2
<b>Adapalene</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Adrenergic Combination - Three Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Adrenergic Combination - Two Ingredient</b>		<b>11</b>	<b>23</b>	<b>34</b>
APPROVED		11	0	11
DENIED		0	23	23
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	5	5
<b>Aflibercept</b>		<b>121</b>	<b>104</b>	<b>225</b>
APPROVED		121	0	121
DENIED		0	104	104

Administrative Denial		0	5	5
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	52	52
Insufficient Info		0	4	4
<b>Agalsidase</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Albendazole</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Albuterol</b>		<b>4</b>	<b>9</b>	<b>13</b>
APPROVED		4	0	4
DENIED		0	9	9
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	3	3
<b>Alcaftadine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Alectinib</b>		<b>10</b>	<b>2</b>	<b>12</b>
APPROVED		10	0	10
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Alfuzosin</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Alirocumab</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Aliskiren</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Almotriptan</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Alogliptin</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1

Duration of Therapy Exceeded		0	1	1
<b>Alpelisib</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Alprazolam</b>		<b>4</b>	<b>4</b>	<b>8</b>
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Amantadine</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Ambrisentan</b>		<b>7</b>	<b>4</b>	<b>11</b>
APPROVED		7	0	7
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
<b>Amikacin</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Aminocaproic Acid</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Aminolevulinic Acid</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>Amiodarone</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Amlodipine</b>		<b>4</b>	<b>10</b>	<b>14</b>
APPROVED		4	0	4
DENIED		0	10	10
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	1	1
<b>Amoxicillin</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Amphetamine</b>		<b>2</b>	<b>5</b>	<b>7</b>
APPROVED		2	0	2

DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Amphetamine Mixtures - Two Ingredient</b>		<b>721</b>	<b>108</b>	<b>829</b>
APPROVED		721	0	721
DENIED		0	108	108
Criteria Not Met		0	68	68
Duration of Therapy Exceeded		0	40	40
<b>AMPHETAMINE/DEXTROAMPHETAMINE 10MG TAB</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Ampicillin</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Analgesics-Sedative Combination - Three Ingredient</b>		<b>2</b>	<b>21</b>	<b>23</b>
APPROVED		2	0	2
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
<b>Analgesics-Sedative Combination - Two Ingredient</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Angiotensin II Recept Antag &amp; Ca Chan Block Comb - 2 Ingred</b>		<b>5</b>	<b>8</b>	<b>13</b>
APPROVED		5	0	5
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
<b>Angiotensin II Receptor Antagonists &amp; Thiazides - Two Ingred</b>		<b>19</b>	<b>29</b>	<b>48</b>
APPROVED		19	0	19
DENIED		0	29	29
Criteria Not Met		0	25	25
Duration of Therapy Exceeded		0	4	4
<b>Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Anifrolumab</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Anorexiant Combination - Two Ingredient</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Non-Covered Benefit		0	1	1
<b>Anti-Cataplectic Combination - Four Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>

APPROVED		1	0	1
<b>Anticholinergic Combination - Two Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Antidementia Agent Combination - Two Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Antiemetic Combination - Two Ingredient</b>		<b>10</b>	<b>12</b>	<b>22</b>
APPROVED		10	0	10
DENIED		0	12	12
Administrative Denial		0	2	2
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
<b>Antihemophilic Factor</b>		<b>6</b>	<b>0</b>	<b>6</b>
APPROVED		6	0	6
<b>Antihemophilic Factor/von Willebrand Factor Complex</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Antihistamine-Steroid Two Ingredient</b>		<b>1</b>	<b>10</b>	<b>11</b>
APPROVED		1	0	1
DENIED		0	10	10
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
<b>Anti-infective Misc. Combination - Two Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Antineoplastic Combination - Three Ingredient</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Antineoplastic Combination - Two Ingredient</b>		<b>14</b>	<b>6</b>	<b>20</b>
APPROVED		14	0	14
DENIED		0	6	6
Duration of Therapy Exceeded		0	6	6
<b>Anti-Obesity Combination - Two Ingredient</b>		<b>0</b>	<b>7</b>	<b>7</b>
DENIED		0	7	7
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Non-Covered Benefit		0	5	5
<b>Antiretroviral Combination - Three Ingredient</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Antiretroviral Combination - Two Ingredient</b>		<b>7</b>	<b>14</b>	<b>21</b>
APPROVED		7	0	7

DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
<b>Antitussive-Expectorant - Two Ingredient</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Antitussive-Expectorants-Decongestant - Three Ingredient</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Apalutamide</b>		<b>8</b>	<b>1</b>	<b>9</b>
APPROVED		8	0	8
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Apixaban</b>		<b>12</b>	<b>4</b>	<b>16</b>
APPROVED		12	0	12
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Apomorphine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Apremilast</b>		<b>34</b>	<b>64</b>	<b>98</b>
APPROVED		34	0	34
DENIED		0	64	64
Administrative Denial		0	1	1
Criteria Not Met		0	53	53
Duration of Therapy Exceeded		0	10	10
<b>Aprepitant</b>		<b>18</b>	<b>22</b>	<b>40</b>
APPROVED		18	0	18
DENIED		0	22	22
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	14	14
<b>Aripiprazole</b>		<b>7</b>	<b>12</b>	<b>19</b>
APPROVED		7	0	7
DENIED		0	12	12
Appeal Withdrawn		0	1	1
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
<b>Armodafinil</b>		<b>8</b>	<b>9</b>	<b>17</b>
APPROVED		8	0	8
DENIED		0	9	9
Criteria Not Met		0	9	9

<b>ARNI-Angiotensin II Recept Antag Comb - Two Ingredient</b>		<b>110</b>	<b>99</b>	<b>209</b>
APPROVED		110	0	110
DENIED		0	99	99
Criteria Not Met		0	69	69
Duration of Therapy Exceeded		0	30	30
<b>Atenolol</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Atezolizumab</b>		<b>8</b>	<b>8</b>	<b>16</b>
APPROVED		8	0	8
DENIED		0	8	8
Administrative Denial		0	1	1
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	3	3
<b>Atogepant</b>		<b>1</b>	<b>29</b>	<b>30</b>
APPROVED		1	0	1
DENIED		0	29	29
Criteria Not Met		0	27	27
Duration of Therapy Exceeded		0	2	2
<b>Atomoxetine</b>		<b>58</b>	<b>112</b>	<b>170</b>
APPROVED		58	0	58
DENIED		0	112	112
Administrative Denial		0	1	1
Criteria Not Met		0	104	104
Duration of Therapy Exceeded		0	7	7
<b>Atorvastatin</b>		<b>16</b>	<b>14</b>	<b>30</b>
APPROVED		16	0	16
DENIED		0	14	14
Criteria Not Met		0	14	14
<b>Atovaquone</b>		<b>11</b>	<b>6</b>	<b>17</b>
APPROVED		11	0	11
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Avacopan</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Avatrombopag</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Axitinib</b>		<b>12</b>	<b>2</b>	<b>14</b>
APPROVED		12	0	12
DENIED		0	2	2



Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Azathioprine</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Azelaic Acid</b>		<b>4</b>	<b>19</b>	<b>23</b>
APPROVED		4	0	4
DENIED		0	19	19
Criteria Not Met		0	18	18
Insufficient Info		0	1	1
<b>Azelastine</b>		<b>17</b>	<b>25</b>	<b>42</b>
APPROVED		17	0	17
DENIED		0	25	25
Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	3	3
<b>Azilsartan</b>		<b>8</b>	<b>2</b>	<b>10</b>
APPROVED		8	0	8
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Azithromycin</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Baclofen</b>		<b>3</b>	<b>4</b>	<b>7</b>
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Baricitinib</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>BCG Live Intravesical</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Becaplermin</b>		<b>2</b>	<b>6</b>	<b>8</b>
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Beclomethasone</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Belantamab</b>		<b>1</b>	<b>1</b>	<b>2</b>

APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Belimumab</b>		<b>38</b>	<b>23</b>	<b>61</b>
APPROVED		38	0	38
DENIED		0	23	23
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	10	10
Insufficient Info		0	2	2
<b>Belzutifan</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Bempedoic Acid</b>		<b>5</b>	<b>19</b>	<b>24</b>
APPROVED		5	0	5
DENIED		0	19	19
Criteria Not Met		0	19	19
<b>Bendamustine</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Bendamustine HCl SOLN 100MG/4ML</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Benralizumab</b>		<b>5</b>	<b>6</b>	<b>11</b>
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Benzotropine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Bepotastine</b>		<b>3</b>	<b>18</b>	<b>21</b>
APPROVED		3	0	3
DENIED		0	18	18
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	1	1
<b>Beta Blocker &amp; Diuretic Combination - Two Ingredient</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Beta-blockers - Ophthalmic Combination - Two Ingredient</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Bevacizumab</b>		<b>52</b>	<b>23</b>	<b>75</b>
APPROVED		52	0	52
DENIED		0	23	23

Administrative Denial		0	3	3
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	8	8
<b>Bexarotene</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Bimatoprost</b>		<b>5</b>	<b>4</b>	<b>9</b>
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
Non-Covered Benefit		0	1	1
<b>Binimetinib</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Bisoprolol</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Blood Glucose Monitoring Supplies</b>		<b>0</b>	<b>7</b>	<b>7</b>
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Bortezomib</b>		<b>8</b>	<b>8</b>	<b>16</b>
APPROVED		8	0	8
DENIED		0	8	8
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	5	5
<b>Botulinum Toxin</b>		<b>54</b>	<b>84</b>	<b>138</b>
APPROVED		54	0	54
DENIED		0	84	84
Administrative Denial		0	2	2
Criteria Not Met		0	51	51
Duration of Therapy Exceeded		0	27	27
Insufficient Info		0	1	1
JCode		0	3	3
<b>Bremelanotide</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Brentuximab</b>		<b>8</b>	<b>22</b>	<b>30</b>
APPROVED		8	0	8
DENIED		0	22	22
Administrative Denial		0	1	1

Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	5	5
JCode		0	1	1
<b>Brexiprazole</b>		<b>13</b>	<b>7</b>	<b>20</b>
APPROVED		13	0	13
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
<b>Brimonidine</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Brinzolamide</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Brivaracetam</b>		<b>6</b>	<b>3</b>	<b>9</b>
APPROVED		6	0	6
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Brodalumab</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Brolucizumab</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Bromfenac</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Budesonide</b>		<b>33</b>	<b>42</b>	<b>75</b>
APPROVED		33	0	33
DENIED		0	42	42
Criteria Not Met		0	40	40
Duration of Therapy Exceeded		0	2	2
<b>Buprenorphine</b>		<b>22</b>	<b>44</b>	<b>66</b>
APPROVED		22	0	22
DENIED		0	44	44
Criteria Not Met		0	41	41
Duration of Therapy Exceeded		0	3	3
<b>Bupropion</b>		<b>12</b>	<b>13</b>	<b>25</b>
APPROVED		12	0	12
DENIED		0	13	13
Criteria Not Met		0	13	13

<b>Burosumab</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Buspirone</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>C9399 UNCLASSIFIED DRUGS OR BIOLOGICALS</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Insufficient Info		0	1	1
<b>Cabotegravir</b>		<b>5</b>	<b>2</b>	<b>7</b>
APPROVED		5	0	5
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Cabozantinib</b>		<b>20</b>	<b>3</b>	<b>23</b>
APPROVED		20	0	20
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>Calcifediol</b>		<b>2</b>	<b>3</b>	<b>5</b>
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	1	1
Non-Covered Benefit		0	2	2
<b>Calcipotriene</b>		<b>11</b>	<b>8</b>	<b>19</b>
APPROVED		11	0	11
DENIED		0	8	8
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	3	3
<b>Calcitriol</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Calcium Acetate</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Canagliflozin</b>		<b>2</b>	<b>9</b>	<b>11</b>
APPROVED		2	0	2
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
<b>Candesartan</b>		<b>7</b>	<b>7</b>	<b>14</b>
APPROVED		7	0	7

DENIED		0	7	7
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	4	4
<b>Capecitabine</b>		<b>65</b>	<b>9</b>	<b>74</b>
APPROVED		65	0	65
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
<b>Capsaicin</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Carboplatin</b>		<b>1</b>	<b>7</b>	<b>8</b>
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	6	6
Insufficient Info		0	1	1
<b>Carfilzomib</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cariprazine</b>		<b>51</b>	<b>69</b>	<b>120</b>
APPROVED		51	0	51
DENIED		0	69	69
Criteria Not Met		0	60	60
Duration of Therapy Exceeded		0	9	9
<b>Carvedilol</b>		<b>21</b>	<b>7</b>	<b>28</b>
APPROVED		21	0	21
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Cefazolin</b>		<b>6</b>	<b>1</b>	<b>7</b>
APPROVED		6	0	6
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cefepime</b>		<b>9</b>	<b>0</b>	<b>9</b>
APPROVED		9	0	9
<b>Ceftriaxone</b>		<b>10</b>	<b>2</b>	<b>12</b>
APPROVED		10	0	10
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Celecoxib</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	3	3

Duration of Therapy Exceeded		0	1	1
<b>Cenobamate</b>		<b>6</b>	<b>0</b>	<b>6</b>
APPROVED		6	0	6
<b>Cephalexin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Certolizumab</b>		<b>23</b>	<b>26</b>	<b>49</b>
APPROVED		23	0	23
DENIED		0	26	26
Criteria Not Met		0	21	21
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	1	1
<b>Cetirizine</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Cetorelix</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Administrative Denial		0	1	1
<b>Cetuximab</b>		<b>6</b>	<b>2</b>	<b>8</b>
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Cevimeline</b>		<b>4</b>	<b>14</b>	<b>18</b>
APPROVED		4	0	4
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
<b>Chlorhexidine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Chlorthalidone</b>		<b>5</b>	<b>0</b>	<b>5</b>
APPROVED		5	0	5
<b>Chlorzoxazone</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cholecalciferol</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cholestyramine</b>		<b>1</b>	<b>12</b>	<b>13</b>

APPROVED		1	0	1
DENIED		0	12	12
Criteria Not Met		0	12	12
<b>Choline Fenofibrate</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Chorionic Gonadotropin</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Administrative Denial		0	2	2
<b>Ciclopirox</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Cinacalcet</b>		<b>13</b>	<b>21</b>	<b>34</b>
APPROVED		13	0	13
DENIED		0	21	21
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	2	2
<b>Cisplatin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Citalopram</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Citrates</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cladribine</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Clascoterone</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Clindamycin</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Clobetasol</b>		<b>3</b>	<b>14</b>	<b>17</b>
APPROVED		3	0	3
DENIED		0	14	14



Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	2	2
<b>Clomiphene</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Clonazepam</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Clonidine</b>		<b>9</b>	<b>5</b>	<b>14</b>
APPROVED		9	0	9
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
<b>Clozapine</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cobimetinib</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Codeine Combination - Four Ingredient</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Codeine Combination - Two Ingredient</b>		<b>29</b>	<b>51</b>	<b>80</b>
APPROVED		29	0	29
DENIED		0	51	51
Criteria Not Met		0	50	50
Duration of Therapy Exceeded		0	1	1
<b>Colchicine</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Collagenase</b>		<b>26</b>	<b>19</b>	<b>45</b>
APPROVED		26	0	26
DENIED		0	19	19
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	3	3
<b>Collagenase Clostridium Histolyticum</b>		<b>0</b>	<b>8</b>	<b>8</b>
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
<b>Combination Contraceptives - Oral Three Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Combination Contraceptives - Oral Two Ingredient</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	5	5

<b>Combination Contraceptives - Transdermal Two Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Combination Contraceptives - Vaginal Two Ingredient</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Continuous Blood Glucose Monitor System and/or Supplies</b>		<b>209</b>	<b>360</b>	<b>569</b>
APPROVED		209	0	209
DENIED		0	360	360
Appeal Withdrawn		0	1	1
Criteria Not Met		0	313	313
Duration of Therapy Exceeded		0	44	44
JCode		0	1	1
Non-Covered Benefit		0	1	1
<b>Corticotropin</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Crisaborole</b>		<b>5</b>	<b>6</b>	<b>11</b>
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Crizanlizumab</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Crizotinib</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Cross-Linked Hyaluronate</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Cyanocobalamin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Cyclobenzaprine</b>		<b>1</b>	<b>17</b>	<b>18</b>
APPROVED		1	0	1
DENIED		0	17	17
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
<b>Cyclophosphamide</b>		<b>9</b>	<b>1</b>	<b>10</b>
APPROVED		9	0	9
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Cyclosporine</b>		<b>121</b>	<b>139</b>	<b>260</b>
APPROVED		121	0	121

DENIED		0	139	139
Criteria Not Met		0	132	132
Duration of Therapy Exceeded		0	7	7
<b>Cytomegalovirus Immune Globulin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Dabigatran</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Dalbavancin</b>		<b>0</b>	<b>6</b>	<b>6</b>
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Dalfampridine</b>		<b>3</b>	<b>4</b>	<b>7</b>
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Dapagliflozin</b>		<b>95</b>	<b>27</b>	<b>122</b>
APPROVED		95	0	95
DENIED		0	27	27
Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	5	5
<b>Dapsone</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Daptomycin</b>		<b>21</b>	<b>18</b>	<b>39</b>
APPROVED		21	0	21
DENIED		0	18	18
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
<b>Daratumumab</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Insufficient Info		0	1	1
<b>Darbepoetin</b>		<b>31</b>	<b>36</b>	<b>67</b>
APPROVED		31	0	31
DENIED		0	36	36
Criteria Not Met		0	23	23
Duration of Therapy Exceeded		0	12	12
Insufficient Info		0	1	1
<b>Daridorexant</b>		<b>0</b>	<b>3</b>	<b>3</b>

DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Darifenacin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Dasatinib</b>		<b>13</b>	<b>2</b>	<b>15</b>
APPROVED		13	0	13
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Deferasirox</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Deferiprone</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Degarelix</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Denosumab</b>		<b>107</b>	<b>124</b>	<b>231</b>
APPROVED		107	0	107
DENIED		0	124	124
Administrative Denial		0	4	4
Criteria Not Met		0	103	103
Duration of Therapy Exceeded		0	12	12
Insufficient Info		0	3	3
Non-Covered Benefit		0	2	2
<b>Depigmenting Combination - Three Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Non-Covered Benefit		0	2	2
<b>Desmopressin</b>		<b>1</b>	<b>5</b>	<b>6</b>
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Desonide</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Desvenlafaxine</b>		<b>5</b>	<b>3</b>	<b>8</b>
APPROVED		5	0	5
DENIED		0	3	3
Criteria Not Met		0	2	2

Duration of Therapy Exceeded		0	1	1
<b>Deutetrabenazine</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Dexamethasone</b>		<b>6</b>	<b>23</b>	<b>29</b>
APPROVED		6	0	6
DENIED		0	23	23
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
JCode		0	4	4
<b>Dexlansoprazole</b>		<b>20</b>	<b>19</b>	<b>39</b>
APPROVED		20	0	20
DENIED		0	19	19
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	5	5
<b>Dexmethylphenidate</b>		<b>13</b>	<b>15</b>	<b>28</b>
APPROVED		13	0	13
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
<b>Dextroamphetamine</b>		<b>8</b>	<b>6</b>	<b>14</b>
APPROVED		8	0	8
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
<b>Diclofenac</b>		<b>28</b>	<b>137</b>	<b>165</b>
APPROVED		28	0	28
DENIED		0	137	137
Criteria Not Met		0	135	135
Duration of Therapy Exceeded		0	2	2
<b>Diclofenac (Migraine)</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Dietary Management Product Combination - Three Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Diethylpropion</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Administrative Denial		0	2	2
<b>Difluprednate</b>		<b>8</b>	<b>16</b>	<b>24</b>
APPROVED		8	0	8

DENIED		0	16	16
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	1	1
<b>Digoxin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Dihydrocodeine Combination - Three Ingredient</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Diltiazem</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Dimethyl Fumarate</b>		<b>14</b>	<b>3</b>	<b>17</b>
APPROVED		14	0	14
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Dipeptidyl Peptidase-4 Inhibitor-Biguanide - Two Ingredient</b>		<b>47</b>	<b>23</b>	<b>70</b>
APPROVED		47	0	47
DENIED		0	23	23
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	9	9
<b>Diroximel Fumarate</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Disopyramide</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Docetaxel</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Dolutegravir</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Donepezil</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Doxazosin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1

<b>Doxepin</b>		<b>5</b>	<b>14</b>	<b>19</b>
APPROVED		5	0	5
DENIED		0	14	14
Criteria Not Met		0	14	14
<b>Doxycycline</b>		<b>4</b>	<b>36</b>	<b>40</b>
APPROVED		4	0	4
DENIED		0	36	36
Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	3	3
<b>Dronabinol</b>		<b>27</b>	<b>12</b>	<b>39</b>
APPROVED		27	0	27
DENIED		0	12	12
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	2	2
Other Authority		0	1	1
<b>Dronedarone</b>		<b>11</b>	<b>15</b>	<b>26</b>
APPROVED		11	0	11
DENIED		0	15	15
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	6	6
<b>Drospirenone</b>		<b>0</b>	<b>11</b>	<b>11</b>
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
<b>Droxidopa</b>		<b>3</b>	<b>5</b>	<b>8</b>
APPROVED		3	0	3
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Dulaglutide</b>		<b>124</b>	<b>63</b>	<b>187</b>
APPROVED		124	0	124
DENIED		0	63	63
Administrative Denial		0	2	2
Criteria Not Met		0	44	44
Duration of Therapy Exceeded		0	17	17
<b>Duloxetine</b>		<b>17</b>	<b>11</b>	<b>28</b>
APPROVED		17	0	17
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
<b>Dupilumab</b>		<b>102</b>	<b>48</b>	<b>150</b>
APPROVED		102	0	102

DENIED		0	48	48
Administrative Denial		0	1	1
Criteria Not Met		0	46	46
Duration of Therapy Exceeded		0	1	1
<b>Durvalumab</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Econazole</b>		<b>10</b>	<b>23</b>	<b>33</b>
APPROVED		10	0	10
DENIED		0	23	23
Criteria Not Met		0	22	22
Duration of Therapy Exceeded		0	1	1
<b>Eculizumab</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Edaravone</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Efinaconazole</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
<b>Elagolix</b>		<b>4</b>	<b>5</b>	<b>9</b>
APPROVED		4	0	4
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
<b>Eletriptan</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Eltrombopag</b>		<b>5</b>	<b>7</b>	<b>12</b>
APPROVED		5	0	5
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Eluxadoline</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Emicizumab</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Empagliflozin</b>		<b>90</b>	<b>43</b>	<b>133</b>
APPROVED		90	0	90
DENIED		0	43	43
Criteria Not Met		0	25	25
Duration of Therapy Exceeded		0	18	18



<b>Encorafenib</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Entrectinib</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Enzalutamide</b>		<b>12</b>	<b>1</b>	<b>13</b>
APPROVED		12	0	12
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Epinephrine</b>		<b>0</b>	<b>10</b>	<b>10</b>
DENIED		0	10	10
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
<b>Eplerenone</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Epoetin</b>		<b>49</b>	<b>103</b>	<b>152</b>
APPROVED		49	0	49
DENIED		0	103	103
Administrative Denial		0	3	3
Criteria Not Met		0	79	79
Duration of Therapy Exceeded		0	21	21
<b>Epoprostenol</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Eravacycline</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Erenumab</b>		<b>22</b>	<b>53</b>	<b>75</b>
APPROVED		22	0	22
DENIED		0	53	53
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	10	10
<b>Ergot Combination - Two Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Eribulin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Erlotinib</b>		<b>1</b>	<b>0</b>	<b>1</b>

APPROVED		1	0	1
<b>Ertapenem</b>		<b>31</b>	<b>6</b>	<b>37</b>
APPROVED		31	0	31
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Ertugliflozin</b>		<b>10</b>	<b>18</b>	<b>28</b>
APPROVED		10	0	10
DENIED		0	18	18
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	3	3
<b>Escitalopram</b>		<b>10</b>	<b>9</b>	<b>19</b>
APPROVED		10	0	10
DENIED		0	9	9
Criteria Not Met		0	9	9
<b>Esketamine</b>		<b>37</b>	<b>18</b>	<b>55</b>
APPROVED		37	0	37
DENIED		0	18	18
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	6	6
<b>Esomeprazole</b>		<b>12</b>	<b>48</b>	<b>60</b>
APPROVED		12	0	12
DENIED		0	48	48
Criteria Not Met		0	47	47
Duration of Therapy Exceeded		0	1	1
<b>Estradiol</b>		<b>1</b>	<b>5</b>	<b>6</b>
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Estradiol Vaginal</b>		<b>0</b>	<b>5</b>	<b>5</b>
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Estrogen &amp; Progestin - Two Ingredient</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Estrogen-Progestin-GnRH Antagonist - Three Ingredient</b>		<b>8</b>	<b>18</b>	<b>26</b>
APPROVED		8	0	8
DENIED		0	18	18
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	2	2
<b>Eszopiclone</b>		<b>3</b>	<b>0</b>	<b>3</b>

APPROVED		3	0	3
<b>Etanercept</b>		<b>91</b>	<b>56</b>	<b>147</b>
APPROVED		91	0	91
DENIED		0	56	56
Administrative Denial		0	1	1
Criteria Not Met		0	44	44
Duration of Therapy Exceeded		0	11	11
<b>Etelcalcetide</b>		<b>1</b>	<b>6</b>	<b>7</b>
APPROVED		1	0	1
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
<b>Etodolac</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Etonogestrel</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Etoposide</b>		<b>3</b>	<b>1</b>	<b>4</b>
APPROVED		3	0	3
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Etravirine</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Everolimus</b>		<b>13</b>	<b>2</b>	<b>15</b>
APPROVED		13	0	13
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Evolocumab</b>		<b>34</b>	<b>79</b>	<b>113</b>
APPROVED		34	0	34
DENIED		0	79	79
Criteria Not Met		0	74	74
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	1	1
<b>Exenatide</b>		<b>3</b>	<b>10</b>	<b>13</b>
APPROVED		3	0	3
DENIED		0	10	10
Criteria Not Met		0	10	10
<b>Ezetimibe</b>		<b>38</b>	<b>26</b>	<b>64</b>
APPROVED		38	0	38

DENIED		0	26	26
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	6	6
<b>Famotidine</b>		<b>5</b>	<b>1</b>	<b>6</b>
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Febuxostat</b>		<b>6</b>	<b>8</b>	<b>14</b>
APPROVED		6	0	6
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
<b>Fenofibrate</b>		<b>3</b>	<b>4</b>	<b>7</b>
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Fenoprofen</b>		<b>1</b>	<b>8</b>	<b>9</b>
APPROVED		1	0	1
DENIED		0	8	8
Criteria Not Met		0	8	8
<b>Fentanyl</b>		<b>82</b>	<b>19</b>	<b>101</b>
APPROVED		82	0	82
DENIED		0	19	19
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	1	1
<b>Ferric Carboxymaltose</b>		<b>6</b>	<b>52</b>	<b>58</b>
APPROVED		6	0	6
DENIED		0	52	52
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	2	2
JCode		0	1	1
<b>Ferric Citrate</b>		<b>12</b>	<b>15</b>	<b>27</b>
APPROVED		12	0	12
DENIED		0	15	15
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
<b>Ferric Derisomaltose</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Ferric Maltol</b>		<b>0</b>	<b>6</b>	<b>6</b>
DENIED		0	6	6

Criteria Not Met		0	6	6
<b>Ferumoxytol</b>		<b>14</b>	<b>63</b>	<b>77</b>
APPROVED		14	0	14
DENIED		0	63	63
Criteria Not Met		0	56	56
Duration of Therapy Exceeded		0	4	4
JCode		0	3	3
<b>Fesoterodine</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Fidaxomicin</b>		<b>9</b>	<b>1</b>	<b>10</b>
APPROVED		9	0	9
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Filgrastim</b>		<b>24</b>	<b>23</b>	<b>47</b>
APPROVED		24	0	24
DENIED		0	23	23
Criteria Not Met		0	22	22
Insufficient Info		0	1	1
<b>Finasteride</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
<b>Finerenone</b>		<b>8</b>	<b>11</b>	<b>19</b>
APPROVED		8	0	8
DENIED		0	11	11
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	1	1
<b>Fingolimod</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Fluconazole</b>		<b>13</b>	<b>5</b>	<b>18</b>
APPROVED		13	0	13
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Fluocinolone</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Fluocinonide</b>		<b>0</b>	<b>3</b>	<b>3</b>

DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Fluorouracil</b>		<b>8</b>	<b>0</b>	<b>8</b>
APPROVED		8	0	8
<b>Fluoxetine</b>		<b>7</b>	<b>13</b>	<b>20</b>
APPROVED		7	0	7
DENIED		0	13	13
Criteria Not Met		0	13	13
<b>Fluticasone</b>		<b>45</b>	<b>43</b>	<b>88</b>
APPROVED		45	0	45
DENIED		0	43	43
Criteria Not Met		0	42	42
Duration of Therapy Exceeded		0	1	1
<b>Folic Acid/Folate Combination - Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Follitropin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Non-Covered Benefit		0	1	1
<b>Fosaprepitant</b>		<b>7</b>	<b>4</b>	<b>11</b>
APPROVED		7	0	7
DENIED		0	4	4
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>Fremanezumab</b>		<b>3</b>	<b>12</b>	<b>15</b>
APPROVED		3	0	3
DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
<b>Gabapentin</b>		<b>2</b>	<b>8</b>	<b>10</b>
APPROVED		2	0	2
DENIED		0	8	8
Criteria Not Met		0	8	8
<b>Gabapentin (Once-Daily)</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Galcanezumab</b>		<b>17</b>	<b>35</b>	<b>52</b>
APPROVED		17	0	17
DENIED		0	35	35
Criteria Not Met		0	30	30

Duration of Therapy Exceeded		0	5	5
<b>Ganciclovir</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Gatifloxacin</b>		<b>0</b>	<b>6</b>	<b>6</b>
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Gilteritinib</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Glatiramer</b>		<b>10</b>	<b>4</b>	<b>14</b>
APPROVED		10	0	10
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Glimepiride</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Glipizide</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Glucagon</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Glucose Blood</b>		<b>5</b>	<b>11</b>	<b>16</b>
APPROVED		5	0	5
DENIED		0	11	11
Criteria Not Met		0	11	11
<b>Glutamine</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Glycopyrronium</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Golimumab</b>		<b>21</b>	<b>4</b>	<b>25</b>
APPROVED		21	0	21
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1

<b>Granisetron</b>		<b>4</b>	<b>7</b>	<b>11</b>
APPROVED		4	0	4
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Guanfacine</b>		<b>16</b>	<b>21</b>	<b>37</b>
APPROVED		16	0	16
DENIED		0	21	21
Criteria Not Met		0	17	17
Duration of Therapy Exceeded		0	4	4
<b>Guselkumab</b>		<b>15</b>	<b>15</b>	<b>30</b>
APPROVED		15	0	15
DENIED		0	15	15
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	2	2
<b>Halobetasol</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Hepatitis C Agent Combination - Three Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Hepatitis C Agent Combination - Two Ingredient</b>		<b>37</b>	<b>59</b>	<b>96</b>
APPROVED		37	0	37
DENIED		0	59	59
Criteria Not Met		0	59	59
<b>Hyaluronan</b>		<b>31</b>	<b>58</b>	<b>89</b>
APPROVED		31	0	31
DENIED		0	58	58
Administrative Denial		0	1	1
Criteria Not Met		0	52	52
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	4	4
<b>Hydrochlorothiazide</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Hydrocodone</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Hydrocodone Combination - Two Ingredient</b>		<b>162</b>	<b>83</b>	<b>245</b>
APPROVED		162	0	162
DENIED		0	83	83
Administrative Denial		0	1	1
Criteria Not Met		0	71	71
Duration of Therapy Exceeded		0	11	11



<b>Hydrocortisone</b>		<b>1</b>	<b>21</b>	<b>22</b>
APPROVED		1	0	1
DENIED		0	21	21
Administrative Denial		0	3	3
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	6	6
<b>Hydromorphone</b>		<b>17</b>	<b>2</b>	<b>19</b>
APPROVED		17	0	17
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Hydroxyprogesterone</b>		<b>9</b>	<b>20</b>	<b>29</b>
APPROVED		9	0	9
DENIED		0	20	20
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	1	1
<b>Hydroxyzine</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Hylan</b>		<b>2</b>	<b>45</b>	<b>47</b>
APPROVED		2	0	2
DENIED		0	45	45
Criteria Not Met		0	45	45
<b>Ibandronate</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ibexafungerp</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ibrutinib</b>		<b>13</b>	<b>1</b>	<b>14</b>
APPROVED		13	0	13
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Ibuprofen</b>		<b>3</b>	<b>13</b>	<b>16</b>
APPROVED		3	0	3
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
<b>Icatibant</b>		<b>2</b>	<b>1</b>	<b>3</b>

APPROVED		2	0	2
DENIED		0	1	1
Insufficient Info		0	1	1
<b>Icosapent</b>		<b>26</b>	<b>148</b>	<b>174</b>
APPROVED		26	0	26
DENIED		0	148	148
Appeal Withdrawn		0	1	1
Criteria Not Met		0	139	139
Duration of Therapy Exceeded		0	7	7
Insufficient Info		0	1	1
<b>Imatinib</b>		<b>20</b>	<b>4</b>	<b>24</b>
APPROVED		20	0	20
DENIED		0	4	4
Duration of Therapy Exceeded		0	4	4
<b>Imiquimod</b>		<b>28</b>	<b>23</b>	<b>51</b>
APPROVED		28	0	28
DENIED		0	23	23
Administrative Denial		0	1	1
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	3	3
<b>Immune Globulin</b>		<b>22</b>	<b>45</b>	<b>67</b>
APPROVED		22	0	22
DENIED		0	45	45
Administrative Denial		0	2	2
Criteria Not Met		0	35	35
Duration of Therapy Exceeded		0	7	7
JCode		0	1	1
<b>Inclisiran</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Indomethacin</b>		<b>3</b>	<b>1</b>	<b>4</b>
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Infliximab</b>		<b>73</b>	<b>103</b>	<b>176</b>
APPROVED		73	0	73
DENIED		0	103	103
Administrative Denial		0	7	7
Criteria Not Met		0	58	58
Duration of Therapy Exceeded		0	35	35
Insufficient Info		0	2	2
JCode		0	1	1

<b>Injection Devices</b>		<b>4</b>	<b>18</b>	<b>22</b>
APPROVED		4	0	4
DENIED		0	18	18
Criteria Not Met		0	18	18
<b>Insulin Aspart</b>		<b>8</b>	<b>6</b>	<b>14</b>
APPROVED		8	0	8
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Insulin Aspart Protamine &amp; Aspart (Human)</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Insulin Degludec</b>		<b>13</b>	<b>7</b>	<b>20</b>
APPROVED		13	0	13
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
<b>Insulin Detemir</b>		<b>12</b>	<b>8</b>	<b>20</b>
APPROVED		12	0	12
DENIED		0	8	8
Criteria Not Met		0	8	8
<b>Insulin Glargine</b>		<b>6</b>	<b>45</b>	<b>51</b>
APPROVED		6	0	6
DENIED		0	45	45
Criteria Not Met		0	34	34
Duration of Therapy Exceeded		0	11	11
<b>Insulin Glulisine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Insulin Infusion Pump</b>		<b>25</b>	<b>19</b>	<b>44</b>
APPROVED		25	0	25
DENIED		0	19	19
Administrative Denial		0	1	1
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	2	2
<b>Insulin Lispro</b>		<b>9</b>	<b>12</b>	<b>21</b>
APPROVED		9	0	9
DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
<b>Insulin Lispro Protamine &amp; Lispro</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Insulin NPH (Human) (Isophane)</b>		<b>3</b>	<b>1</b>	<b>4</b>

APPROVED		3	0	3
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Insulin NPH Isophane &amp; Reg (Human)</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Insulin-Incretin Mimetic Combination - Two Ingredient</b>		<b>6</b>	<b>4</b>	<b>10</b>
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Interferon</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>Intest Cholest Absorp Inhib-HMG CoA Reduct Inhib Comb 2 Ing</b>		<b>0</b>	<b>9</b>	<b>9</b>
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
<b>Ipilimumab</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Irbesartan</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>IRBESARTAN/HYDROCHLOROTHIAZIDE 150-12.5 TAB</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Irinotecan</b>		<b>8</b>	<b>0</b>	<b>8</b>
APPROVED		8	0	8
<b>Iron Combination - Four Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Iron Combination - Six Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Iron Dextran</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Iron Sucrose</b>		<b>1</b>	<b>10</b>	<b>11</b>
APPROVED		1	0	1

DENIED		0	10	10
Criteria Not Met		0	10	10
<b>Iron-B12-Folate Combination - Six Ingredient</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Isosorbide Mononitrate</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Isotretinoin</b>		<b>61</b>	<b>47</b>	<b>108</b>
APPROVED		61	0	61
DENIED		0	47	47
Criteria Not Met		0	44	44
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
<b>Itraconazole</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Ivabradine</b>		<b>18</b>	<b>5</b>	<b>23</b>
APPROVED		18	0	18
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Ivermectin</b>		<b>2</b>	<b>6</b>	<b>8</b>
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
<b>Ixekizumab</b>		<b>6</b>	<b>8</b>	<b>14</b>
APPROVED		6	0	6
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
<b>J0122 INJECTION ERAVACYCLINE 1 MG</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J0641 INJECTION LEVOLEUCOVORIN NOS 0.5 MG</b>		<b>6</b>	<b>3</b>	<b>9</b>
APPROVED		6	0	6
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>J0717 INJECTION CERTOLIZUMAB PEGOL 1 MG</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J0881 INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE</b>		<b>0</b>	<b>2</b>	<b>2</b>

DENIED		0	2	2
Criteria Not Met		0	2	2
<b>J0885</b>	<b>INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J0897</b>	<b>INJECTION DENOSUMAB 1 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J1454</b>	<b>INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J1745</b>	<b>INJECTION INFlixIMAB EXCLUDES BIOSIMILAR 10 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J1930</b>	<b>INJECTION LANREOTIDE 1 MG</b>	<b>9</b>	<b>2</b>	<b>11</b>
APPROVED		9	0	9
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J1950</b>	<b>INJECTION LEUPROLIDE ACETATE PER 3.75 MG</b>	<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Administrative Denial		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J2406</b>	<b>INJECTION ORITAVANCIN KIMYRSA 10 MG</b>	<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>J2787</b>	<b>RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML</b>	<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>J3315</b>	<b>INJECTION TRIPTORELIN PAMOATE 3.75 MG</b>	<b>1</b>	<b>5</b>	<b>6</b>
APPROVED		1	0	1
DENIED		0	5	5
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J3490</b>	<b>UNCLASSIFIED DRUGS</b>	<b>2</b>	<b>12</b>	<b>14</b>
APPROVED		2	0	2
DENIED		0	12	12
Criteria Not Met		0	4	4
Insufficient Info		0	8	8
<b>J3590</b>	<b>UNCLASSIFIED BIOLOGICS</b>	<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Insufficient Info		0	2	2

<b>J7202</b>	<b>INJECTION FAC IX ALBUMIN FUS PRT IDELVION 1 I.U.</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J7324</b>	<b>HYALURONAN/DERIV ORTHOVISC IA INJ PER DOSE</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J8999</b>	<b>PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9022</b>	<b>INJECTION ATEZOLIZUMAB 10 MG</b>	<b>14</b>	<b>8</b>	<b>22</b>
APPROVED		14	0	14
DENIED		0	8	8
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	5	5
<b>J9033</b>	<b>INJECTION BENDAMUSTINE HCL TREANDA 1 MG</b>	<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J9034</b>	<b>INJECTION BENDAMUSTINE HCL BENDEKA 1 MG</b>	<b>2</b>	<b>5</b>	<b>7</b>
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
<b>J9035</b>	<b>INJECTION BEVACIZUMAB 10 MG</b>	<b>8</b>	<b>19</b>	<b>27</b>
APPROVED		8	0	8
DENIED		0	19	19
Administrative Denial		0	1	1
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	6	6
<b>J9037</b>	<b>INJECTION BELANTAMAB MAFODONTIN-BLMF 0.5 MG</b>	<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>J9041</b>	<b>INJECTION BORTEZOMIB 0.1 MG</b>	<b>19</b>	<b>5</b>	<b>24</b>
APPROVED		19	0	19
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
<b>J9043</b>	<b>INJECTION CABAZITAXEL 1 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9047</b>	<b>INJECTION CARFILZOMIB 1 MG</b>	<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	1	1
<b>J9055</b>	<b>INJECTION CETUXIMAB 10 MG</b>	<b>8</b>	<b>10</b>	<b>18</b>

APPROVED		8	0	8
DENIED		0	10	10
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	4	4
<b>J9061</b>	<b>INJECTION, AMIVANTAMAB-VMJW 2 MG</b>	<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J9065</b>	<b>INJECTION CLADRIBINE PER 1 MG</b>	<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J9070</b>	<b>CYCLOPHOSPHAMIDE 100 MG</b>	<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>J9098</b>	<b>INJECTION CYTARABINE LIPOSOME 10 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9119</b>	<b>INJECTION CEMIPIMAB-RWLC 1 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9144</b>	<b>INJECTION DARATUMUMAB 10 MG and HYALURONIDASE-FIHJ</b>	<b>3</b>	<b>8</b>	<b>11</b>
APPROVED		3	0	3
DENIED		0	8	8
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	7	7
<b>J9145</b>	<b>INJECTION DARATUMUMAB 10 MG</b>	<b>4</b>	<b>2</b>	<b>6</b>
APPROVED		4	0	4
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J9173</b>	<b>INJECTION DURVALUMAB 10 MG</b>	<b>8</b>	<b>4</b>	<b>12</b>
APPROVED		8	0	8
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J9176</b>	<b>INJECTION ELOTUZUMAB 1 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9177</b>	<b>INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9179</b>	<b>INJECTION ERIBULIN MESYLATE 0.1 MG</b>	<b>5</b>	<b>2</b>	<b>7</b>
APPROVED		5	0	5



DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J9203</b>	<b>INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9216</b>	<b>INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9227</b>	<b>INJECTION ISATUXIMAB-IRFC 10 MG</b>	<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9228</b>	<b>INJECTION IPILIMUMAB 1 MG</b>	<b>2</b>	<b>6</b>	<b>8</b>
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	1	1
<b>J9264</b>	<b>INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG</b>	<b>18</b>	<b>10</b>	<b>28</b>
APPROVED		18	0	18
DENIED		0	10	10
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	8	8
Insufficient Info		0	1	1
<b>J9266</b>	<b>INJECTION PEGASPARGASE PER SINGLE DOSE VIAL</b>	<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J9271</b>	<b>INJECTION PEMBROLIZUMAB 1 MG</b>	<b>73</b>	<b>46</b>	<b>119</b>
APPROVED		73	0	73
DENIED		0	46	46
Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	28	28
Insufficient Info		0	3	3
<b>J9273</b>	<b>INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9281</b>	<b>MITOMYCIN PYELOALYCEAL INSTILLATION 1 MG</b>	<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>J9299</b>	<b>INJECTION NIVOLUMAB 1 MG</b>	<b>24</b>	<b>17</b>	<b>41</b>
APPROVED		24	0	24

DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	9	9
Duration of Therapy Exceeded		0	7	7
<b>J9301</b>	<b>INJECTION OBINUTUZUMAB 10 MG</b>	<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Duration of Therapy Exceeded		0	3	3
<b>J9303</b>	<b>INJECTION PANITUMUMAB 10 MG</b>	<b>9</b>	<b>4</b>	<b>13</b>
APPROVED		9	0	9
DENIED		0	4	4
Duration of Therapy Exceeded		0	4	4
<b>J9305</b>	<b>INJECTION PEMETREXED NOS10 MG</b>	<b>15</b>	<b>4</b>	<b>19</b>
APPROVED		15	0	15
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
<b>J9306</b>	<b>INJECTION PERTUZUMAB 1 MG</b>	<b>18</b>	<b>10</b>	<b>28</b>
APPROVED		18	0	18
DENIED		0	10	10
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	8	8
<b>J9308</b>	<b>INJECTION RAMUCIRUMAB 5 MG</b>	<b>4</b>	<b>4</b>	<b>8</b>
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
<b>J9309</b>	<b>INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9316</b>	<b>INJ PERTUZUMAB TRASTUZUMAB and HYAL-ZZXF PER 10 MG</b>	<b>11</b>	<b>4</b>	<b>15</b>
APPROVED		11	0	11
DENIED		0	4	4
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>J9317</b>	<b>INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG</b>	<b>4</b>	<b>4</b>	<b>8</b>
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>J9319</b>	<b>INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1

<b>J9349</b>	<b>INJECTION TAFASITAMAB-CXIX 2 MG</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J9352</b>	<b>INJECTION TRABECTEDIN 0.1 MG</b>	<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>J9354</b>	<b>INJ ADO-TRASTUZUMAB EMTANSINE 1 MG</b>	<b>17</b>	<b>5</b>	<b>22</b>
APPROVED		17	0	17
DENIED		0	5	5
Duration of Therapy Exceeded		0	5	5
<b>J9355</b>	<b>INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG</b>	<b>8</b>	<b>11</b>	<b>19</b>
APPROVED		8	0	8
DENIED		0	11	11
Administrative Denial		0	2	2
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	5	5
<b>J9356</b>	<b>INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK</b>	<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>J9358</b>	<b>INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG</b>	<b>10</b>	<b>7</b>	<b>17</b>
APPROVED		10	0	10
DENIED		0	7	7
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	5	5
<b>J9371</b>	<b>INJECTION VINCISTINE SULFATE LIPOSOME 1 MG</b>	<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>J9395</b>	<b>INJECTION FULVESTRANT 25 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>J9999</b>	<b>NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG</b>	<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Insufficient Info		0	1	1
<b>Ketamine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Ketoprofen</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Ketorolac</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Labetalol</b>		<b>2</b>	<b>0</b>	<b>2</b>

APPROVED		2	0	2
<b>Lacosamide</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Lactulose</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Lamotrigine</b>		<b>3</b>	<b>5</b>	<b>8</b>
APPROVED		3	0	3
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Lanreotide</b>		<b>4</b>	<b>2</b>	<b>6</b>
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Lansoprazole</b>		<b>9</b>	<b>8</b>	<b>17</b>
APPROVED		9	0	9
DENIED		0	8	8
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	1	1
<b>Larotrectinib</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Lasmiditan</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Latanoprostene</b>		<b>3</b>	<b>9</b>	<b>12</b>
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	9	9
<b>Leflunomide</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Lemborexant</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Lenalidomide</b>		<b>42</b>	<b>2</b>	<b>44</b>
APPROVED		42	0	42
DENIED		0	2	2

Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Lenvatinib</b>		<b>26</b>	<b>8</b>	<b>34</b>
APPROVED		26	0	26
DENIED		0	8	8
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	3	3
<b>Letemovir</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Leucovorin</b>		<b>7</b>	<b>1</b>	<b>8</b>
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Leuprolide</b>		<b>25</b>	<b>14</b>	<b>39</b>
APPROVED		25	0	25
DENIED		0	14	14
Administrative Denial		0	1	1
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
Insufficient Info		0	2	2
Non-Covered Benefit		0	1	1
<b>Levalbuterol</b>		<b>12</b>	<b>8</b>	<b>20</b>
APPROVED		12	0	12
DENIED		0	8	8
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	2	2
<b>Levetiracetam</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Levocetirizine</b>		<b>5</b>	<b>4</b>	<b>9</b>
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Levodopa Combination - Two Ingredient</b>		<b>3</b>	<b>1</b>	<b>4</b>
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Levofloxacin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Levoleucovorin</b>		<b>6</b>	<b>3</b>	<b>9</b>
APPROVED		6	0	6
DENIED		0	3	3

Criteria Not Met		0	3	3
<b>Levomilnacipran</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Levonorgestrel (IUD)</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Levothyroxine</b>		<b>6</b>	<b>10</b>	<b>16</b>
APPROVED		6	0	6
DENIED		0	10	10
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	4	4
<b>Lidocaine</b>		<b>46</b>	<b>159</b>	<b>205</b>
APPROVED		46	0	46
DENIED		0	159	159
Criteria Not Met		0	154	154
Duration of Therapy Exceeded		0	5	5
<b>Lifitegrast</b>		<b>17</b>	<b>30</b>	<b>47</b>
APPROVED		17	0	17
DENIED		0	30	30
Criteria Not Met		0	29	29
Duration of Therapy Exceeded		0	1	1
<b>Linacotide</b>		<b>133</b>	<b>243</b>	<b>376</b>
APPROVED		133	0	133
DENIED		0	243	243
Criteria Not Met		0	224	224
Duration of Therapy Exceeded		0	19	19
<b>Linagliptin</b>		<b>28</b>	<b>5</b>	<b>33</b>
APPROVED		28	0	28
DENIED		0	5	5
Duration of Therapy Exceeded		0	5	5
<b>Linezolid</b>		<b>15</b>	<b>12</b>	<b>27</b>
APPROVED		15	0	15
DENIED		0	12	12
Criteria Not Met		0	12	12
<b>Liraglutide</b>		<b>23</b>	<b>50</b>	<b>73</b>
APPROVED		23	0	23
DENIED		0	50	50
Administrative Denial		0	17	17
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	4	4
Insufficient Info		0	1	1
Non-Covered Benefit		0	14	14

<b>Lisdexamfetamine</b>		<b>99</b>	<b>112</b>	<b>211</b>
APPROVED		99	0	99
DENIED		0	112	112
Criteria Not Met		0	104	104
Duration of Therapy Exceeded		0	8	8
<b>Lisinopril</b>		<b>3</b>	<b>9</b>	<b>12</b>
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	9	9
<b>Lofexidine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Lomustine</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Loncastuximab</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Loratadine</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Lorazepam</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Lorlatinib</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Losartan</b>		<b>7</b>	<b>17</b>	<b>24</b>
APPROVED		7	0	7
DENIED		0	17	17
Criteria Not Met		0	16	16
Duration of Therapy Exceeded		0	1	1
<b>Loteprednol</b>		<b>10</b>	<b>30</b>	<b>40</b>
APPROVED		10	0	10
DENIED		0	30	30
Criteria Not Met		0	30	30
<b>Lovastatin</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Lubiprostone</b>		<b>26</b>	<b>34</b>	<b>60</b>
APPROVED		26	0	26
DENIED		0	34	34

Criteria Not Met		0	33	33
Duration of Therapy Exceeded		0	1	1
<b>Lumateperone</b>		<b>5</b>	<b>5</b>	<b>10</b>
APPROVED		5	0	5
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Lurasidone</b>		<b>53</b>	<b>63</b>	<b>116</b>
APPROVED		53	0	53
DENIED		0	63	63
Criteria Not Met		0	59	59
Duration of Therapy Exceeded		0	4	4
<b>Lusutrombopag</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Lutetium</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Macitentan</b>		<b>8</b>	<b>3</b>	<b>11</b>
APPROVED		8	0	8
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Mebendazole</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Meclizine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Mefenamic Acid</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Megestrol (Appetite)</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Meloxicam</b>		<b>3</b>	<b>18</b>	<b>21</b>
APPROVED		3	0	3
DENIED		0	18	18
Criteria Not Met		0	18	18
<b>Menotropins</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Non-Covered Benefit		0	1	1
<b>Mepolizumab</b>		<b>20</b>	<b>18</b>	<b>38</b>
APPROVED		20	0	20



DENIED		0	18	18
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	5	5
<b>Mercaptopurine</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Meropenem</b>		<b>11</b>	<b>1</b>	<b>12</b>
APPROVED		11	0	11
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Mesalamine</b>		<b>9</b>	<b>14</b>	<b>23</b>
APPROVED		9	0	9
DENIED		0	14	14
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	3	3
<b>Metaxalone</b>		<b>6</b>	<b>7</b>	<b>13</b>
APPROVED		6	0	6
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
<b>Metformin</b>		<b>5</b>	<b>14</b>	<b>19</b>
APPROVED		5	0	5
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
<b>Methadone</b>		<b>8</b>	<b>1</b>	<b>9</b>
APPROVED		8	0	8
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Methocarbamol</b>		<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Methotrexate</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Methylnaltrexone</b>		<b>5</b>	<b>6</b>	<b>11</b>
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Methylphenidate</b>		<b>135</b>	<b>33</b>	<b>168</b>
APPROVED		135	0	135
DENIED		0	33	33
Criteria Not Met		0	27	27

Duration of Therapy Exceeded		0	6	6
<b>Methyltestosterone</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Metoprolol</b>		<b>22</b>	<b>24</b>	<b>46</b>
APPROVED		22	0	22
DENIED		0	24	24
Criteria Not Met		0	24	24
<b>Metronidazole</b>		<b>3</b>	<b>7</b>	<b>10</b>
APPROVED		3	0	3
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
<b>Micafungin</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Insufficient Info		0	1	1
<b>Miconazole Vaginal</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Midazolam</b>		<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>Mifepristone (Hyperglycemia)</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Milnacipran</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Milrinone</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Minocycline</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Mirabegron</b>		<b>27</b>	<b>84</b>	<b>111</b>
APPROVED		27	0	27
DENIED		0	84	84
Criteria Not Met		0	72	72
Duration of Therapy Exceeded		0	12	12

<b>Mirtazapine</b>		<b>2</b>	<b>16</b>	<b>18</b>
APPROVED		2	0	2
DENIED		0	16	16
Criteria Not Met		0	16	16
<b>Mitomycin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Mixed Allergenic Extracts - Two Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Modafinil</b>		<b>27</b>	<b>21</b>	<b>48</b>
APPROVED		27	0	27
DENIED		0	21	21
Criteria Not Met		0	20	20
Duration of Therapy Exceeded		0	1	1
<b>Mometasone</b>		<b>4</b>	<b>11</b>	<b>15</b>
APPROVED		4	0	4
DENIED		0	11	11
Criteria Not Met		0	11	11
<b>Morphine</b>		<b>44</b>	<b>9</b>	<b>53</b>
APPROVED		44	0	44
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
<b>Muscle Relaxant Combination - Three Ingredient</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Naftifine</b>		<b>1</b>	<b>7</b>	<b>8</b>
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Naldemedine</b>		<b>4</b>	<b>7</b>	<b>11</b>
APPROVED		4	0	4
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Naloxegol</b>		<b>8</b>	<b>19</b>	<b>27</b>
APPROVED		8	0	8
DENIED		0	19	19
Criteria Not Met		0	19	19
<b>Naltrexone</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Naproxen</b>		<b>2</b>	<b>3</b>	<b>5</b>
APPROVED		2	0	2

DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Naratriptan</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Natalizumab</b>		<b>4</b>	<b>5</b>	<b>9</b>
APPROVED		4	0	4
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	3	3
<b>Nebivolol</b>		<b>35</b>	<b>36</b>	<b>71</b>
APPROVED		35	0	35
DENIED		0	36	36
Criteria Not Met		0	26	26
Duration of Therapy Exceeded		0	10	10
<b>Neratinib</b>		<b>7</b>	<b>0</b>	<b>7</b>
APPROVED		7	0	7
<b>Netarsudil</b>		<b>7</b>	<b>5</b>	<b>12</b>
APPROVED		7	0	7
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Nifedipine</b>		<b>20</b>	<b>14</b>	<b>34</b>
APPROVED		20	0	20
DENIED		0	14	14
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	1	1
<b>Nilotinib</b>		<b>12</b>	<b>4</b>	<b>16</b>
APPROVED		12	0	12
DENIED		0	4	4
Duration of Therapy Exceeded		0	4	4
<b>Nintedanib</b>		<b>6</b>	<b>17</b>	<b>23</b>
APPROVED		6	0	6
DENIED		0	17	17
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	4	4
<b>Niraparib</b>		<b>8</b>	<b>2</b>	<b>10</b>
APPROVED		8	0	8
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Nitazoxanide</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3

DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Nitrate &amp; Vasodilator Combination - Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Nitrofurantoin</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Nitroglycerin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Nivolumab</b>		<b>14</b>	<b>5</b>	<b>19</b>
APPROVED		14	0	14
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
<b>Nonsteroidal Anti-inflammatory Agent Combination - 2 Ingred</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Norethindrone</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Nutritional Supplements</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	2	2
<b>Obeticholic Acid</b>		<b>4</b>	<b>4</b>	<b>8</b>
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Obinutuzumab</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
<b>Ocrelizumab</b>		<b>12</b>	<b>13</b>	<b>25</b>
APPROVED		12	0	12
DENIED		0	13	13
Administrative Denial		0	1	1
Criteria Not Met		0	10	10

Duration of Therapy Exceeded		0	2	2
<b>Octreotide</b>		<b>14</b>	<b>2</b>	<b>16</b>
APPROVED		14	0	14
DENIED		0	2	2
Administrative Denial		0	1	1
Criteria Not Met		0	1	1
<b>Ofatumumab</b>		<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Ofloxacin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Olanzapine</b>		<b>5</b>	<b>6</b>	<b>11</b>
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	2	2
<b>Olaparib</b>		<b>21</b>	<b>3</b>	<b>24</b>
APPROVED		21	0	21
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>Olmesartan</b>		<b>12</b>	<b>6</b>	<b>18</b>
APPROVED		12	0	12
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Olopatadine</b>		<b>3</b>	<b>12</b>	<b>15</b>
APPROVED		3	0	3
DENIED		0	12	12
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	1	1
<b>Omacetaxine</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Omadacycline</b>		<b>7</b>	<b>0</b>	<b>7</b>
APPROVED		7	0	7
<b>Omalizumab</b>		<b>33</b>	<b>41</b>	<b>74</b>
APPROVED		33	0	33
DENIED		0	41	41
Administrative Denial		0	1	1
Criteria Not Met		0	31	31
Duration of Therapy Exceeded		0	8	8
JCode		0	1	1

<b>Omega-3-acid</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Omega-3-Acid Ethyl Esters (Dietary Management)</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Omeprazole</b>		<b>5</b>	<b>10</b>	<b>15</b>
APPROVED		5	0	5
DENIED		0	10	10
Criteria Not Met		0	9	9
Insufficient Info		0	1	1
<b>Ondansetron</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ophthalmic Kinase Inhibitors Combination - Two Ingredient</b>		<b>6</b>	<b>5</b>	<b>11</b>
APPROVED		6	0	6
DENIED		0	5	5
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	2	2
<b>Ophthalmic Steroid Combination - Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Opicapone</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Opioid Antitussive-Antihistamine - Two Ingredient</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Opioid Combination - Two Ingredient</b>		<b>18</b>	<b>11</b>	<b>29</b>
APPROVED		18	0	18
DENIED		0	11	11
Criteria Not Met		0	11	11
<b>Orbactiv SOLR 400MG</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Oritavancin</b>		<b>5</b>	<b>1</b>	<b>6</b>
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Orlistat</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Administrative Denial		0	1	1

<b>Osimertinib</b>		<b>28</b>	<b>0</b>	<b>28</b>
APPROVED		28	0	28
<b>Ospemifene</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Otic Steroid-Anti-infective Combination - Two Ingredient</b>		<b>13</b>	<b>58</b>	<b>71</b>
APPROVED		13	0	13
DENIED		0	58	58
Criteria Not Met		0	57	57
Duration of Therapy Exceeded		0	1	1
<b>Oxacillin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Oxaliplatin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Oxaprozin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Oxcarbazepine</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Oxiconazole</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Oxybutynin</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Oxycodone</b>		<b>29</b>	<b>22</b>	<b>51</b>
APPROVED		29	0	29
DENIED		0	22	22
Criteria Not Met		0	22	22
<b>Ozanimod</b>		<b>1</b>	<b>2</b>	<b>3</b>
APPROVED		1	0	1
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Paclitaxel</b>		<b>7</b>	<b>9</b>	<b>16</b>
APPROVED		7	0	7
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
<b>Palbociclib</b>		<b>23</b>	<b>0</b>	<b>23</b>



APPROVED		23	0	23
<b>Paliperidone</b>		<b>9</b>	<b>9</b>	<b>18</b>
APPROVED		9	0	9
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
<b>Palivizumab</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Palonosetron</b>		<b>1</b>	<b>5</b>	<b>6</b>
APPROVED		1	0	1
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2
<b>Pancrelipase (Lipase-Protease-Amylase)</b>		<b>9</b>	<b>7</b>	<b>16</b>
APPROVED		9	0	9
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
<b>Panitumumab</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Pantoprazole</b>		<b>17</b>	<b>21</b>	<b>38</b>
APPROVED		17	0	17
DENIED		0	21	21
Criteria Not Met		0	21	21
<b>Paricalcitol</b>		<b>2</b>	<b>4</b>	<b>6</b>
APPROVED		2	0	2
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Paroxetine</b>		<b>3</b>	<b>5</b>	<b>8</b>
APPROVED		3	0	3
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Passive Immunizing Agent Combination - Two Ingredient</b>		<b>2</b>	<b>5</b>	<b>7</b>
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	2	2

<b>Pazopanib</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Pegfilgrastim</b>		<b>181</b>	<b>165</b>	<b>346</b>
APPROVED		181	0	181
DENIED		0	165	165
Administrative Denial		0	8	8
Criteria Not Met		0	87	87
Duration of Therapy Exceeded		0	65	65
Insufficient Info		0	3	3
JCode		0	2	2
<b>Peginterferon</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Pegloticase</b>		<b>3</b>	<b>1</b>	<b>4</b>
APPROVED		3	0	3
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Pembrolizumab</b>		<b>32</b>	<b>24</b>	<b>56</b>
APPROVED		32	0	32
DENIED		0	24	24
Administrative Denial		0	1	1
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	12	12
Insufficient Info		0	4	4
<b>Pemetrexed</b>		<b>7</b>	<b>1</b>	<b>8</b>
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Penciclovir</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Penicillin Combination - Two Ingredient</b>		<b>7</b>	<b>1</b>	<b>8</b>
APPROVED		7	0	7
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Penicillin G</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Pentosan Polysulfate Sodium</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Pertuzumab</b>		<b>5</b>	<b>5</b>	<b>10</b>
APPROVED		5	0	5

DENIED		0	5	5
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	2	2
Non-Covered Benefit		0	1	1
<b>Phenobarbital</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Phentermine</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Administrative Denial		0	1	1
Non-Covered Benefit		0	1	1
<b>Pimavanserin</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Pimecrolimus</b>		<b>1</b>	<b>15</b>	<b>16</b>
APPROVED		1	0	1
DENIED		0	15	15
Criteria Not Met		0	14	14
Non-Covered Benefit		0	1	1
<b>Pioglitazone</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>Pirfenidone</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Piroxicam</b>		<b>5</b>	<b>6</b>	<b>11</b>
APPROVED		5	0	5
DENIED		0	6	6
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
<b>Pitavastatin</b>		<b>11</b>	<b>14</b>	<b>25</b>
APPROVED		11	0	11
DENIED		0	14	14
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	2	2
<b>Pitolisant</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Plecanatide</b>		<b>14</b>	<b>43</b>	<b>57</b>
APPROVED		14	0	14

DENIED		0	43	43
Criteria Not Met		0	37	37
Duration of Therapy Exceeded		0	6	6
<b>Plerixafor</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Podofilox</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Polyethylene Glycol 3350</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Non-Covered Benefit		0	2	2
<b>POLYETHYLENE GLYCOL 3350 3350 NF</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ponatinib</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Posaconazole</b>		<b>4</b>	<b>2</b>	<b>6</b>
APPROVED		4	0	4
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Potassium Chloride</b>		<b>8</b>	<b>5</b>	<b>13</b>
APPROVED		8	0	8
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Potassium Iodide</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Pramipexole</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Pravastatin</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Prednisone</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Pregabalin</b>		<b>234</b>	<b>401</b>	<b>635</b>
APPROVED		234	0	234
DENIED		0	401	401
Criteria Not Met		0	367	367

Duration of Therapy Exceeded		0	33	33
Insufficient Info		0	1	1
<b>Prenatal Multivitamin &amp; Mineral w/Fe Fumarate-Folic Acid-DHA</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Prenatal MV &amp; Min w/Fe Polysaccharide Complex-FA-DHA</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Prenatal Vit w/ Fe Polysacch Complex-L Methylfolate-FA-DHA</b>		<b>1</b>	<b>7</b>	<b>8</b>
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Prenatal w/o Vit A w/ Fe Carbonyl-Fe Asp Glyc-Methfol-FA-DHA</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Procarbazine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Progesterone</b>		<b>2</b>	<b>5</b>	<b>7</b>
APPROVED		2	0	2
DENIED		0	5	5
Administrative Denial		0	1	1
Criteria Not Met		0	3	3
Non-Covered Benefit		0	1	1
<b>Progesterone Vaginal</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Administrative Denial		0	1	1
Non-Covered Benefit		0	1	1
<b>Promethazine</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Propafenone</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Propranolol</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Prostatic Hypertrophy Agent Combination - Two Ingredient</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>Proton Pump Inhibitor-Antacid Combination - Two Ingredient</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1

Prucalopride		6	6	12
APPROVED		6	0	6
DENIED		0	6	6
Criteria Not Met		0	6	6
Pseudobulbar Affect Agent Combination - Two Ingredient		1	0	1
APPROVED		1	0	1
Pyridostigmine		1	0	1
APPROVED		1	0	1
Pyrimethamine		0	4	4
DENIED		0	4	4
Criteria Not Met		0	4	4
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG	8	4	12
APPROVED		8	0	8
DENIED		0	4	4
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	3	3
Q4186	EPIFIX PER SQ CM	3	0	3
APPROVED		3	0	3
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG	46	18	64
APPROVED		46	0	46
DENIED		0	18	18
Administrative Denial		0	4	4
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	7	7
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG	4	0	4
APPROVED		4	0	4
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	11	3	14
APPROVED		11	0	11
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1

<b>Q5117</b>	<b>INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG</b>	<b>26</b>	<b>10</b>	<b>36</b>
APPROVED		26	0	26
DENIED		0	10	10
Administrative Denial		0	1	1
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	7	7
<b>Q5118</b>	<b>INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG</b>	<b>40</b>	<b>17</b>	<b>57</b>
APPROVED		40	0	40
DENIED		0	17	17
Administrative Denial		0	3	3
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	6	6
Insufficient Info		0	2	2
<b>Q5120</b>	<b>INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG</b>	<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Quetiapine</b>		<b>3</b>	<b>5</b>	<b>8</b>
APPROVED		3	0	3
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Rabeprazole</b>		<b>5</b>	<b>5</b>	<b>10</b>
APPROVED		5	0	5
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Raltegravir</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ramelteon</b>		<b>3</b>	<b>10</b>	<b>13</b>
APPROVED		3	0	3
DENIED		0	10	10
Criteria Not Met		0	10	10
<b>Ramipril</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Ramucirumab</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	2	2
<b>Ranibizumab</b>		<b>21</b>	<b>12</b>	<b>33</b>
APPROVED		21	0	21
DENIED		0	12	12
Criteria Not Met		0	7	7

Duration of Therapy Exceeded		0	5	5
<b>Ranolazine</b>		<b>10</b>	<b>12</b>	<b>22</b>
APPROVED		10	0	10
DENIED		0	12	12
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	7	7
<b>Rectal Anesthetic/Steroids - Two Ingredient</b>		<b>0</b>	<b>6</b>	<b>6</b>
DENIED		0	6	6
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	1	1
<b>Rectal Combination Misc. - Three Ingredient</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Regorafenib</b>		<b>8</b>	<b>1</b>	<b>9</b>
APPROVED		8	0	8
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Relugolix</b>		<b>3</b>	<b>4</b>	<b>7</b>
APPROVED		3	0	3
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Retacrit SOLN 10000UNIT/ML</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ribavirin (Hepatitis C)</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ribociclib</b>		<b>12</b>	<b>2</b>	<b>14</b>
APPROVED		12	0	12
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Rifaximin</b>		<b>92</b>	<b>89</b>	<b>181</b>
APPROVED		92	0	92
DENIED		0	89	89
Criteria Not Met		0	80	80
Duration of Therapy Exceeded		0	9	9
<b>Riluzole</b>		<b>3</b>	<b>2</b>	<b>5</b>
APPROVED		3	0	3
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Rimegepant</b>		<b>33</b>	<b>98</b>	<b>131</b>



APPROVED		33	0	33
DENIED		0	98	98
Criteria Not Met		0	83	83
Duration of Therapy Exceeded		0	13	13
Insufficient Info		0	2	2
<b>Riociguat</b>		<b>7</b>	<b>0</b>	<b>7</b>
APPROVED		7	0	7
<b>Risankizumab</b>		<b>24</b>	<b>29</b>	<b>53</b>
APPROVED		24	0	24
DENIED		0	29	29
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	5	5
<b>Risperidone</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Rituximab</b>		<b>62</b>	<b>67</b>	<b>129</b>
APPROVED		62	0	62
DENIED		0	67	67
Administrative Denial		0	4	4
Criteria Not Met		0	43	43
Duration of Therapy Exceeded		0	19	19
Insufficient Info		0	1	1
<b>Rivaroxaban</b>		<b>6</b>	<b>2</b>	<b>8</b>
APPROVED		6	0	6
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Rizatriptan</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Roflumilast</b>		<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Romiplostim</b>		<b>6</b>	<b>0</b>	<b>6</b>
APPROVED		6	0	6
<b>Romosozumab</b>		<b>4</b>	<b>8</b>	<b>12</b>
APPROVED		4	0	4
DENIED		0	8	8
Criteria Not Met		0	8	8
<b>Rosuvastatin</b>		<b>17</b>	<b>16</b>	<b>33</b>
APPROVED		17	0	17
DENIED		0	16	16

Administrative Denial		0	1	1
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
<b>Rotigotine</b>		<b>2</b>	<b>5</b>	<b>7</b>
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
<b>Rucaparib</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Ruxolitinib</b>		<b>7</b>	<b>17</b>	<b>24</b>
APPROVED		7	0	7
DENIED		0	17	17
Administrative Denial		0	2	2
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	2	2
<b>S0189 TESTOSTERONE PELLET 75 MG</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Sacrosidase</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Salicylic Acid</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Saline Laxative Mixtures Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Sapropterin</b>		<b>2</b>	<b>1</b>	<b>3</b>
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Scopolamine</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Secukinumab</b>		<b>28</b>	<b>27</b>	<b>55</b>
APPROVED		28	0	28
DENIED		0	27	27
Criteria Not Met		0	18	18

Duration of Therapy Exceeded		0	9	9
<b>Selexipag</b>		<b>10</b>	<b>1</b>	<b>11</b>
APPROVED		10	0	10
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Selinexor</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Semaglutide</b>		<b>262</b>	<b>298</b>	<b>560</b>
APPROVED		262	0	262
DENIED		0	298	298
Administrative Denial		0	54	54
Criteria Not Met		0	173	173
Duration of Therapy Exceeded		0	28	28
Non-Covered Benefit		0	43	43
<b>Sertraline</b>		<b>15</b>	<b>3</b>	<b>18</b>
APPROVED		15	0	15
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Sevelamer</b>		<b>14</b>	<b>12</b>	<b>26</b>
APPROVED		14	0	14
DENIED		0	12	12
Criteria Not Met		0	12	12
<b>SGLT2 Inhibitor - DPP-4 Inhibitor Combinations - Two Ingrid</b>		<b>9</b>	<b>9</b>	<b>18</b>
APPROVED		9	0	9
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
<b>Sildenafil</b>		<b>10</b>	<b>38</b>	<b>48</b>
APPROVED		10	0	10
DENIED		0	38	38
Administrative Denial		0	6	6
Criteria Not Met		0	25	25
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	6	6
<b>Silodosin</b>		<b>3</b>	<b>5</b>	<b>8</b>
APPROVED		3	0	3
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Simvastatin</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Siponimod</b>		<b>0</b>	<b>4</b>	<b>4</b>

DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Sirolimus</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Sitagliptin</b>		<b>44</b>	<b>13</b>	<b>57</b>
APPROVED		44	0	44
DENIED		0	13	13
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	6	6
<b>Sodium Chloride</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Sodium Citrate-Citric Acid</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Sodium Ferric Gluconate</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Sodium Hyaluronate</b>		<b>144</b>	<b>223</b>	<b>367</b>
APPROVED		144	0	144
DENIED		0	223	223
Administrative Denial		0	1	1
Criteria Not Met		0	204	204
Duration of Therapy Exceeded		0	5	5
Insufficient Info		0	9	9
JCode		0	3	3
Non-Covered Benefit		0	1	1
<b>Sodium Oxybate</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Sodium-Glucose Co-Transporter 2 Inhib-Biguanide - Two Ingrid</b>		<b>67</b>	<b>22</b>	<b>89</b>
APPROVED		67	0	67
DENIED		0	22	22
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	11	11
<b>Solifenacin</b>		<b>9</b>	<b>10</b>	<b>19</b>
APPROVED		9	0	9
DENIED		0	10	10
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	3	3
<b>Solriamfetol</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2

Criteria Not Met		0	2	2
<b>Somatropin</b>		<b>5</b>	<b>4</b>	<b>9</b>
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Sorafenib</b>		<b>4</b>	<b>3</b>	<b>7</b>
APPROVED		4	0	4
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Sotorasib</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Steroid Combination - Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Steroid-Local Anesthetic Combination - Three Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Administrative Denial		0	1	1
<b>Steroid-Local Anesthetic Combination - Two Ingredient</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Stimulant Combinations - Two Ingredient</b>		<b>1</b>	<b>9</b>	<b>10</b>
APPROVED		1	0	1
DENIED		0	9	9
Criteria Not Met		0	7	7
Duration of Therapy Exceeded		0	2	2
<b>Sucralfate</b>		<b>7</b>	<b>10</b>	<b>17</b>
APPROVED		7	0	7
DENIED		0	10	10
Criteria Not Met		0	10	10
<b>Sucroferric</b>		<b>8</b>	<b>16</b>	<b>24</b>
APPROVED		8	0	8
DENIED		0	16	16
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	3	3
<b>Sulfonylurea-Biguanide Combination - Two Ingredient</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1

<b>Sumatriptan</b>		<b>2</b>	<b>6</b>	<b>8</b>
APPROVED		2	0	2
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Suvorexant</b>		<b>6</b>	<b>27</b>	<b>33</b>
APPROVED		6	0	6
DENIED		0	27	27
Criteria Not Met		0	24	24
Duration of Therapy Exceeded		0	3	3
<b>Tacrolimus</b>		<b>61</b>	<b>105</b>	<b>166</b>
APPROVED		61	0	61
DENIED		0	105	105
Administrative Denial		0	2	2
Criteria Not Met		0	86	86
Duration of Therapy Exceeded		0	16	16
Non-Covered Benefit		0	1	1
<b>Tadalafil</b>		<b>4</b>	<b>19</b>	<b>23</b>
APPROVED		4	0	4
DENIED		0	19	19
Administrative Denial		0	3	3
Criteria Not Met		0	14	14
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	1	1
<b>Tafamidis</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Tafluprost</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Tapentadol</b>		<b>2</b>	<b>10</b>	<b>12</b>
APPROVED		2	0	2
DENIED		0	10	10
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	4	4
<b>Tapinarof</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Tavaborole</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Tazarotene</b>		<b>3</b>	<b>12</b>	<b>15</b>
APPROVED		3	0	3

DENIED		0	12	12
Criteria Not Met		0	10	10
Direct Member Reimbursement		0	2	2
<b>Tazarotene (Acne)</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Teduglutide (rDNA)</b>		<b>0</b>	<b>4</b>	<b>4</b>
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Telmisartan</b>		<b>13</b>	<b>15</b>	<b>28</b>
APPROVED		13	0	13
DENIED		0	15	15
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	5	5
<b>Temazepam</b>		<b>1</b>	<b>4</b>	<b>5</b>
APPROVED		1	0	1
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Temozolomide</b>		<b>19</b>	<b>10</b>	<b>29</b>
APPROVED		19	0	19
DENIED		0	10	10
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
<b>Tenapanor</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Tenofovir</b>		<b>83</b>	<b>37</b>	<b>120</b>
APPROVED		83	0	83
DENIED		0	37	37
Criteria Not Met		0	30	30
Duration of Therapy Exceeded		0	7	7
<b>Teprotumumab</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Teriflunomide</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Teriparatide</b>		<b>1</b>	<b>3</b>	<b>4</b>
APPROVED		1	0	1
DENIED		0	3	3

Criteria Not Met		0	3	3
<b>Tesamorelin</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Testosterone</b>		<b>8</b>	<b>36</b>	<b>44</b>
APPROVED		8	0	8
DENIED		0	36	36
Criteria Not Met		0	32	32
Duration of Therapy Exceeded		0	4	4
<b>Tezepelumab</b>		<b>2</b>	<b>7</b>	<b>9</b>
APPROVED		2	0	2
DENIED		0	7	7
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	2	2
<b>Thalidomide</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Thienbenzodiazepines &amp; Opioid Antagonists - Two Ingredient</b>		<b>2</b>	<b>3</b>	<b>5</b>
APPROVED		2	0	2
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Thienbenzodiazepines &amp; SSRIs - Two Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Thioguanine</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Ticagrelor</b>		<b>54</b>	<b>34</b>	<b>88</b>
APPROVED		54	0	54
DENIED		0	34	34
Criteria Not Met		0	19	19
Duration of Therapy Exceeded		0	15	15
<b>Timolol</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Tiopronin</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Tipranavir</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Tirzepatide</b>		<b>17</b>	<b>150</b>	<b>167</b>
APPROVED		17	0	17
DENIED		0	150	150



Administrative Denial		0	7	7
Criteria Not Met		0	131	131
Duration of Therapy Exceeded		0	1	1
Non-Covered Benefit		0	11	11
<b>Tivozanib</b>		<b>7</b>	<b>0</b>	<b>7</b>
APPROVED		7	0	7
<b>Tizanidine</b>		<b>5</b>	<b>10</b>	<b>15</b>
APPROVED		5	0	5
DENIED		0	10	10
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	2	2
<b>Tobramycin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Tocilizumab</b>		<b>20</b>	<b>17</b>	<b>37</b>
APPROVED		20	0	20
DENIED		0	17	17
Administrative Denial		0	1	1
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	6	6
<b>Tofacitinib</b>		<b>15</b>	<b>13</b>	<b>28</b>
APPROVED		15	0	15
DENIED		0	13	13
Criteria Not Met		0	10	10
Duration of Therapy Exceeded		0	3	3
<b>Tolterodine</b>		<b>6</b>	<b>4</b>	<b>10</b>
APPROVED		6	0	6
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Tolvaptan</b>		<b>4</b>	<b>4</b>	<b>8</b>
APPROVED		4	0	4
DENIED		0	4	4
Criteria Not Met		0	3	3
Duration of Therapy Exceeded		0	1	1
<b>Topical Anesthetic Combination - Four Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Topical Steroid Combination - Two Ingredient</b>		<b>0</b>	<b>9</b>	<b>9</b>
DENIED		0	9	9
Criteria Not Met		0	9	9
<b>Topiramate</b>		<b>5</b>	<b>1</b>	<b>6</b>
APPROVED		5	0	5
DENIED		0	1	1

Criteria Not Met		0	1	1
<b>Topotecan</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Trabectedin</b>		<b>1</b>	<b>0</b>	<b>1</b>
APPROVED		1	0	1
<b>Tralokinumab</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Tramadol</b>		<b>94</b>	<b>115</b>	<b>209</b>
APPROVED		94	0	94
DENIED		0	115	115
Criteria Not Met		0	107	107
Duration of Therapy Exceeded		0	7	7
Non-Covered Benefit		0	1	1
<b>Tramadol Combination - Two Ingredient</b>		<b>1</b>	<b>9</b>	<b>10</b>
APPROVED		1	0	1
DENIED		0	9	9
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	1	1
<b>Trametinib</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Trandolapril</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Trastuzumab</b>		<b>33</b>	<b>22</b>	<b>55</b>
APPROVED		33	0	33
DENIED		0	22	22
Administrative Denial		0	1	1
Criteria Not Met		0	8	8
Duration of Therapy Exceeded		0	13	13
<b>Travoprost</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Trazodone</b>		<b>0</b>	<b>9</b>	<b>9</b>
DENIED		0	9	9
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	3	3
<b>Treprostinil</b>		<b>3</b>	<b>0</b>	<b>3</b>
APPROVED		3	0	3
<b>Tretinoin</b>		<b>107</b>	<b>56</b>	<b>163</b>
APPROVED		107	0	107
DENIED		0	56	56

Administrative Denial		0	1	1
Criteria Not Met		0	49	49
Duration of Therapy Exceeded		0	5	5
Non-Covered Benefit		0	1	1
<b>Triamcinolone</b>		<b>0</b>	<b>9</b>	<b>9</b>
DENIED		0	9	9
Criteria Not Met		0	9	9
<b>Trientine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Trilaciclib</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Triptorelin</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Trospium</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Tucatinib</b>		<b>2</b>	<b>2</b>	<b>4</b>
APPROVED		2	0	2
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Ubrogepant</b>		<b>33</b>	<b>133</b>	<b>166</b>
APPROVED		33	0	33
DENIED		0	133	133
Criteria Not Met		0	129	129
Duration of Therapy Exceeded		0	4	4
<b>Ulcer Anti-Infective w/Bismuth Combination - 3 Ingredient</b>		<b>5</b>	<b>4</b>	<b>9</b>
APPROVED		5	0	5
DENIED		0	4	4
Criteria Not Met		0	4	4
<b>Ulcer Anti-Infective w/Proton Pump Inhibit -Three Ingredient</b>		<b>16</b>	<b>18</b>	<b>34</b>
APPROVED		16	0	16
DENIED		0	18	18
Criteria Not Met		0	18	18
<b>Upadacitinib</b>		<b>17</b>	<b>9</b>	<b>26</b>
APPROVED		17	0	17
DENIED		0	9	9
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	4	4

<b>Urinary Antiseptic-Antispas &amp;/or Analgesics - 4 Ingredient</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Urinary Antiseptic-Antispas &amp;/or Analgesics - 5 Ingredient</b>		<b>0</b>	<b>3</b>	<b>3</b>
DENIED		0	3	3
Criteria Not Met		0	3	3
<b>Ursodiol</b>		<b>10</b>	<b>5</b>	<b>15</b>
APPROVED		10	0	10
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Ustekinumab</b>		<b>22</b>	<b>19</b>	<b>41</b>
APPROVED		22	0	22
DENIED		0	19	19
Administrative Denial		0	2	2
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	5	5
<b>Vaginal Contraceptive pH Modulator Combinations - 3 Ingred</b>		<b>5</b>	<b>30</b>	<b>35</b>
APPROVED		5	0	5
DENIED		0	30	30
Criteria Not Met		0	29	29
Duration of Therapy Exceeded		0	1	1
<b>Valbenazine</b>		<b>0</b>	<b>6</b>	<b>6</b>
DENIED		0	6	6
Criteria Not Met		0	6	6
<b>Valganciclovir</b>		<b>29</b>	<b>17</b>	<b>46</b>
APPROVED		29	0	29
DENIED		0	17	17
Criteria Not Met		0	13	13
Duration of Therapy Exceeded		0	4	4
<b>Valsartan</b>		<b>3</b>	<b>3</b>	<b>6</b>
APPROVED		3	0	3
DENIED		0	3	3
Criteria Not Met		0	2	2
Duration of Therapy Exceeded		0	1	1
<b>Vancomycin</b>		<b>9</b>	<b>7</b>	<b>16</b>
APPROVED		9	0	9
DENIED		0	7	7
Criteria Not Met		0	7	7
<b>Vardenafil</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Non-Covered Benefit		0	1	1
<b>Varenicline</b>		<b>2</b>	<b>5</b>	<b>7</b>

APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	5	5
<b>Vedolizumab</b>		<b>23</b>	<b>44</b>	<b>67</b>
APPROVED		23	0	23
DENIED		0	44	44
Administrative Denial		0	1	1
Criteria Not Met		0	30	30
Duration of Therapy Exceeded		0	12	12
Non-Covered Benefit		0	1	1
<b>Venetoclax</b>		<b>11</b>	<b>2</b>	<b>13</b>
APPROVED		11	0	11
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Venlafaxine</b>		<b>12</b>	<b>19</b>	<b>31</b>
APPROVED		12	0	12
DENIED		0	19	19
Criteria Not Met		0	15	15
Duration of Therapy Exceeded		0	4	4
<b>Vericiguat</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Verteporfin</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Criteria Not Met		0	2	2
<b>Vibegron</b>		<b>8</b>	<b>20</b>	<b>28</b>
APPROVED		8	0	8
DENIED		0	20	20
Criteria Not Met		0	18	18
Duration of Therapy Exceeded		0	2	2
<b>Vilazodone</b>		<b>13</b>	<b>14</b>	<b>27</b>
APPROVED		13	0	13
DENIED		0	14	14
Criteria Not Met		0	11	11
Duration of Therapy Exceeded		0	3	3
<b>Viloxazine</b>		<b>1</b>	<b>7</b>	<b>8</b>
APPROVED		1	0	1
DENIED		0	7	7
Criteria Not Met		0	6	6
Duration of Therapy Exceeded		0	1	1
<b>Vincristine</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1

Duration of Therapy Exceeded		0	1	1
<b>Vismodegib</b>		<b>4</b>	<b>0</b>	<b>4</b>
APPROVED		4	0	4
<b>Voclosporin</b>		<b>5</b>	<b>1</b>	<b>6</b>
APPROVED		5	0	5
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Vorapaxar</b>		<b>0</b>	<b>1</b>	<b>1</b>
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Voriconazole</b>		<b>14</b>	<b>5</b>	<b>19</b>
APPROVED		14	0	14
DENIED		0	5	5
Criteria Not Met		0	4	4
Duration of Therapy Exceeded		0	1	1
<b>Vortioxetine</b>		<b>28</b>	<b>35</b>	<b>63</b>
APPROVED		28	0	28
DENIED		0	35	35
Criteria Not Met		0	27	27
Duration of Therapy Exceeded		0	8	8
<b>Voxelotor</b>		<b>0</b>	<b>2</b>	<b>2</b>
DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
<b>Zaleplon</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Zanubrutinib</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
<b>Ziprasidone</b>		<b>2</b>	<b>0</b>	<b>2</b>
APPROVED		2	0	2
<b>Zoledronic Acid</b>		<b>3</b>	<b>9</b>	<b>12</b>
APPROVED		3	0	3
DENIED		0	9	9
Criteria Not Met		0	5	5
Duration of Therapy Exceeded		0	1	1
Insufficient Info		0	3	3
<b>Zolmitriptan</b>		<b>1</b>	<b>1</b>	<b>2</b>
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
<b>Zolpidem</b>		<b>7</b>	<b>13</b>	<b>20</b>

APPROVED		7	0	7
DENIED		0	13	13
Criteria Not Met		0	12	12
Duration of Therapy Exceeded		0	1	1
<b>Prior Authorization Grand Totals</b>		<b>9210</b>	<b>9999</b>	<b>19209</b>