## **Approvals and Denials**

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

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

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

Criteria Net Net	Administrative Denial	0	5	5
Durston of Therapy Exceeted   1				
Insufficient Info				
Application         2         2         4           APPROVED         0         2         2           Callina Not Met         0         2         2           Callina Not Met         0         1         1           DENIED         0         1         1           DENIED         0         1         1           Cetteria Not Met         0         1         1           DENIED         4         9         13           Cetteria Not Met         0         6         6           DENIED         0         6         6           Catteria Not Met         0         6         6           Duration of Therapy Succeded         0         1         1           Catteria Not Met         0         1         1         1           Catteria Not Met         0         1         1         1           Approver         0         1         1         1           Catteria Not Met         0         1         1         1           Approver         0         1         1         1           Catteria Not Met         0         1         1         1				
APPROV/ED				
DENIED         0         2         2           Criteria his Met         0         2         2           DENIED         0         1         1           DINIED         0         1         1           Criteria Not Met         0         1         1           Albuster         4         9         13           APPROVED         0         9         9           Criteria Not Met         0         6         6           Criteria Not Met         0         3         3           Criteria Not Met         0         3         3           Criteria Not Met         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         10         0         1           DENIED         10         0         1         1           Criteria Not Met         0         1         1         1           Denied         1         0         1         1         1           Denied         1         0         1         1         1         1         1         1				
Citatia Not Met         0         2				
Nime of the register of the				
DENIED         0         1         1           Criteria Not Met         0         1         1           APPSOVED         4         0         4           DENIED         0         6         6           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         3         3           Acktaddine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           New Control         10         1         1           APPSOVED         10         0         10           DENIED         0         1         1           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           Millwoord         0         1         1         1           APPSOVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           APPSOVED         0				
Citeria Not Met         0         1         1           National         4         9         13           APPROVED         4         0         4           DENIED         0         9         9           Citteria Not Met         0         6         6           Duration of Therapy Exceeded         0         1         1           Citeria Not Met         0         1         1           Citeria Not Met         0         1         1           Nectinib         10         2         12           APPROVED         10         0         10           DENIED         0         1         1           Citeria Not Met         0         1         1         1           Duration of Therapy Exceeded         0         1         1         1           Misconia         0         1         1         1           Citeria Not Met         0         1         1         1           Misconia         0         1         1         1           Citeria Not Met         0         4         4         4           Citeria Not Met         0         4         4				
APPROVED				
APPROVED         4         0         4           DENIED         0         9         9           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         3         3           AUCITACINIO         0         1         1           DENIED         0         1         1           Citeria Not Met         0         1         1           APPROVED         10         0         10           DENIED         10         0         10           DENIED         10         0         10           DENIED         0         1         1           Criteria Not Met         0         1         1           DENIED         1         1         2           Criteria Not Met         0         1         1         1           APPROVED         1         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         2         0         2         2           DENIED         0         4         4         4           APPROVED         1				
DENIED         0         9         9           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         3         3           Alcaftadine         0         1         1           DENIED         0         1         1           Cirteria Not Met         0         1         1           APPROVED         10         0         10           DENIED D         0         1         1           Criteria Not Met         0         1         1         1           DURSTORD         0         1         1         1         1           APPROVED         0         1         1         1         2				
Citeria Not Met         0         6         6           Duration of Therapy Exceeded         0         3         3           Acktadine         0         1         1           DENIED         0         1         1         1           Citrici Not Met         0         1         1         1           APPROVED         10         2         12         12           APPROVED         0         2         2         2           Citrici Not Met         0         1         1         1         2         2         2           DENIED         0         2				
Duration of Therapy Exceeded         0         1         1           Alcaffadine         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         10         2         12           DENIED         0         1         1         2         12           Criteria Not Met         0         1         1         1         2         2         2           Criteria Not Met         0         1         1         1         2         2         2           APPROVED         0         1         1         1         2         2         2           APPROVED         0         1         1         1         2				
Akactadaine         0         1         1           DENIED         0         1         1           Cifteria Not Met         0         1         1           Akectinib         10         2         12           APPROVED         10         0         2         12           DENIED         0         1         1         1           Cifteria Not Met         0         0         1         1         1           Duration of Therapy Exceeded         0         1         1         2         2         2           Affixcosi         1         1         2				
DENIED         DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         10         2         12           APPROVED         10         0         10         10           DENIED         0         1         2         1         1         1         1         2         2         4         6         2         2         0         2         2         2         2         0         2         2         2         2         2         2 <t< td=""><td></td><td></td><td></td><td></td></t<>				
Criteria Not Met         0         1         1           Alectinib         10         2         12           APPROVED         10         0         10         10           DENIED         0         1	Alcaftadine	0	1	1
Alectritib         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           ARMANDAM         1         1         2           APPROVED         1         0         1         1           APPROVED         0         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         0         1         1         1           Criteria Not Met         0         4         4           ALISACIONA         0         4         4           APPROVED         1         1         2           APPROVED         0         1         1         1           APPROVED         0         1         1         1 <td></td> <td></td> <td>1</td> <td>1</td>			1	1
APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           Alfoxosin         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         2         4         6           APPROVED         2         0         2         0         2           DENIED         0         4         4         4           Criteria Not Met         0         4         4         4           APPROVED         0         1         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Almostriptan         0         1         1         1           Denied         0         1         1         1           Autorition o	Criteria Not Met	0	1	1
DENIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           ARPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Alirocumab         2         4         6           APPROVED         2         0         2           DENIED         0         4         4           Criteria Not Met         0         4         4           APPROVED         0         4         4           APPROVED         1         1         2           APPROVED         1         1         1           Criteria Not Met         0         1         1         1           ALINGERIA         0         1         1         1           DENIED         0         1         1         1           APPROVED         0         1         1         1           ALINGERIA         0         1         1         1           ALINGERIA         0 <t< td=""><td>Alectinib</td><td>10</td><td>2</td><td>12</td></t<>	Alectinib	10	2	12
Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           AMfuzosia         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           AIIROCAMBA         2         4         6           APPROVED         2         0         2         2           Criteria Not Met         0         4         4         4           Criteria Not Met         0         4         4         4           APPROVED         1         1         2           APPROVED         1         1         1         2           APPROVED         1         1         1         1           APPROVED         1         1         1         1         1	APPROVED	10	0	10
Duration of Therapy Exceeded         0         1         1           Alfuzosin         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           AIRCOLUMBA         2         4         6           APPROVED         2         0         2           DENIED         0         4         4           Criteria Not Met         0         4         4           Alskieren         1         0         1         1           APPROVED         1         1         2           APPROVED         1         1         2           APPROVED         1         1         1           DENIED         1         0         1         1           Criteria Not Met         0         1         1         1           Almotriptan         0         1         1         1           Duration of Therapy Exceeded         0         1         1         1           APPROVED         1         1         2         2	DENIED	0	2	2
APPROVED 1 1 0 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Criteria Not Met	0	1	1
APPROVED  APPROVED  DENIED  Criteria Not Met  Aliocumb  APPROVED  DENIED  Criteria Not Met  Criteria Not Met  Criteria Not Met  Aliocumb  Criteria Not Met  Criteria Not Met  Aliocumb  Aliocumb  Aliocumb  DENIED  APPROVED  DENIED  APPROVED  DENIED  Criteria Not Met  DENIED  APPROVED  DENIED  Criteria Not Met  DENIED  Aliocumb  Aliocumb  Aliocumb  DENIED  DURITED  Aliocumb  DURITED  DURITED  Aliocumb  Ali	Duration of Therapy Exceeded	0	1	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Alirocumab         2         4         6           APPROVED         2         0         2           DENIED         0         4         4           Criteria Not Met         0         4         4           Aliskinen         1         1         2           APPROVED         1         1         2           APPROVED         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           DENIED         0         1         1           DENIED         0         1         1           DENIED         0         1         1           DENIED         0         1         1           DUration of Therapy Exceeded         0         1         1           Alogaliptin         1         2           APPROVED         1         1         2	Alfuzosin	1	1	2
Criteria Not Met         0         1         1           Alicocumab         2         4         6           APPROVED         2         0         2           DENIED         0         4         4           Criteria Not Met         0         4         4           Aliskien         1         1         2           APPROVED         1         1         2           DENIED         0         1         1           Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogoliptin         1         2           APPROVED         1         0         1	APPROVED	1	0	1
Alirocumab       2       4       6         APPROVED       2       0       2         DENIED       0       4       4         Criteria Not Met       0       4       4         AISKIREN       1       1       2         APPROVED       1       0       1       1         DENIED       0       1       1       1         AIMORTIPATO       0       1       1       1         DENIED       0       1       1       1         DENIED       0       1       1       1         DURATION OF Therapy Exceeded       0       1       1       1         Alogliptin       1       0       1       1       1         APPROVED       1       0       1 </td <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
APPROVED         2         0         2           DENIED         0         4         4           Criteria Not Met         0         4         4           Aliskiren         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	Criteria Not Met	0	1	1
DENIED         0         4         4           Criteria Not Met         0         4         4           Aliskiren         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	Alirocumab	2	4	6
Criteria Not Met       0       4       4         Aliskiren       1       1       2         APPROVED       1       0       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Almotriptan       0       1       1         DENIED       0       1       1         Duration of Therapy Exceeded       0       1       1         Alogliptin       1       1       2         APPROVED       1       0       1	APPROVED	2	0	2
Aliskiren         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	DENIED	0	4	4
APPROVED       1       0       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Almotriptan       0       1       1         DENIED       0       1       1         Duration of Therapy Exceeded       0       1       1         Alogliptin       1       1       2         APPROVED       1       0       1	Criteria Not Met	0	4	4
DENIED         0         1         1           Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	Aliskiren	1	1	2
Criteria Not Met         0         1         1           Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	APPROVED	1	0	1
Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         0         1           APPROVED         1         0         1	DENIED	0	1	1
Almotriptan         0         1         1           DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         0         1           APPROVED         1         0         1	Criteria Not Met	0	1	1
DENIED         0         1         1           Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1	Almotriptan	0	1	1
Duration of Therapy Exceeded         0         1         1           Alogliptin         1         1         2           APPROVED         1         0         1		0	1	1
Alogliptin         1         1         2           APPROVED         1         0         1				
APPROVED 1 0 1			1	2
	DENIED	0	1	1

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

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

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

DENIED	0	14	14
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	13	1
Antitussive-Expectorant - Two Ingredient	1	1	2
APPROVED APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Antitussive-Expectorants-Decongestant - Three Ingredient	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
	8	1	9
Approved  Approved	8	0	8
DENIED DENIED			
	0	1	1
Criteria Not Met	0	1	1
Apixaban	12	4	16
APPROVED	12	0	12
DENIED	0	4	4
Criteria Not Met	0	4	4
Apomorphine	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Apremilast	34	64	98
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
Aprepitant	18	22	40
APPROVED	18	0	18
DENIED	0	22	22
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	14	14
Aripiprazole	7	12	19
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
Armodafinil	8	9	17
APPROVED	8	0	8
DENIED	0	9	9

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

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

APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Belimumab	38	23	61
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
Belzutifan	2	0	2
APPROVED	2	0	2
Bempedoic Acid	5	19	24
APPROVED	5	0	5
DENIED	0	19	19
Criteria Not Met	0	19	19
Bendamustine	2	4	6
APPROVED	2	0	2
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
Bendamustine HCI SOLN 100MG/4ML	1	0	1
APPROVED	1	0	1
Benralizumab	5	6	11
APPROVED	5	0	5
DENIED	0	6	6
Criteria Not Met	0	6	6
Benztropine	1	0	1
APPROVED	1	0	1
Bepotastine	3	18	21
APPROVED	3	0	3
DENIED	0	18	18
Criteria Not Met	0	17	17
Duration of Therapy Exceeded	0	1	1
Beta Blocker & Diuretic Combination - Two Ingredient	2	0	2
APPROVED	2	0	2
Beta-blockers - Ophthalmic Combination - Two Ingredient	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Bevacizumab	52	23	75
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
Bexarotene	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Bimatoprost	5	4	9
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
Binimetinib	1	0	1
APPROVED	1	0	1
Bisoprolol	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Blood Glucose Monitoring Supplies	0	7	7
DENIED	0	7	7
Criteria Not Met	0	7	7
Bortezomib	8	8	16
APPROVED	8	0	8
DENIED	0	8	8
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	5	5
Botulinum Toxin	54	84	138
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
Bremelanotide	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Brentuximab	8	22	30
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
Brexpiprazole	13	7	20
APPROVED	13	0	13
DENIED	0	7	7
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	2	2
Brimonidine	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Brinzolamide	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Brivaracetam	6	3	9
APPROVED	6	0	6
DENIED	0	3	3
Criteria Not Met	0	3	3
Brodalumab	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Brolucizumab	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Bromfenac	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Budesonide	33	42	75
APPROVED	33	0	33
DENIED	0	42	42
Criteria Not Met	0	40	40
Duration of Therapy Exceeded	0	2	2
Buprenorphine	22	44	66
APPROVED	22	0	22
DENIED	0	44	44
Criteria Not Met	0	41	41
Duration of Therapy Exceeded	0	3	3
Bupropion	12	13	25
APPROVED	12	0	12
DENIED	0	13	13
Criteria Not Met	0	13	13

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

DENIED         0         1         1           Criteria Not Met         0         1         1           Cariprazine         51         69         120           APPROVED         51         69         120           APPROVED         0         69         69           Criteria Not Met         0         60         60           Curricari Not Met         0         9         9           Carvedilo         21         7         28           APPROVED         21         0         21         0         21           DENIED         0         7         2         2         2         1         1         1         1         1         1         1         1         1         1         1	DENIED	0	7	7
Durston of Therapy Exceeded	Criteria Not Met	0	3	3
Capacitable         65         9         74           APPROVED         65         0         65           DENIED         65         0         9           Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         5         5           Certain Not Met         0         5         5           Certain Not Met         0         5         5           Carboplatin         1         7         8           APPROVED         1         0         1           Certain Not Met         0         6         5           Certain Not Met         0         1         1           Certain Not Met         0         1         1           Certain Not Met         0         1         1           Certain Not Met         0         6         6           DENIED         0         6         6           Certain Not Met         0         1         1           Certain Not Met         0         6         6           DENIED         0         6         6           Certain Not Met         0         6         7         7				
APPROVIDED         65         0         65           Criteria Net Met         0         7         7           Duration of Therapy Exceeded         0         2         2           Criteria Net Met         0         5         5           DENED         0         5         5           Criteria Not Met         0         5         5           Criteria Not Met         0         5         5           Carbopalin         1         7         8           APPROVED         1         0         1         1           Criteria Net Met         0         1			9	
DENED         0         9         9           Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         2         2           DENED         0         5         5           Criteria Not Met         0         5         5           Carboplatin         1         7         8           APPROVED         11         0         1         1           Criteria Not Met         0         6         6         6           Insufficient Info         0         6         6         6           Insufficient Info         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           DENED         0         1         1         1           Criteria Not Met         0         6         6         6           Carrieria Not Met         0         6         6         6           Criteria Not Met         0         9         9         9           Carrieria Not Met         0         7         7         7		65	0	
Duration of Therapy Exceeded         0         5         5           Compasion         0         5         5           Chesia Not Met         0         5         5           Cathoplatin         1         7         8           APPROVED         1         0         1         0         1           Control Not Met         0         6         6         6         6           Control Not Met         0         1		0	9	
Capabile         0         5         5           DENIED         0         5         5           Criteria Net Met         0         5         5           Carboplatin         1         7         8           APPROVED         1         0         1         1           DENIED         0         6         6         6           Citeria Not Met         0         1         1         1           Carfifcient Info         0         1         1         1         1           Carfitria Not Met         0         1	Criteria Not Met	0	7	7
DENIED         0         5         5           Chiteria Not Met         0         5         5           Carboplatin         1         7         8           APPROVED         1         0         1           DENIED         1         0         1           Criteria Not Met         0         6         6           Insufficient Info         0         1         1           CRITERIA NOT MET         0         1         1           DENIED         0         1         1           CRITERIA NOT MET         0         1         1           CRITERIA NOT MET         0         1         1           CRITERIA NOT MET         51         69         120           CRITERIA NOT MET         0         51         0         51           CRITERIA NOT MET         0         6         6         6         6           CRITERIA NOT MET         0         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         6         7         7         7         7	Duration of Therapy Exceeded	0	2	2
日本日日日 日本日日 日本日日 日本日日 日本日日 日本日日 日本日日	Capsaicin	0	5	5
Carbopation         1         7         8           APPROVED         1         0         1           DENIED         0         7         7           Citrian Not Met         0         6         6           Insufficient Info         0         1         1           Cartificamis         0         1         1           DENIED         0         1         1           Citrian Not Met         0         1         1           Cartificamis         51         69         120           APPROVED         51         0         51           Chilleria Not Met         0         69         69           Chieria Not Met         0         6         6           Chieria Not Met         0         9         9           Carreditor         21         0         21           Carreditor         21         0         21           Carreditor         0         7         7           Cefezioni         0         7         7           Cefezioni         0         7         7           Cefezioni         0         0         6           Chieria Not		0	5	5
Carbopation         1         7         8           APPROVED         1         0         1           DENIED         0         7         7           Citrian Not Met         0         6         6           Insufficient Info         0         1         1           Cartificamis         0         1         1           DENIED         0         1         1           Citrian Not Met         0         1         1           Cartificamis         51         69         120           APPROVED         51         0         51           Chilleria Not Met         0         69         69           Chieria Not Met         0         6         6           Chieria Not Met         0         9         9           Carvedilor         21         0         21           APPROVED         21         0         21           Chieria Not Met         0         7         7           Cefezolin         0         7         7           Cefezolin         6         0         6           Chieria Not Met         0         1         1           Ce	Criteria Not Met	0	5	5
APPROVED   1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	7	8
Criteria Not Met         0         6         6           Insufficient Info         0         1         1           Cartificanity         0         1         1           DENIED         0         1         1           Citria Not Met         0         1         1           Carpinazione         51         69         120           APPROVED         51         0         51           DENIED         0         69         69           Criteria Not Met         0         69         69           Criteria Not Met         0         60         60         60           DENIED         21         7         28           APPROVED         21         7         7           Carrieria Not Met         0         7         7         7           Cetta Not Met         0         7         7         7           APPROVED         6         1         7         7           APPROVED         6         0         6         0         6           DENIED         6         1         7         7           APPROVED         9         0         9         9 </td <td></td> <td>1</td> <td>0</td> <td>1</td>		1	0	1
Insufficient Info   Carifficentis   O	DENIED	0	7	7
Insufficient Info	Criteria Not Met	0	6	6
DENIED         0         1         1           Criteria Not Met         0         1         1           Cariprazine         51         69         120           APPROVED         51         0         51           DENIED         51         0         69         69           Criteria Not Met         0         60         60         60           Duration of Therapy Exceeded         0         9         9         9           Cervediol         21         7         28           APPROVED         21         7         28           Cervediol         0         7         7         7           Certain Not Met         0         7         7         7           Certain Not Met         0         7         7         7           Certain Not Met         0         1         1         1           Certepine         9         0         9         0         9           APPROVED         9         0         9         0         9           Certain Not Met         9         0         9         0         9         0         9           Certicaia Not Met	Insufficient Info	0		
Criteria Not Met         0         1         1           Carigozaria         51         69         120           APPROVED         51         69         120           DENIED         0         69         69           Criteria Not Met         0         60         60           Duration of Therapy Exceeded         20         9         9           Creveditio         21         7         28           APPROVED         21         0         21         7           PENIED         21         0         21         7         7           Criteria Not Met         0         7         7         7           APPROVED         6         1         7         7           APPROVED         6         0         6         0         6           DENIED         0         1         1         1         1           Cefteria Not Met         0         1         1         1           Cefteria Not Met         9         0         9         9           APPROVED         10         2         12         1           APPROVED         10         2         2 <th< td=""><td>Carfilzomib</td><td>0</td><td>1</td><td>1</td></th<>	Carfilzomib	0	1	1
Cariprazine         51         69         120           APROVED         51         0         51           DENIED         0         69         69           Criteria Not Met         0         60         60           Duration of Therapy Exceeded         0         9         9           Carvediol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Cefepine         9         0         9           APPROVED         9         0         9           APPROVED         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
APPROVED         51         0         51           DENIED         0         69         69           Criteria Not Met         0         60         60           Duration of Therapy Exceeded         0         9         9           Carveditol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Cefetixxone         9         0         9           APPROVED         9         0         9           APPROVED         0         2         2           Criteria Not Met         0         2         2           APPROVED         0         2         2           Criteria Not Met         0         2         2           Criteri	Criteria Not Met	0	1	1
APPROVED         51         0         51           DENIED         0         69         69           Criteria Not Met         0         60         60           Duration of Therapy Exceeded         0         9         9           Carveditol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Cefetixxone         9         0         9           APPROVED         9         0         9           APPROVED         0         2         2           Criteria Not Met         0         2         2           APPROVED         0         2         2           Criteria Not Met         0         2         2           Criteri	Cariprazine	51	69	120
Criteria Not Met         0         60         60           Duration of Therapy Exceeded         0         9         9           Carvedilol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         6         0         0         1         1         1         1         1         1         1         1         1         1         1         1         1         2         2         2         2         2         2         2         2         2         2         2         2         2         2 <td></td> <td>51</td> <td>0</td> <td>51</td>		51	0	51
Duration of Therapy Exceeded         0         9         9           Carveditol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         9         0         9           Ceftriaxone         10         0         10           DENIED         0         2         12           APPROVED         0         2         2         2           Criteria Not Met         0         2         2         2           Cefecoxib         1         4         5           APPROVED         1         4         5           APPROVED         1         4         5	DENIED	0	69	69
Carvedilol         21         7         28           APPROVED         21         0         21           DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazoli         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1         1           Cefepine         9         0         9         9           APPROVED         9         0         9         9           Ceftriaxone         10         2         12           APPROVED         10         2         12           APPROVED         0         2         2         2           Criteria Not Met         0         2         2         2           Celecoxib         1         4         5           APPROVED         1         0         1         1           DENIED         1         0         1         1         1           Celecoxib         1         0         1         1         1<	Criteria Not Met	0	60	60
APPROVED  DENIED  Criteria Not Met  Cefazolin  APPROVED  BENIED  BENIED  Criteria Not Met  Criteria Not Met  Cefepime  APPROVED  APPROVED  APPROVED  BENIED  CECEPIME  APPROVED  APPROVED  APPROVED  APPROVED  CECEPIME  APPROVED  APPROVED  APPROVED  APPROVED  CECEPIME  APPROVED  APPROVED	Duration of Therapy Exceeded	0	9	9
DENIED         0         7         7           Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Cefepine         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         1         0         1	Carvedilol	21	7	28
Criteria Not Met         0         7         7           Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Cefegine         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         1         10           DENIED         0         2         2         2           Ceftriar Not Met         0         2         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         1         0         1	APPROVED	21	0	21
Cefazolin         6         1         7           APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         1         0         1	DENIED	0	7	7
APPROVED         6         0         6           DENIED         0         1         1           Criteria Not Met         0         1         1           Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	Criteria Not Met	0	7	7
DENIED         0         1         1           Criteria Not Met         0         1         1           Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	Cefazolin	6	1	7
Criteria Not Met         0         1         1           Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	APPROVED	6	0	6
Cefepime         9         0         9           APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	DENIED	0	1	1
APPROVED         9         0         9           Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	Criteria Not Met	0	1	1
Ceftriaxone         10         2         12           APPROVED         10         0         10           DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	Cefepime	9	0	9
APPROVED       10       0       10         DENIED       0       2       2         Criteria Not Met       0       2       2         Celecoxib       1       4       5         APPROVED       1       0       1         DENIED       0       4       4	APPROVED	9	0	9
DENIED         0         2         2           Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	Ceftriaxone	10	2	12
Criteria Not Met         0         2         2           Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	APPROVED	10	0	10
Celecoxib         1         4         5           APPROVED         1         0         1           DENIED         0         4         4	DENIED	0	2	2
APPROVED         1         0         1           DENIED         0         4         4	Criteria Not Met	0	2	2
DENIED 0 4 4	Celecoxib	1	4	5
	APPROVED	1	0	1
Criteria Not Met 0 3 3	DENIED	0	4	4
	Criteria Not Met	0	3	3

Duration of Therapy Exceeded	0	1	1
Cenobamate	6	0	6
APPROVED	6	0	6
Cephalexin	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Certolizumab	23	26	49
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
Cetirizine	Ī	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	3	3
Cetrorelix	0	1	1
DENIED	0	1	1
Administrative Denial	0	1	1
Cetuximab	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Cevimeline	4	14	18
APPROVED	4	0	4
DENIED	0	14	14
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	1	1
Chlorhexidine	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Chlorthalidone	5	0	5
APPROVED	5	0	5
Chlorzoxazone	2	1	3
APPROVED	2	0	2
DENIED	0	1	1
Criteria Not Met	0	1	1
Cholecalciferol	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Cholestyramine	1	12	13

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

Durst/Descriptors   Descriptors   Descript	Criteria Not Met	0	12	12
DRINED				
DENIED				
Citeral hot Met.         0         2         2           Johnsteam         4         0         4           APPROVED         4         0         4           Londine         9         5         14           APPROVED         9         0         9           DENIED         0         3         3           Duration of Theory's secreded         0         3         3           Losapine         2         1         3           APPROVED         2         1         3           Losapine         2         1         3           APPROVED         2         1         3           APPROVED         2         1         1           Central Not Met         0         1         1           Central Not Met         0         3         3           Central Not Met         0         3         3           Central Not Met         0         5         5           Duration of Therapy Exceeded         2         5         1           Outside Combination - Two Ingredient         2         5         3         3           Obustion of Therapy Exceeded         2 <th< td=""><td></td><td></td><td></td><td></td></th<>				
Claseappam	Criteria Not Met			
APPROVED         4         0         4           Cloudinie         9         5         14           APPROVED         9         0         9           DENED         0         3         3           Chitaria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2         2           Cobagaine         2         1         3         3           APPROVED         2         0         2         2         2           DENED         0         1         2         2         2         2         <	Clonazepam	4		
APPROVED         9         0         9           DENIED         0         5         5           Citatria Not Met         0         2         2           Duration of Therapy Exceeded         0         2         1         3           APPROVED         2         1         3         2           APPROVED         0         1 <t< td=""><td></td><td>4</td><td>0</td><td>4</td></t<>		4	0	4
APPROVED         9         0         9           DENED         0         5         5           Criteria Not Met         0         2         2           Duration of Therapy Exceeded         0         2         1         3           APPROVED         2         1         3         2           APPROVED         0         1 <td< td=""><td>Clonidine</td><td>9</td><td>5</td><td>14</td></td<>	Clonidine	9	5	14
Citacia Not Met         0         3         3           Duration of Therapy Exceeded         2         1         3           Capper Ver De         2         0         2         2           APPROVED         0         1         1         1           Citieria Not Met         0         1         1         1           cobineatinib         1         0         1         1           Cobineatinib         0         3         3           DENIED         0         3         3           Cobineation Four Ingredient         0         3         3           DENIED         0         3         3           Citieria Not Met         0         3         3           Cobineation - Two Ingredient         29         51         80           APPROVED         29         0         29           Cotienia Not Met         0         51         51           Citieria Not Met         0         5         5           DENIED         26         9         45           Citieria Not Met         0         19         19           DENIED         0         26         0         26 <td>APPROVED</td> <td>9</td> <td>0</td> <td></td>	APPROVED	9	0	
Duration of Therapy Exceeded     0			5	
Duration of Therapy Exceeded     0	Criteria Not Met	0	3	3
Stazepine		0	2	2
APPROVED         2         0         2           DENIED         0         1         1           Criteria NEM Met         0         1         1           APPROVED         1         0         1           APPROVED         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Criteria Not Met         0         3         3           APPROVED         0         3         3           Criteria Not Met         0         3         3           Criteria Not Met         0         51         51           Devoltion of Therapy Exceeded         0         0         5         5           Devoltion of Therapy Exceeded         0         0         3         3           APPROVED         3         0         3         3           APPROVED         3         0         3         3           APPROVED         3         0         3         3           APPROVED         6         0         2         6           Criteria Not Met         0         0         2         6 <td>Clozapine</td> <td>2</td> <td>1</td> <td></td>	Clozapine	2	1	
Citeria Not Met         0         1         1           Cobinetiils         1         0         1           APPROVED         1         0         1           Coding Combination - Four Ingredient         0         3         3           DENIED         0         3         3           Citeria Not Met         0         3         3           APPROVED         29         51         80           APPROVED         29         0         29           DENIED         0         51         51           Citeria Not Met         0         51         51           DENIED         0         51         51           DENIED         0         51         51           Obtained         0         50         50           DENIED         3         0         3           APPROVED         3         0         3           Collegense         26         19         45           APPROVED         26         19         19           Collegenses         26         19         19         19           Citeria Not Met         0         3         3         3		2	0	2
APPROVED	DENIED	0	1	1
APPROVED         1         0         1           Code         Code         3         3           Code         Code         3         3         3           Code         Code         5         5         5           College         Code         5         5         6           College         Code         6         6         6         6         6         6         6         6	Criteria Not Met	0	1	1
DENIED	Cobimetinib	1	0	1
DENIED	APPROVED	1	0	1
Criteria Not Met         0         3         3           Codeine Combination - Two Ingredient         29         51         80           APPROVED         29         0         29           DENIED         9         51         51           Criteria Not Met         0         50         50           Davation of Therapy Exceeded         0         1         1           Criteria Not Met         3         0         3           APPROVED         3         0         3           CAPROVED         26         19         45           APPROVED         26         0         26           DENIED         0         16         16           DENIED         0         16         16           DENIED         0         16         16           DENIED         0         8         8           DENIED         0         8         8           DENIED         0         6         6           Criteria Not Met         0         6         6           DENIED         0         6         6           DENIED         0         6         6           Cri	Codeine Combination - Four Ingredient	0	3	3
Codesine Combination - Two Ingredient         29         51         80           APPROVED         29         0         29           DENIED         0         51         51           Criteria Not Met         0         50         50           Duration of Therapy Exceeded         0         1         1           Collegense         3         0         3           APPROVED         26         19         45           DENIED         0         19         19           Criteria Not Met         0         16         16           DENIED         0         16         16           DENIED         0         3         3           DENIED         0         16         16           DENIED         0         3         3           DENIED         0         3         3           DENIED         0         8         8           DENIED         0         8         8           DENIED         0         6         6           DENIED         0         6         6           DENIED         0         6         6           Criteria Not Met	DENIED	0	3	3
APPROVED         29         0         29           DENIED         0         51         51           Criteria Not Met         0         50         50           Duration of Therapy Exceeded         0         1         1           Collader         3         0         3           APPROVED         3         0         3           APPROVED         26         19         45           APPROVED         26         0         26           DENIED         0         19         19           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         8         8           Duration of Therapy Exceeded         0         6         6           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Tree Ingredient         1         0         1           <	Criteria Not Met	0	3	3
DENIED   S1   S1   S1   S1   S1   S1   S1   S	Codeine Combination - Two Ingredient	29	51	80
Criteria Not Met         0         50         50           Duration of Therapy Exceeded         0         1         1           Colchicine         3         0         3           APPROVED         3         0         3           APPROVED         26         19         45           APPROVED         26         19         45           DENIED         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         3         3           DENIED         0         8         8           Citeria Not Met         0         8         8           Duration of Therapy Exceeded         0         6         6           Duration of Therapy Exceeded         0         6         6           Outsion of Therapy Exceeded         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         6         6           Criteria Not Met         0         6         6         6           Criteria Not Met         0         6         6	APPROVED	29	0	29
Duration of Therapy Exceeded         0         1         1           Colchicine         3         0         3           APPROVED         3         0         3           APPROVED         26         19         45           APPROVED         26         0         26           DENIED         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Citeria Not Met         0         8         8           DENIED         0         8         8           DENIED         0         6         6           Duration of Therapy Exceeded         0         8         8           Combination Contraceptives- Oral Three Ingredient         1         0         1           APPROVED         1         0         1         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         3         5         5	DENIED	0	51	51
APPROVED         3         0         3           Collagenase         26         19         45           APPROVED         26         0         26           APPROVED         26         0         26           DENIED         0         19         19           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         8         8           Duration of Therapy Exceeded         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         5         5	Criteria Not Met	0	50	50
APPROVED         3         0         3           Collagenase         26         19         45           APPROVED         26         0         26           DENIED         0         19         19           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Ourstion of Therapy Exceeded         0         6         6           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         5         5	Duration of Therapy Exceeded	0	1	1
Collagenase         26         19         45           APPROVED         26         0         26           DENIED         0         19         19           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Colchicine	3	0	3
APPROVED       26       0       26         DENIED       0       19       19         Criteria Not Met       0       16       16         Duration of Therapy Exceeded       0       3       3         Collagenase Clostridium Histolyticum       0       8       8         DENIED       0       8       8         Criteria Not Met       0       6       6         Duration of Therapy Exceeded       0       2       2         Combination Contraceptives - Oral Three Ingredient       1       0       1         APPROVED       1       0       1         Combination Contraceptives - Oral Two Ingredient       0       5       5         DENIED       0       5       5	APPROVED	3	0	3
DENIED         0         19         19           Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Collagenase	26	19	45
Criteria Not Met         0         16         16           Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	APPROVED	26	0	26
Duration of Therapy Exceeded         0         3         3           Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	DENIED	0	19	19
Collagenase Clostridium Histolyticum         0         8         8           DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Criteria Not Met	0	16	16
DENIED         0         8         8           Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Duration of Therapy Exceeded	0	3	3
Criteria Not Met         0         6         6           Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Collagenase Clostridium Histolyticum	0	8	8
Duration of Therapy Exceeded         0         2         2           Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	DENIED	0	8	8
Combination Contraceptives - Oral Three Ingredient         1         0         1           APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Criteria Not Met	0	6	6
APPROVED         1         0         1           Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Duration of Therapy Exceeded	0	2	2
Combination Contraceptives - Oral Two Ingredient         0         5         5           DENIED         0         5         5	Combination Contraceptives - Oral Three Ingredient	1	0	1
DENIED 0 5 5	APPROVED	1	0	1
	Combination Contraceptives - Oral Two Ingredient	0	5	5
Criteria Not Met         0         5         5	DENIED	0	5	5
	Criteria Not Met	0	5	5

DENIED Criteria Not Met Combination Contraceptives - Vaginal Two Ingredient  APPROVED DENIED Criteria Not Met Continuous Blood Glucose Monitor System and/or Supplies  APPROVED DENIED Appeal Withdrawn Criteria Not Met Duration of Therapy Exceeded J.Code Non-Covered Benefit Corticotropin DENIED Criteria Not Met Criteria Not Met Corticotropin DENIED Criteria Not Met Criteria Not Met Corticotropin DENIED Criteria Not Met Criteria Not Met Criteria Not Met Corticotropin DENIED Criteria Not Met	0 0 1 1 0 0	2 2 2 0 2	2 2 3 1
Combination Contraceptives - Vaginal Two Ingredient  APPROVED  DENIED  Criteria Not Met  Continuous Blood Glucose Monitor System and/or Supplies  APPROVED  DENIED  Appeal Withdrawn  Criteria Not Met  Duration of Therapy Exceeded  J Code  Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met  Criteria Not Met  Corticotropin  DENIED  Criteria Not Met  Criteria Not Met  Criteria Not Met  Corticotropin  DENIED  Criteria Not Met	1 1 0 0	0 2	<b>3</b>
APPROVED  DENIED  Criteria Not Met  Continuous Blood Glucose Monitor System and/or Supplies  APPROVED  DENIED  Appeal Withdrawn  Criteria Not Met  Duration of Therapy Exceeded  J Code  Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met  Criteria Not Met  Corticotropin  DENIED  Criteria Not Met	1 0 0	0 2	1
DENIED Criteria Not Met  Continuous Blood Glucose Monitor System and/or Supplies  APPROVED DENIED Appeal Withdrawn Criteria Not Met Duration of Therapy Exceeded JCode Non-Covered Benefit  Corticotropin DENIED Criteria Not Met	0	2	
Criteria Not Met  Continuous Blood Glucose Monitor System and/or Supplies  APPROVED  DENIED  Appeal Withdrawn  Criteria Not Met  Duration of Therapy Exceeded  JCode  Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met	0		
Continuous Blood Glucose Monitor System and/or Supplies  APPROVED  DENIED  Appeal Withdrawn  Criteria Not Met  Duration of Therapy Exceeded  JCode Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met		2	2
APPROVED  DENIED  Appeal Withdrawn  Criteria Not Met  Duration of Therapy Exceeded  JCode  Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met  Crisaborole  APPROVED  DENIED  Criteria Not Met	209		2
DENIED Appeal Withdrawn Criteria Not Met Duration of Therapy Exceeded JCode Non-Covered Benefit  Corticotropin  DENIED Criteria Not Met		360	569
Appeal Withdrawn Criteria Not Met Duration of Therapy Exceeded JCode Non-Covered Benefit Corticotropin DENIED Criteria Not Met Crisaborole APPROVED DENIED Criteria Not Met	209	0	209
Criteria Not Met  Duration of Therapy Exceeded  JCode Non-Covered Benefit  Corticotropin  DENIED Criteria Not Met  Crisaborole  APPROVED DENIED Criteria Not Met	0	360	360
Duration of Therapy Exceeded  JCode Non-Covered Benefit  Corticotropin  DENIED Criteria Not Met  Crisaborole  APPROVED DENIED Criteria Not Met	0	1	1
JCode Non-Covered Benefit  Corticotropin  DENIED Criteria Not Met  Crisaborole APPROVED DENIED Criteria Not Met	0	313	313
Non-Covered Benefit  Corticotropin  DENIED  Criteria Not Met  Crisaborole  APPROVED  DENIED  Criteria Not Met	0	44	44
Corticotropin  DENIED  Criteria Not Met  Crisaborole  APPROVED  DENIED  Criteria Not Met	0	1	1
DENIED Criteria Not Met  Crisaborole APPROVED DENIED Criteria Not Met  Criteria Not Met  Crizanlizumab	0	1	1
Criteria Not Met  Crisaborole  APPROVED  DENIED  Criteria Not Met  Crizanlizumab	0	5	5
Crisaborole APPROVED DENIED Criteria Not Met Crizanlizumab	0	5	5
APPROVED  DENIED  Criteria Not Met  Crizanlizumab	0	5	5
DENIED  Criteria Not Met  Crizanlizumab	5	6	11
Criteria Not Met  Crizanlizumab	5	0	5
Crizanlizumab	0	6	6
	0	6	6
APPROVED	2	0	2
711.10725	2	0	2
Crizotinib	1	0	1
APPROVED	1	0	1
Cross-Linked Hyaluronate	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Cyanocobalamin	1	0	1
APPROVED	1	0	1
Cyclobenzaprine	1	17	18
APPROVED	1	0	1
DENIED	0	17	17
Criteria Not Met	0	16	16
Duration of Therapy Exceeded	0	1	1
Cyclophosphamide	9	1	10
APPROVED	9	0	9
DENIED	0	1	1
Criteria Not Met	0	1	1
Cyclosporine	121	139	260
APPROVED			

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

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

Duration of Therapy Exceeded	0	1	1
Deutetrabenazine	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Dexamethasone	6	23	29
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
Dexlansoprazole	20	19	39
APPROVED	20	0	20
DENIED	0	19	19
Criteria Not Met	0	14	14
Duration of Therapy Exceeded	0	5	5
Dexmethylphenidate	13	15	28
APPROVED	13	0	13
DENIED	0	15	15
Criteria Not Met	0	13	13
Duration of Therapy Exceeded	0	2	2
Dextroamphetamine	8	6	14
APPROVED	8	0	8
DENIED	0	6	6
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	2	2
Diclofenac	28	137	165
APPROVED	28	0	28
DENIED	0	137	137
Criteria Not Met	0	135	135
Duration of Therapy Exceeded	0	2	2
Diclofenac (Migraine)	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Dietary Management Product Combination - Three Ingredient	1	0	1
APPROVED	1	0	1
Diethylpropion	0	2	2
25.115	0	2	2
DENIED			
DENIED Administrative Denial	0	2	2
	0	2 <b>16</b>	2 <b>24</b>

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

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

DENIED         0         1         1           Criteria Not Met         0         1         1           Conzole         10         23         33           APPROVED         10         0         10           DENIED         10         0         10           Criteria Not Met         0         22         22           Duration of Therapy Exceeded         0         1         1           Citizalizamab         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           Editarsone         1         0         1           CHIED D         5         5           COTHERIA NOT MET         0         5         5           DURIND D         5         5         5           CHIED D         0         2         2         2           APPROVED         4         0         4         0         4           CHIEGIA NOT MET         0         3         3         3           APPROVED         4         4         0         4         4         0           CHIEGIA NOT M	DENIED	0	48	48
Duration of Therapy Exceeded         0         1         1           DENIED         0         1         1           Central Not Met         0         1         1           Control Not Met         0         1         1           APPROVED         10         23         33           APPROVED         0         22         22           Central Not Met         0         23         22           Central Not Met         0         1         1           Central Not Met         0         1         0         1           Central Not Met         0         5         5           DENIED         0         5         5           Central Not Met         0         2         2           Denies         0         5         5           Central Not Met         0         3         3         3           Denies         0         4         4         4           Denies         0<	Administrative Denial	0	1	1
Duration of Therapy Exceeded         0         1         1           DENIED         0         1         1           Cheris Not Met         0         1         1           Control Not Met         0         1         1           APPROVED         0         0         10           CONNED         0         23         23           CONNED         0         23         22           Contract Nat Met         0         2         22         22           Contract Nat Met         0         2         2         22           Contract Nat Met         0         1         0         1		0	46	46
Days Internal Not Met         0         1         1           Content Not Met         0         1         1           Content Not Met         0         1         1           DENEID         0         0         10         0         10           DENEID         0         23         23         23           Cifficial Not Met         0         22         22         22           Dayston of Through Screeded         0         1	Duration of Therapy Exceeded	0	1	
Citeria Not Med         10         23         33           Econazole         10         23         33           APPROVID         10         0         10           DENIED         0         23         23           Criteria Not Med         0         23         23           Duration of Therapy Exceeded         0         1         1           Ecolizoma         1         0         1           Ecolizoma         1         0         1           Ecolizoma         1         0         1           Ecolizoma         1         0         1           APPROVID         1         0         1           Ecolizoma         0         5         5           DENIED         0         5         5           Criteria Not Met         0         2         2           Duration of Therapy Exceeded         4         0         4           Ecolizoma         0         2         2           Duration of Therapy Exceeded         0         2         2           Ecolizoma         0         4         4           DENIED         0         1         1	Durvalumab	0	1	1
Econacio         10         23         33           APPROVED         10         0         10           DENED         0         23         23           Criscia Not Met         0         12         22           Duration of Therapy Exceeded         0         1         1           Ectinamb         1         0         1           APPROVED         1         0         1           Edinamb         1         0         1           APPROVED         1         0         1           Edinamona         0         5         5           Christia Not Met         0         5         5           DENED         4         5         9           DENED         4         4         4           DENED         5         5         5           Criteria Not Met         0         2         2           Christia Not Met         0         3 <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
APPROVED DENIED Criteria Net Met  Criteria Net Met  DENIED Criteria Net Met  DENIED Criteria Net Met  DENIED Criteria Net Met  DAPPROVED DENIED DENIED DENIED DENIED DURSDON THERBY Exceeded THERBY EX	Criteria Not Met	0	1	1
DENIED         0         23         23           Citteria Not Met         0         22         22           Duration of Therapy Exceeded         0         1         1           Extuituab         1         0         1           Extuituab         0         1         0         1           Extuituab         0         5         5         5           DENIED         0         3         3         3           Ourration of Therapy Exceeded         0         4         4         5         9           Extuituab         0         3         <	Econazole	10	23	33
Citaria Not Met         0         22         22           Duration of Therapy Exceeded         0         1         1           Editariana         1         0         1           APPROVED         1         0         1           Editariana         1         0         1           DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         4         5         9           Editariana         0         4         5         9           APPROVED         4         5         5           Debited         0         3         3         3           Deviation of Therapy Exceeded         0         4         4         4           Editarian Not Met         0         4         4         4           Duration of Therapy Exceeded         5         7         12	APPROVED	10	0	10
Duration of Therapy Exceeded         0         1         1         0         1         1         0         1         1         0         1         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1         0         1	DENIED	0	23	23
Eculizamab         1         0         1           APPROVED         1         0         1           Cataravone         1         0         1           APPROVED         1         0         1           Cherian Nort Met         0         5         5           DENIED         0         3         3           Cherian Nort Met         0         2         2           Duration of Therapy Exceeded         0         2         2           Elagotix         4         5         9           APPROVED         4         0         4           DENIED         0         5         5           Criteria Nort Met         0         3         3           DENIED         0         4         4           DENIED         0         4         4           Criteria Nort Met         0         3         3           DENIED         0         4         4           Criteria Nort Met         0         1         1           DENIED         0         7         7           Criteria Nort Met         0         7         7           Criteria Nort Met <td>Criteria Not Met</td> <td>0</td> <td>22</td> <td>22</td>	Criteria Not Met	0	22	22
APROVED 6tharsone 1 0 1 0 1 6tharsone 1 0 0 1 6tharsonable 6tharsonabl	Duration of Therapy Exceeded	0	1	1
Ederavone         1         0         1           APPROVED         1         0         1           Effenaconazole         0         5         5           DENIED         0         3         3           Citria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2         2           Elagolix         4         5         9         4         5         9           APPROVED         4         0         4         0         4         0         4         0         4         0         4         0         4         0         4         0         4         0         4         0         4         0         4         4         0         4         4         0         4         4         0         4         4         0         4         4         0         4         4         0         0         2         2         2         2         1         0         1         1         0         1         0         1         1         0         1         0         1         1         0         1         1 <t< td=""><td>Eculizumab</td><td>1</td><td>0</td><td>1</td></t<>	Eculizumab	1	0	1
APPROVED	APPROVED	1	0	1
Effinacionazole         0         5         5           DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Elagolix         4         5         9           APPROVED         4         0         4           DENIED         0         5         5           Criteria Not Met         0         2         2           Debried         0         4         4           Ettriptan         0         4         4           DENIED         0         3         3           Criteria Not Met         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         3         3           Eltrombopas         5         7         12           APPROVED         5         7         12           APPROVED         5         7         7           Eltrombopas         5         7         12           APPROVED         1         0         1           Elt	Edaravone	1	0	1
DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Elagoix         4         5         9           APPROVED         4         0         4           DENIED         0         3         3           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         4         4           Eletripan         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         4         4           Eltrombopag         5         7         12           APPROVED         5         7         12           APPROVED         5         7         7           Eltria Not Met         0         7         7           DENIED         5         7         12           APPROVED         5         7         7           Eltria Not Met         1         0         1           APPROVED         3         3         0         3	APPROVED	1	0	1
Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Elagolix         4         5         9           APPROVED         4         0         4           DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Eletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Criteria Not Met         0         3         3           DENIED         5         7         12           APPROVED         5         7         12           Eletrombopa         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eletrombopa         1         0         1           Criteria Not Met         0         7         7	Efinaconazole	0	5	5
Duration of Therapy Exceeded         0         2         2           Elagolix         4         5         9           APPROVED         4         0         4           DENIED         0         3         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         4         4           Eletriptan         0         4         4         4           DENIED         0         4         4         4         4           Criteria Not Met         0         4         5         9	DENIED	0	5	5
Blagolix         4         5         9           APPROVED         4         0         4           DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Eletripta         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         3         0         3           Empilifozin         3         0         3           APPROVED         3         0         3           Empilifozin         90         43         133           APPROVED         90         3         0         9	Criteria Not Met	0	3	3
APPROVED         4         0         4           DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Eletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Quation of Therapy Exceeded         0         3         3           Eltrombopa         5         7         12           APPROVED         5         7         7           DENIED         0         7         7           Criteria Not Met         0         7         7           Criteria Not Met         0         7         7           APPROVED         1         0         1           APPROVED         3         0         3           APPROVED         3         0         3           APPROVED         3         0         3           APPROVED         90         43         133           APPROVED         90         43         43           Criteria	Duration of Therapy Exceeded	0	2	2
DENIED         0         5         5           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Eletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         3         0         3           Emicizumab         3         0         3           APPROVED         3         0         3           Empagiflózin         90         43         133           APPROVED         90         90         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Elagolix	4	5	9
Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         2         2           Elletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         0         7         7           APPROVED         1         0         1           APPROVED         3         0         3           Empagifioxin         90         43         43           APPROVED         90         90         90           DENIED         90         43         43           Criteria Not Met         0         25         25	APPROVED	4	0	4
Duration of Therapy Exceeded         0         4         4           Eletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         3         3         3           APPROVED         3         0         3           Empaglifiozin         90         43         133           APPROVED         90         0         90           DENIED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	DENIED	0	5	5
Eletriptan         0         4         4           DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltromboag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         3         0         3           APPROVED         3         0         3           Empaglifiozin         90         43         133           APPROVED         90         0         90           DENIED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Criteria Not Met	0	3	3
DENIED         0         4         4           Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           APPROVED         3         0         3           APPROVED         90         0         90           DENIED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Duration of Therapy Exceeded	0	2	2
Criteria Not Met         0         3         3           Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         0         90           DENIED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Eletriptan	0	4	4
Duration of Therapy Exceeded         0         1         1           Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	DENIED	0	4	4
Eltrombopag         5         7         12           APPROVED         5         0         5           DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Criteria Not Met	0	3	3
APPROVED 5 0 5 DENIED 0 7 7 Criteria Not Met 0 7 7  Eluxadoline 1 0 1 APPROVED 1 0 1 APPROVED 1 0 1 Emicizumab 3 0 1 Emicizumab 3 0 3 Empagliflozin 90 43 133 APPROVED 90 0 90 DENIED 90 0 43 43 Criteria Not Met 0 0 25 25	Duration of Therapy Exceeded	0	1	1
DENIED         0         7         7           Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Eltrombopag	5	7	12
Criteria Not Met         0         7         7           Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	APPROVED	5	0	5
Eluxadoline         1         0         1           APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	DENIED	0	7	7
APPROVED         1         0         1           Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Criteria Not Met	0	7	7
Emicizumab         3         0         3           APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Eluxadoline	1	0	1
APPROVED         3         0         3           Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	APPROVED	1	0	1
Empagliflozin         90         43         133           APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	Emicizumab	3	0	3
APPROVED         90         0         90           DENIED         0         43         43           Criteria Not Met         0         25         25	APPROVED	3	0	3
DENIED         0         43         43           Criteria Not Met         0         25         25	Empagliflozin	90	43	133
Criteria Not Met         0         25         25	APPROVED	90	0	90
	DENIED	0	43	43
Duration of Therapy Exceeded 0 18 18	Criteria Not Met	0	25	25
	Duration of Therapy Exceeded	0	18	18

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

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

APPROVED	3	0	3
Etanercept	91	56	147
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
Etelcalcetide	1	6	7
APPROVED	1	0	1
DENIED	0	6	6
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	2	2
Etodolac	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Etonogestrel	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Etoposide	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Etravirine	2	0	2
APPROVED	2	0	2
Everolimus	13	2	15
APPROVED	13	0	13
DENIED	0	2	2
Criteria Not Met	0	2	2
Evolocumab	34	79	113
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
Exenatide	3	10	13
APPROVED	3	0	3
DENIED	0	10	10
Criteria Not Met	0	10	10
Ezetimibe	38	26	64
APPROVED	38	0	38

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

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

APPROIVED	DENIED	0	3	3
PRPONUED	Criteria Not Met	0	3	3
Processes   Proc	Fluorouracil	8	0	8
APPROVED         7         0         7           DENED         3         13         13           Criteria Not Met         0         13         13           PRINDECON         45         43         88           APPROVED         45         0         45         48           DENED         45         0         42         42           Criteria Not Met         0         42         42         42           DENED         0         1         1         1           Citizeria Not Met         0         1         1         1           DENED         0         1         1         1           DENED         7         4         11         1           Approved         7         4         1         1           DENED         7         4         1         1           Citizeria Not Met         0         2         2         2	APPROVED	8	0	8
DENED         0         13         13           Cittoria Not Met         0         13         3           APPROVIDE         45         43         88           APPROVIDED         45         0         45           Cittoria Not Met         0         42         42           Duration of Therapy Exceeded         0         1         1           DINIED         0         1         1           Cittoria Not Met         0         1         1           DINIED         0         1         1           Cittoria Not Met         0         1         1           DINIED         0         1         1           Cittoria Not Met         0         1         1           DRINED         0         1         1           Non-Covered Benefit         0         1         1           Non-Covered Benefit         7         4         11           APPROVID         7         4         11           Cotago in Not Met         0         1         1           Chieria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1	Fluoxetine	7	13	20
Citaria Not Met         45         43         88           Functionom         45         43         88           APPROVID         45         0         45           DENIED         0         43         43           Citeria Not Met         0         42         42           Durision of Therapy Socreded         0         1         1           Citeria Not Met         0         1         1           Citeria Not Met         0         1         1           Citeria Not Met         0         1         1           DENIED         0         1         1           DENIED         0         1         1           Non-Covered Benefit         0         1         1           Non-Covered Benefit         0         1         1           FRENDED         0         1         1           APPROVED         7         4         11           PENIED         0         1         1           Citeria Not Met         0         1         1           Durision of Therapy Socreded         3         0         3         3           PENIED         3         1	APPROVED	7	0	7
Plate   Approve   Approv	DENIED	0	13	13
APPROVED         45         0         45           DINIOD         43         43           Cifteria Not Met         0         42         42           Duration of Therapy Exceeded         0         1         1           Fifter Acad/Folds Combination - Two Ingredient         0         1         1           DENIED         0         1         1         1           Cifteria Not Met         0         1         1         1           DENIED         0         1         1         1           Non Coved Benefit         0         1         1         1           Non Coved Benefit         7         4         11         1           APPROVED         7         4         11         4         4           APROVED         7         4         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1	Criteria Not Met	0	13	13
DENIED         0         43         43           Criteria Not Met         0         42         42           Duration of Therapy Exceeded         0         1         1           FOIL Acid/Folde Combination - Two ingredient         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           FOILITORIO         0         1         1         1           DENIED         0         1         1         1           Non-Covered Benefit         0         1         1         1           Non-Covered Benefit         7         4         1         1           Non-Covered Benefit         7         0         7         0         7           POWIED         7         0         7         0         7         0         7           DENIED         7         0         7         0         7         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1	Fluticasone	45	43	88
Criteria Not Met         0         42         42           Duration of Therapy Exceeded         0         1         1           DENIED         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           FOILUTO-JOINTON         0         1         1           DENIED         0         1         1         1           FORDER         0         1         1         1           FORDER         0         1         1         1           FORDER         7         0         7         0         7           FORDER         7         0         7         0         7           DENIED         7         0         7         0         7           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           PERMINDER         3         1         1         1           Criteria Not Met         0         1         1         1           Duration of Therapy Exceeded         0         2         2         <	APPROVED	45	0	45
Duration of Therapy Exceeded         0         1         1           Folik Add/Foltet Combination - Two Ingredient         0         1         1           DENIED         0         1         1           Citricia Not Met         0         1         1           DENIED         0         1         1           DENIED         0         1         1           Non-Covered Benefit         0         1         1           Fossprepitant         7         4         11           APPROVED         7         0         7           DENIED         7         0         7           Medical Administrative Denial         0         1         1           Citeria Not Met         0         1         1           APPROVED         3         1         1           APPROVED         3         1         1           DENIED         3         1         1         1           APPROVED         3         0         3         2         1           APPROVED         3         1         1         1         1           DENIED         3         1         1         1	DENIED	0	43	43
Folic Acid/Folate Combination - Two Ingredients         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Folitropin         0         1         1           DENIED         0         1         1           Non-Coved Benefit         0         1         1           Fosarperitat         7         4         11           APPROVED         7         4         11           CPENIED         0         4         4           Addinistrative Denial         0         1         1           Citieria Not Met         0         2         2         2           Duration of Theapy Exceeded         3         0         3         3           APPROVED         3         1         1         1           APPROVED         3         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         2         8         1         1           APPROVED         2         8         8         8           Criteria Not Met         0	Criteria Not Met	0	42	42
Folic Acid/Folate Combination - Two Ingredients         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Folitropin         0         1         1           DENIED         0         1         1           Non-Coved Benefit         0         1         1           Fosarperitat         7         4         11           APPROVED         7         4         11           CPENIED         0         4         4           Addinistrative Denial         0         1         1           Citieria Not Met         0         2         2         2           Duration of Theapy Exceeded         3         0         3         3           APPROVED         3         1         1         1           APPROVED         3         1         1         1           Criteria Not Met         0         1         1         1           APPROVED         2         8         1         1           APPROVED         2         8         8         8           Criteria Not Met         0	Duration of Therapy Exceeded	0	1	1
DENIED         0         1         1           Criterio Not Met         0         1         1           DENIED         0         1         1           Nom-Covered Benefit         0         1         1           Nom-Covered Benefit         0         1         1           APPROVED         7         4         11           APPROVED         0         4         4           DENIED         0         4         4           Administrative Denial         0         4         4           Administrative Denial         0         1         1           Criteria Not Met         0         2         2           Duration of Therapy Exceeded         0         1         1           APPROVED         3         0         3         0           Duration of Therapy Exceeded         0         1         1         1           Griberia Not Met         0         1         1         1           Duration of Therapy Exceeded         0         2         2           Debilid         1         1         1           Debilid         1         2         2           Crite	Folic Acid/Folate Combination - Two Ingredient	0	1	1
Folitropin         0         1         1           DENIED         0         1         1           Non-Coverd Benfit         0         1         1           FOSApprepitant         7         4         11           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           APPROVED         3         0         3           DENIED         3         0         3           Criteria Not Met         0         1         1           DENIED         3         0         3           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         2         0         2           Criteria Not Met         0         1         1           Gabapentin         2         0         2           Criteria Not Met         0         8         8           Gabapentin (Once-baily)         1         2         3 </td <td></td> <td>0</td> <td>1</td> <td>1</td>		0	1	1
DENIED         0         1         1           Non-Covered Benefit         0         1         1           Fostparpetitum         7         4         11           APPROVED         7         4         4           DENIED         0         4         4           Administrative Denial         0         4         4           Criteria Not Met         0         2         2         2           Duration of Therapy Exceeded         0         1         1         1           Fremanezumab         3         0         3         0         3         1         1         1           APPROVED         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         0         3         1         1         1         1         1         1         1         1         1         1	Criteria Not Met	0	1	1
Non-Covered Benefit         0         1         1           Fosaprejint         7         4         11           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           APPROVED         3         0         3         0           APPROVED         3         0         3         0         3           DENIED         0         11         11         11           Criteria Not Met         0         12         12         12           DENIED         0         1         1         1           APPROVED         2         8         10           APPROVED         0         1         1         1           APPROVED         0         8         8         8           Criteria Not Met         0         8         8         8           APPROVED         1         0         1         1         1         1         1	Follitropin	0	1	1
Fosaprepitant         7         4         11           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           Fremaceumab         3         12         15           APPROVED         3         0         3         12         12           Criteria Not Met         0         1         11         11         11         11         11         11         11         11         11         11         11         12 <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
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           FREMAZEWAB         3         12         15           APPROVED         3         0         3         2         15           BENIED         3         0         3         2         12         12           Criteria Not Met         0         11         12         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4         4	Non-Covered Benefit	0	1	1
DENIED         0         4         4           Administrative Denial         0         1         1           Criteria Not Met         0         2         2           Duration of Therapy Exceeded         0         1         1           Fremanezumab         3         12         15           APPROVED         3         0         3           DENIED         0         12         12           Criteria Not Met         0         11         11           Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           Criteria Not Met         0         2         2           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2 <td>Fosaprepitant</td> <td>7</td> <td>4</td> <td>11</td>	Fosaprepitant	7	4	11
Administrative Denial       0       1       1         Criteria Not Met       0       2       2         Duration of Therapy Exceeded       0       1       1         Fremanezumab       3       12       15         APPROVED       3       0       3         DENIED       0       12       12         Criteria Not Met       0       11       11         Duration of Therapy Exceeded       0       1       1       1         APPROVED       2       0       2       0       2         APPROVED       2       0       2       0       2         DENIED       0       8       8       8         Criteria Not Met       0       8       8       8         Criteria Not Met       0       8       8       8         Cabapentin (Once-Daily)       1       2       3       0       1       1       1       2       3       0       2       2       2       3       0       2       2       2       3       0       1       1       0       1       1       1       0       1       1       0       1	APPROVED	7	0	7
Criteria Not Met         0         2         2           Duration of Therapy Exceeded         0         1         1           Fremanezumab         3         12         15           APPROVED         3         0         3           DENIED         0         12         12           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         1         1         1           APPROVED         2         8         10           APPROVED         2         0         2         2           Criteria Not Met         0         8         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1         2         3           GENIED         0         2         2         2         2           Criteria Not Met         0         2	DENIED	0	4	4
Duration of Therapy Exceeded         0         1         1           Fremanezumab         3         12         15           APPROVED         3         0         3           DENIED         0         12         12           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         1         1         1           APPROVED         2         8         10           APPROVED         2         0         2         0         2           DENIED         0         8         8         8           Criteria Not Met         0         8         8         8           APPROVED         1         2         3         8         8           APPROVED         1         0         1         1         0         1         1         0         1         1         0         1         1         0         1         1         0         1         1         0         1         1         0         1         0         1         0         1         0         1         0         1         0         0         2         2	Administrative Denial	0	1	1
Fremanezumab         3         12         15           APPROVED         3         0         3           DENIED         0         12         12           Criteria Not Met         0         11         11           Dustrion of Therapy Exceeded         0         1         1           Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         1         0         1           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         17         0         17           GLICANICAL SALES AND SALES	Criteria Not Met	0	2	2
APPROVED         3         0         3           DENIED         0         12         12           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         1         1           ApproveD         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           APPROVED         1         0         1           DENIED         1         0         1           DENIED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           APPROVED         17         35         52           APPROVED         17         0         17           DENIED         17         0         17           DENIED         17         0         17           DENIED         17         0         17           DENIED         17	Duration of Therapy Exceeded	0	1	1
DENIED         0         12         12           Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         1         1           Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           APPROVED         1         0         1           DENIED         1         0         1         0           DENIED         1         0         1         0         1           APPROVED         0         2         2         2           Criteria Not Met         0         2         2         2           Galcanezumab         17         0         17         0         17           DENIED         17         0         17         0         17           DENIED         17         0         17         0         17	Fremanezumab	3	12	15
Criteria Not Met         0         11         11           Duration of Therapy Exceeded         0         1         1           Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED	APPROVED	3	0	3
Duration of Therapy Exceeded         0         1         1           Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         17         0         17           DENIED         17         0         17	DENIED	0	12	12
Gabapentin         2         8         10           APPROVED         2         0         2           DENIED         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	Criteria Not Met	0	11	11
APPROVED       2       0       2         DENIED       0       8       8         Criteria Not Met       0       8       8         Gabapentin (Once-Daily)       1       2       3         APPROVED       1       0       1         DENIED       0       2       2         Criteria Not Met       0       2       2         Galcanezumab       17       35       52         APPROVED       17       0       17         DENIED       0       35       35	Duration of Therapy Exceeded	0	1	1
DENIED         0         8         8           Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	Gabapentin	2	8	10
Criteria Not Met         0         8         8           Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	APPROVED	2	0	2
Gabapentin (Once-Daily)         1         2         3           APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	DENIED	0	8	8
APPROVED         1         0         1           DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	Criteria Not Met	0	8	8
DENIED         0         2         2           Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	Gabapentin (Once-Daily)	1	2	3
Criteria Not Met         0         2         2           Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	APPROVED	1	0	1
Galcanezumab         17         35         52           APPROVED         17         0         17           DENIED         0         35         35	DENIED	0	2	2
APPROVED         17         0         17           DENIED         0         35         35	Criteria Not Met	0	2	2
DENIED 0 35 35	Galcanezumab	17	35	52
	APPROVED	17	0	17
Criteria Not Met         0         30         30	DENIED	0	35	35
	Criteria Not Met	0	30	30

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

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

Hydrocortisone	1	21	22
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
Hydromorphone	17	2	19
APPROVED	17	0	17
DENIED	0	2	2
Criteria Not Met	0	2	2
Hydroxyprogesterone	9	20	29
APPROVED	9	0	9
DENIED	0	20	20
Criteria Not Met	0	19	19
Duration of Therapy Exceeded	0	1	1
Hydroxyzine	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Hylan	2	45	47
APPROVED	2	0	2
DENIED	0	45	45
Criteria Not Met	0	45	45
Ibandronate	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ibrexafungerp	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Ibrutinib	13	1	14
APPROVED	13	0	13
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Ibuprofen	3	13	16
APPROVED	3	0	3
DENIED	0	13	13
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	1	1
lcatibant	2	1	3

APPROVED	2	0	2
DENIED	0	1	1
Insufficient Info	0	1	1
Icosapent	26	148	174
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
Imatinib	20	4	24
APPROVED	20	0	20
DENIED	0	4	4
Duration of Therapy Exceeded	0	4	4
Imiquimod	28	23	51
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
Immune Globulin	22	45	67
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
Inclisiran	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Indomethacin	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Infliximab	73	103	176
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

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

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

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

DENIED		0	2	2
Criteria Not Met		0	2	2
J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J0897	INJECTION DENOSUMAB 1 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1454	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	1	0	1
APPROVED		1	0	1
J1745	INJECTION INFLIXIMAB EXCLUDES BIOSIMILAR 10 MG	0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
J1930	INJECTION LANREOTIDE 1 MG	9	2	11
APPROVED		9	0	9
DENIED		0	2	2
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	1	1
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG	1	2	3
APPROVED		1	0	1
DENIED		0	2	2
Administrative Denial		0	1	1
Duration of Therapy Exceeded		0	1	1
J2406	INJECTION ORITAVANCIN KIMYRSA 10 MG	0	2	2
DENIED	INDECTION ONLY VARIOUS RIMINION TO INC	0	2	2
Criteria Not Met		0	2	2
J2787	RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML	3	0	3
APPROVED	KISSI EAVING THOST TATE OF THIALIMIC SOL TO SIME	3	0	3
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	1	5	6
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
J3490	UNCLASSIFIED DRUGS	2	12	14
APPROVED	5.00±1.001.125 5.00 50	2	0	2
DENIED		0	12	12
Criteria Not Met		0	4	4
Insufficient Info		0	8	8
J3590	UNCLASSIFIED BIOLOGICS	0	2	2
DENIED	STREETS STILL BIOLOGICS	0	2	2
Insufficient Info		0	2	2
maunicient inio		U		

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

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

DENIED		0	2	2
Duration of Therapy Exceeded		0	2	2
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG	1	0	1
APPROVED		1	0	1
j9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	0	1	1
DENIED	INSECTION INTERCEMENTAL ID STRILLION ONLY	0	1	1
Duration of Therapy Exceeded		0	1	1
J9227	INJECTION ISATUXIMAB-IRFC 10 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
J9228	INJECTION IPILIMUMAB 1 MG	2	6	8
APPROVED	INDECTION II ILIMONIAD I MO	2	0	2
DENIED		0	6	6
Criteria Not Met		0	3	3
		0	2	2
Duration of Therapy Exceeded Insufficient Info		0	1	1
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	18	10	28
APPROVED	INJECTION PACLITANEL PROTEINBOUND PARTICLES I WIG	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
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	1	1	2
APPROVED	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	1	0	1
DENIED		0	1	1
			1	1
Criteria Not Met	INTECTION PEMPONITHMAN 4 MC	0	·	
J9271	INJECTION PEMBROLIZUMAB 1 MG	73	46	119
APPROVED		73	0	73
DENIED Administrative Deniel		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
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG	0	1	1
DENIED		0	1	1
Duration of Therapy Exceeded	AND ANGUA BUT ASA MATERIA SA MATE	0	1	1
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG	0	2	2
DENIED		0	2	2
Criteria Not Met		0	2	2
J9299	INJECTION NIVOLUMAB 1 MG	24	17	41
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
J9301 INJECTION OBINUTUZ	ZUMAB 10 MG 4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Duration of Therapy Exceeded	0	3	3
J9303 INJECTION PANITUM	UMAB 10 MG 9	4	13
APPROVED	9	0	9
DENIED	0	4	4
Duration of Therapy Exceeded	0	4	4
J9305 INJECTION PEMETREX	KED NOS10 MG 15	4	19
APPROVED	15	0	15
DENIED	0	4	4
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	3	3
J9306 INJECTION PERTUZUI	MAB 1 MG 18	10	28
APPROVED	18	0	18
DENIED	0	10	10
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	8	8
J9308 INJECTION RAMUCIRI	UMAB 5 MG 4	4	8
APPROVED	4	0	4
DENIED	0	4	4
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	3	3
J9309 INJECTION POLATUZE	UMAB VEDOTIN-PIIQ 1 MG 1	0	1
APPROVED	1	0	1
J9316 INJ PERTUZUMAB TR	ASTUZUMAB and HYAL-ZZXF PER 10 MG 11	4	15
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
J9317 INJECTION SACITUZU	IMAB GOVITECAN-HZIY 2.5 MG 4	4	8
APPROVED	4	0	4
DENIED	0	4	4
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	2	2
J9319 INJECTION ROMIDEPS	SIN LYOPHILIZED 0.1 MG 1	0	1
APPROVED	1	0	1

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

APPROVED   1	APPROVED	2	0	2
APPROVED	Lacosamide			
DNNED         0         2         3 <td></td> <td></td> <td></td> <td></td>				
Centre hot Meth         0         2         2           Actusies         0         3         3           Chilles Not Met         0         3         3           Chilles Not Met         0         3         3           APPROVED         3         5         8           Christal Not Met         0         5         5         6           Christal Not Met         0         2         5         5           APPROVED         4         2         6         6           APPROVED         4         2         6         7           APPROVED         0         1         1         1         1           Currien Not Met         0         1			2	
DENED	Criteria Not Met			
ENNED         0         3         3           Criteria Not Met         0         3         3           APPROVID         3         5         8           APPROVID         0         5         5           Criteria Not Met         0         5         5           Arrent Met         4         2         6           APPROVED         4         2         6           DENIED         4         0         4           APPROVED         4         0         4           DENIED         0         1         1           Criteria Not Met         0         1         1           Duriston of Therapy Exceeded         9         8         17           APPROVED         9         8         8           DINIED         9         8         8           Criteria Not Met         0         7         7           APPROVED         1         1         1         1           APPROVED         2         2         1         3           APPROVED         3         1         1         1           Criteria Not Met         9         9         9	Lactulose			
Griteria Not Med         3         3         3         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         9         3         5         8         8         9         5         6         6         6         6         6         6         6         6         6         6         6         6         6         6         7         7         7         7         7         7         7         7         7         7         7         7         7         7         7         7	DENIED	0	3	
APPROVED         3         5         8           CHIEFS NOT MET         30         5         5           CHIEFS NOT MET         0         5         5           CHIEFS NOT MET         0         5         5           APPROVED         4         2         6           APPROVED         4         0         4           DENED         0         1         1           CHIEFS NOT MET         0         1         1           DURISON OF THERAPY Exceeded         0         1         1           APPROVED         9         0         9         9           DENED         9         0         9         9           CHIEFS NOT MET         0         1         1         1           APPROVED         9         0         1         1         1           CHIEFS NOT MET         1         0         1	Criteria Not Met	0	3	
APPROVED         3         0         3           DENIED         0         5         5           Criteria Not Met         0         5         5           APPROVED         4         2         6           APPROVED         4         2         6           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Duration of Therapy Exceeded         9         8         17           APPROVED         9         8         17           DENIED         9         0         9         9           DENIED         9         0         9         9           DENIED         9         0         7         7         7           DENIED         0         7         7         7         7         7         7         7         7         1 <td>Lamotrigine</td> <td>3</td> <td>5</td> <td></td>	Lamotrigine	3	5	
Criteria Not Met         0         5         5           Ameroticie         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           APPROVED         9         0         9           DENIED         9         0         9           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           APPROVED         2         1         3           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         0         3           ENIED         3         0         3           Criteria Not Met         0         2         2 <tr< td=""><td></td><td>3</td><td>0</td><td></td></tr<>		3	0	
Criteria Not Met         0         5         5           Ameroticie         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           APPROVED         9         0         9           DENIED         9         0         9           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           APPROVED         2         1         3           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         0         3           ENIED         3         0         3           Criteria Not Met         0         2         2 <tr< td=""><td>DENIED</td><td>0</td><td>5</td><td>5</td></tr<>	DENIED	0	5	5
APPROVED         4         0         4           DNIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           APPROVED         9         8         17           APPROVED         9         0         9         8           Criteria Not Met         0         1         9         8           Criteria Not Met         0         7         7         7           Duration of Therapy Exceeded         0         0         7         7           Duration of Therapy Exceeded         0         0         1         1           APPROVED         0         1         0         1           APPROVED         1         0         1         1           APPROVED         0         1         0         1           APPROVED         0         1         1         1           APPROVED         0         1         1         1           APPROVED         0         1         1         1           APPROVED         0         9         9         9				
APPROVED         4         0         4           DNIED         0         2         2           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           APPROVED         9         8         17           APPROVED         9         0         9         8           Ciferia Not Met         0         1         9         8         8           Ciferia Not Met         0         7         7         7           Duration of Therapy Exceeded         0         1         0         1         1           Outside Noted         0         1         0         1	Lanreotide	4	2	6
Citeria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           Aspert Not Del         9         8         17           APPROVED         9         0         9           DENIED         0         8         8           Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         1         1           Outration of Therapy Exceeded         0         1         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         2         1         3           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         9         12           APPROVED         3         0         3           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         1         1 </td <td>APPROVED</td> <td>4</td> <td>0</td> <td></td>	APPROVED	4	0	
Citaria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           AsproVED         9         8         17           APPROVED         9         0         9           DENIED         0         8         8           Citrieria Not Met         0         7         7           Duration of Therapy Exceeded         0         1         1         1           APPROVED         1         0         1         1           APPROVED         1         0         1         1           APPROVED         2         1         3         3           APPROVED         2         1         3         3           DENIED         0         1         2         1         1         1         2         2         2         2         2         2 <td>DENIED</td> <td>0</td> <td>2</td> <td>2</td>	DENIED	0	2	2
Duration of Therapy Exceeded         0         1         1           ansoprazole         9         8         17           APPROVED         9         8         17           DENIED         0         8         8           Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         1         0         1           APPROVED         0         1         0         1           APPROVED         1         0         1         3           APPROVED         2         1         3         1           DENIED         0         1         1         3           Criteria Not Met         0         1         1         1           APPROVED         3         7         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         2         2         2           DENIED         0         2         2         2           Criteria Not Met         0         2         2         2           Criteria Not Met         0         2         2         2	Criteria Not Met	0		
APPROVED         9         8         17           APPROVED         9         0         9           DENIED         0         8         8           Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         1         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         2         1         3           APPROVED         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         0         3           DENIED         3         0         3         9           Criteria Not Met         0         9         9           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1		0	1	1
APPROVED         9         0         9           DENIED         0         8         8           Criteria Not Met         0         7         7         7           Duration of Therapy Exceeded         0         1         1         1           asortectifib         1         0         1         1           APPROVED         1         0         1         3           APPROVED         2         1         3         2           DENIED         0         1	Lansoprazole	9	8	17
Criteria Not Met         0         7         7           Duration of Therapy Exceeded         0         1         1           Carper Child         1         0         1           APPROVED         1         0         1           ASMIRITARIO         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         9         12           APPROVED         3         9         12           APPROVED         3         9         12           APPROVED         3         9         12           Criteria Not Met         0         9         9           effluornide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           effluornide         0         2         2           Criteria Not Met         0         2         2           APPROVED         1         1         1         2		9	0	
Duration of Therapy Exceeded         0         1         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           citeria Not Met         0         1         1           APPROVED         3         9         12           APPROVED         3         9         12           Criteria Not Met         0         9         9           Criteria Not Met         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           centrorexant         1         1         2           APPROVED         1         1         1           DENIED         0         2         2           centrorexant         1         1         2           centrorexant         1         1         1           Criteria Not Met         0         1         1         1 <th< td=""><td>DENIED</td><td>0</td><td>8</td><td>8</td></th<>	DENIED	0	8	8
APPROVED 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Criteria Not Met	0	7	7
APPROVED  asmiditan  APROVED  APROVED  DENIED  Criteria Not Met  atanoprostene  APPROVED  APPROVED  APPROVED  APPROVED  Criteria Not Met  Criteria Not Met  APPROVED  Criteria Not Met  APPROVED  Criteria Not Met  APPROVED  Criteria Not Met  Criteria Not Met  APPROVED  DENIED  Criteria Not Met  Criteria Not Met  APPROVED  DENIED  Criteria Not Met  Criteria Not Met  APPROVED  Criteria Not Met  APPROVED  APROVED  APROVED  APROVED  APROVED  Criteria Not Met  APPROVED  APROVED  APR	Duration of Therapy Exceeded	0	1	1
Asmiditan         2         1         3           APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         3         9         12           APPROVED         3         0         3           DENIED         0         9         9           Criteria Not Met         0         9         9           Celluomide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           APPROVED         1         1         2           APPROVED         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Centeria Not Met         0         1         1         1           Centeria Not Met         0         1         1         1           Centeria No	Larotrectinib	1	0	1
APPROVED         2         0         2           DENIED         0         1         1           Criteria Not Met         0         1         1           .atanoprostene         3         9         12           APPROVED         3         0         3           DENIED         0         9         9           Criteria Not Met         0         9         9           ceflunomide         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           APPROVED         1         1         2           APPROVED         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Central Criteria Not Met         0         1         1         1           Central Criteria Not Met         0         1         1         1           Central Criteria Not Met         0         0         1	APPROVED	1	0	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Latanoprostene         3         9         12           APPROVED         3         0         3           DENIED         0         9         9           Ceftural Not Met         0         9         9           EMIED         0         2         2           DENIED         0         2         2           Ceftural Not Met         0         2         2           Criteria Not Met         0         2         2           APPROVED         1         1         2           APPROVED         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Central Not Met         0         1         1         1 <th< td=""><td>Lasmiditan</td><td>2</td><td>1</td><td>3</td></th<>	Lasmiditan	2	1	3
Criteria Not Met         0         1         1           Latanoprostene         3         9         12           APPROVED         3         0         3           DENIED         0         9         9           Criteria Not Met         0         9         9           Leftunomide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           APPROVED         1         1         2           APPROVED         1         0         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           Central Not Met         0         1 <td>APPROVED</td> <td>2</td> <td>0</td> <td>2</td>	APPROVED	2	0	2
Astanoprostene       3       9       12         APPROVED       3       0       3         DENIED       0       9       9         Criteria Not Met       0       9       9         DENIED       0       2       2         Criteria Not Met       0       2       2         cemborexant       1       1       2         APPROVED       1       1       1         DENIED       0       1       1       1         Criteria Not Met       0       1       1       1         Criteria Not Met       0       1       1       1         central Not Met       0       1       1       1         centralidomide       42       2       44         APPROVED       42       0       42	DENIED	0	1	1
APPROVED APPROVED APPROVED BENIED Criteria Not Met BENIED BENIED BENIED Criteria Not Met BENIED BENI	Criteria Not Met	0	1	1
DENIED         0         9         9           Criteria Not Met         0         9         9           seffunomide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           semborexant         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Criteria Not Met         0         1         1         1           sensitionide         42         2         44           APPROVED         42         0         42	Latanoprostene	3	9	12
Criteria Not Met         0         9         9           seflunomide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           semborexant         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           senalidomide         42         2         44           APPROVED         42         0         42	APPROVED	3	0	3
Leftunomide         0         2         2           DENIED         0         2         2           Criteria Not Met         0         2         2           Lemborexant         1         1         2           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         1         1         1           Lenalidomide         42         2         44           APPROVED         42         0         42	DENIED	0	9	9
DENIED         0         2         2           Criteria Not Met         0         2         2           cemborexant         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           cenalidomide         42         2         44           APPROVED         42         0         42	Criteria Not Met	0	9	9
Criteria Not Met         0         2         2           Lemborexant         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Lenalidomide         42         2         44           APPROVED         42         0         42	Leflunomide	0	2	2
Lemborexant         1         1         2           APPROVED         1         0         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Lenalidomide         42         2         44           APPROVED         42         0         42	DENIED	0	2	2
APPROVED       1       0       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Lenalidomide       42       2       44         APPROVED       42       0       42	Criteria Not Met	0	2	2
DENIED         0         1         1           Criteria Not Met         0         1         1           Lenalidomide         42         2         44           APPROVED         42         0         42	Lemborexant	1	1	2
Criteria Not Met         0         1         1           Lenalidomide         42         2         44           APPROVED         42         0         42	APPROVED	1	0	1
enalidomide         42         2         44           APPROVED         42         0         42	DENIED	0	1	1
APPROVED         42         0         42	Criteria Not Met	0	1	1
	Lenalidomide	42	2	44
DENIED 0 2 2	APPROVED	42	0	42
	DENIED	0	2	2

Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Lenvatinib	26	8	34
APPROVED	26	0	26
DENIED	0	8	8
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	3	3
Letermovir	0	2	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Leucovorin	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Leuprolide	25	14	39
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
Levalbuterol	12	8	20
APPROVED	12	0	12
DENIED	0	8	8
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	2	2
Levetiracetam	1	0	1
APPROVED	1	0	1
Levocetirizine	5	4	9
APPROVED	5	0	5
DENIED	0	4	4
Criteria Not Met	0	4	4
Levodopa Combination - Two Ingredient	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Levofloxacin	1	0	1
APPROVED	1	0	1
Levoleucovorin	6	3	9
APPROVED	6	0	6
DENIED	0	3	3

Criteria Not Met	0	3	3
Levomilnacipran	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Levonorgestrel (IUD)	1	0	1
APPROVED	1	0	1
Levothyroxine	6	10	16
APPROVED	6	0	6
DENIED	0	10	10
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	4	4
Lidocaine	46	159	205
APPROVED	46	0	46
DENIED	0	159	159
Criteria Not Met	0	154	154
Duration of Therapy Exceeded	0	5	5
Lifitegrast	17	30	47
APPROVED	17	0	17
DENIED	0	30	30
Criteria Not Met	0	29	29
Duration of Therapy Exceeded	0	1	1
Linaclotide	133	243	376
APPROVED	133	0	133
DENIED	0	243	243
Criteria Not Met	0	224	224
Duration of Therapy Exceeded	0	19	19
Linagliptin	28	5	33
APPROVED	28	0	28
DENIED	0	5	5
Duration of Therapy Exceeded	0	5	5
Linezolid	15	12	27
APPROVED	15	0	15
DENIED	0	12	12
Criteria Not Met	0	12	12
Liraglutide	23	50	73
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

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

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

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

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

APPROVIDED   1   0   1   1   1   1   1   1   1   1	Mirtazapine	2	16	18
Control Not Met         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           Modafamil         27         21         48           APPROVED         27         0         27           DENED         0         21         21           Corteria Not Met         0         20         22           Corteria Not Met         0         21         1           Duration off Threapy Exceeded         0         1         1           SAPPROVED         4         1         15           APPROVED         4         1         11           APPROVED         4         9         33           APPROVED         4         9         33           APPROVED         4         9         9           Corteria Not Met         0         8         8           Duration of Threapy Exceeded         0         1         1         1           Corteria Not Met         0         4         4	APPROVED	2	0	2
Milloanycish         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         1         0         1           APPROVED         27         21         48           APPROVED         27         0         27           CHEWAD         0         21         21           CHEWAD         0         20         20           CHEWAD         0         20         20           CHEWAD         0         1         1           CHEWAD         4         0         4           CHEWAD         4         9         33           APPROVED         4         4         9         33           APPROVED         4         4         9         9           CHEWAD         4         4	DENIED	0	16	16
APPROVED         1         0         1           Missed Altergenic Extracts - Two Ingredient         1         0         1           APPROVED         1         0         1           APPROVED         27         21         48           APPROVED         27         0         27           DENED         0         21         21           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         1         1           PAPROVED         4         0         4           EXPRISED         0         11         11           EXPRISED         0         11         11           EXPRISED         0         11         11           Criteria Not Met         0         1         1         1           EXPRISED         0         4         4         2         53           Criteria Not Met         0         4<	Criteria Not Met	0	16	16
Miled Allergenic Extracts - Two Ingredient         1         0         1           APPROVED         1         0         1           APPROVED         27         0         22           APPROVED         0         27         0         22           Control Not Met         0         0         21         21           Control Not Met         0         0         1         1           Mometasone         4         10         4         1           APPROVED         4         0         4         0         4           Control Not Met         0         11         11         11           Control Not Met         0         11         11         11           Momphine         44         0         44         0         44           ENRED         44         0         44         0         44           DENIED         44         0         44         0         44           ENRED         44         0         44         4         4           DENIED         4         4         4         4         4         4         4         4         4         4         <	Mitomycin	1	0	1
Modefined   1	APPROVED	1	0	1
Modefini         27         21         48           APPROVED         27         0         27           DENIED         0         21         221           Cettera Not Met         0         20         20           Duration of Therapy Secreted         0         1         1           Mometasone         4         11         15           APPROVED         4         0         4           Cettera Not Met         0         11         11           Mometasone         44         9         53           APPROVED         44         0         44           Momphise         44         0         44           Cetteria Not Met         0         9         9           DURISO         0         1         1           Cetteria Not Met         0         9         9           Duration of Threepy Seceded         0         1         4           Movilece Relatant Combision - Three Ingredient         0         4         4           Cetteria Not Met         0         4         4           APPROVID         1         0         1         1           Cetteria Not Met <td< td=""><td>Mixed Allergenic Extracts - Two Ingredient</td><td>1</td><td>0</td><td>1</td></td<>	Mixed Allergenic Extracts - Two Ingredient	1	0	1
APPROVED         27         0         27           DENED         0         21         21           Criteria Not Met         0         20         20           Duration of Therapy Exceeded         0         1         1           APPROVED         4         1         11           APPROVED         0         11         11           ENIED         0         11         11           Criteria Not Met         0         4         9           APPROVED         44         9         53           APPROVED         44         9         44           Criteria Not Met         0         4         0         44           APPROVED         44         9         33           Criteria Not Met         0         8         8         8           DENED         0         4         4         4         4           Macket Relaxant Combination - Three ingredient         0         4	APPROVED	1	0	1
DENIED         0         21         21         21         21         21         21         21         21         21         21         20         20         20         20         20         20         20         20         20         20         20         20         20         21         1 <td< td=""><td>Modafinil</td><td>27</td><td>21</td><td>48</td></td<>	Modafinil	27	21	48
Criteria Net Met         0         20         20           Duration of Therapy Exceeded         0         1         1           Momentasone         4         11         15           APPROVED         4         10         4           DENIED         0         11         11           Citeria Not Met         0         11         11           Morphine         4         9         53           APPROVED         44         0         44           DENIED         0         9         9           Citeria Not Met         0         9         9           Duration of Therapy Exceeded         0         1         1           Device Officeria Not Met         0         4         4           Citeria Not Met         0         4         4           DENIED         1         7         8           Citeria Not Met         0         7         7           Approved         0         7         7           Citeria Not Met         0         7         7           Citeria Not Met         0         7         7           Approved         0         7         7	APPROVED	27	0	27
Duration of Therapy Exceeded         0         1         1           Mometasione         4         11         15           APPROVED         4         0         4           DENIED         0         11         11           Criteria Not Met         0         11         11           Morphine         44         9         53           APPROVED         44         9         9           DENIED         0         4         4           DENIED         0         1         1           Muscke Relaxat Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Cheria Not Met         0         4         4           Market Relaxat Combination - Three Ingredient         0         4         4           Cheria Not Met         0         4         4         4           Nation         1         7         8         2           APPROVED         1         7         7         7           National Cheria Not Met         0         7         7         7           Cherieria Not Met         0         7         7	DENIED	0	21	21
Mometasone         4         11         15           APPROVED         4         0         4           DENIED         0         11         11           Criteria Not Met         0         11         11           MOPPROVED         44         9         53           APPROVED         0         9         9           Citreria Not Met         0         8         8           Duration of Therapy Exceeded         0         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4           DENIED         0         4         4           MEDIC         0         4         4           Criteria Not Met         0         4         4           Natifier         1         7         8           APPROVED         0         7         7           Criteria Not Met         0         7         7           National         4         7         11           APPROVED         0         7         7           Criteria Not Met         0         7         7           National         8         9         8	Criteria Not Met	0	20	20
APPROVED         4         0         4           DENIED         0         11         11           Criteria Not Met         0         11         11           Morphine         44         9         53           APPROVED         44         0         44           DENIED         0         1         1         1           Citleria Not Met         0         1         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4         4           MERIT         0         4 <td>Duration of Therapy Exceeded</td> <td>0</td> <td>1</td> <td>1</td>	Duration of Therapy Exceeded	0	1	1
DENIED         0         11         11           Criteria Not Met         0         11         11           Morphine         44         9         53           APPROVED         44         0         44           DENIED         0         9         9           Criteria Not Met         0         1         1           Duration of Therapy Exceeded         0         1         1           DENIED         0         4         4           Criteria Not Met         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           APPROVED         1         0         4         4           APPROVED         1         0         1         1           Criteria Not Met         0         7         7         7           APPROVED         0         7         7         7           Criteria Not Met         0         7         7         7           APPROVED         8         0         8         19         27           APPROVED         8         0         8         19<	Mometasone	4	11	15
Criteria Not Meth         0         11         11           Morphine         44         9         53           APPROVED         44         0         44           DENIED         0         9         9           Criteria Not Met         0         8         8           Duration of Therapy Exceeded         0         1         1           Wasce Relaxat Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           APPROVED         0         4         4           APPROVED         1         0         1         0           SAID         7         7         7           APPROVED         0         7         7         7           APPROVED         8         9         2         7           APPROVED         8         0         8         9	APPROVED	4	0	4
Morphine         44         9         53           APPROVED         44         0         44           DENIED         0         9         9           Criteria Not Met         0         8         8           DENIED         0         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4           Muscle Relaxant Combination - Three Ingredient         0         4         4           Chieria Not Met         0         4         4           Muscle Relaxant Combination - Three Ingredient         0         4         4           Criteria Not Met         0         4         4           APPROVED         1         0         1           APPROVED         0         7         7           APPROVED         4         7         11           APPROVED         0         7         7           APPROVED         8         19         27           APPROVED         8         19         27           APPROVED         8         19         27           APPROVED         8         19         27           APPROVED         8	DENIED	0	11	11
APPROVED         44         0         44           DENIED         0         9         9           Criteria Not Met         0         8         8           Duration of Therapy Exceeded         0         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           APPROVED         1         7         8           APPROVED         0         7         7           DENIED         0         7         7           Criteria Not Met         0         7         7           National         0         19         19           OENIED         0         19         19           Criteria Not Met         0         1         1           <	Criteria Not Met	0	11	11
DENIED	Morphine	44	9	53
Criteria Not Met         0         8         8           Duration of Therapy Exceeded         0         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           Naffifine         1         7         8           APPROVED         1         0         1         1           DENIED         0         7         7         7           Criteria Not Met         0         7         7         7           APPROVED         4         7         11         1         4         7         11           APPROVED         4         7 </td <td>APPROVED</td> <td>44</td> <td>0</td> <td>44</td>	APPROVED	44	0	44
Duration of Therapy Exceeded         0         1         1           Muscle Relaxant Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           NAFIGURE         1         7         8           APPROVED         1         0         1         7         7           DENIED         0         7	DENIED	0	9	9
Muscle Relaxant Combination - Three Ingredient         0         4         4           DENIED         0         4         4           Criteria Not Met         0         4         4           NASTETIER         1         7         8           APPROVED         1         0         1         0         1           DENIED         0         7	Criteria Not Met	0	8	8
DENIED         0         4         4           Criteria Not Met         0         4         4           Naffifine         1         7         8           APPROVED         1         0         1           DENIED         0         7         7           Criteria Not Met         0         7         7           Naldemedine         4         7         11           APPROVED         4         0         4           DENIED         0         7         7           Citteria Not Met         0         7         7           Nalosegol         7         7         7           APPROVED         8         19         27           APPROVED         8         0         8           DENIED         0         19         19           Criteria Not Met         0         19         19           Nalosegol         1         1         1           Criteria Not Met         0         19         19           DENIED         0         1         1         1           DENIED         0         1         1         1           Crit	Duration of Therapy Exceeded	0	1	1
Criteria Not Met         0         4         4           Natifine         1         7         8           APPROVED         1         0         1           DENIED         0         7         7           Criteria Not Met         0         7         7           APPROVED         4         0         4           DENIED         0         7         7           Criteria Not Met         0         7         7           Criteria Not Met         0         7         7           APPROVED         8         9         27           APPROVED         8         0         8           DENIED         0         19         19           Criteria Not Met         0         19         19           Nativesone         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1	Muscle Relaxant Combination - Three Ingredient	0	4	4
Natifine         1         7         8           APPROVED         1         0         1           DENIED         0         7         7           Criteria Not Met         0         7         7           Naldemedine         4         7         11           APPROVED         4         0         4           DENIED         0         7         7           Criteria Not Met         0         7         7           APPROVED         8         0         8           DENIED         8         0         8           Criteria Not Met         0         19         19           Naltexone         0         19         19           DENIED         0         1         1           DENIED         0         0         1         1           DENIED         0         0	DENIED	0	4	4
APPROVED       1       0       1         DENIED       0       7       7         Criteria Not Met       0       7       7         Naldemedine       4       7       11         APPROVED       4       0       4         DENIED       0       7       7         Valoxegol       8       19       27         APPROVED       8       0       8         DENIED       0       19       19         Criteria Not Met       0       19       19         Naltrexone       0       1       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Naltrexone       0       1       1         Criteria Not Met       0       1       1         Naproxen       2       3       5	Criteria Not Met	0	4	4
DENIED         0         7         7           Criteria Not Met         0         7         7           Naldemedine         4         7         11           APPROVED         4         0         4           DENIED         0         7         7           Criteria Not Met         0         7         7           Naloxegol         8         19         27           APPROVED         8         0         8           DENIED         0         19         19           Criteria Not Met         0         19         19           Naltrexone         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Naltrexone         0         1         1           Criteria Not Met         0         1         1           Naltrexone         0         1         1           Criteria Not Met         0         1         1           Naltrexone	Naftifine	1	7	8
Criteria Not Met       0       7       7         Naldemedine       4       7       11         APPROVED       4       0       4         DENIED       0       7       7         Criteria Not Met       0       7       7         Naloxegol       8       9       27         APPROVED       8       0       8         DENIED       0       19       19         Criteria Not Met       0       19       19         Naltrexone       0       1       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Naltrexone       0       1       1         Criteria Not Met       0       1       1         Naproxen       2       3       5	APPROVED	1	0	1
Naldemedine         4         7         11           APPROVED         4         0         4           DENIED         0         7         7           Criteria Not Met         0         7         7           Naloxegol         8         19         27           APPROVED         8         0         8           DENIED         0         19         19           Criteria Not Met         0         19         19           Naltrexone         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Naproxen         2         3         5	DENIED	0	7	7
APPROVED       4       0       4         DENIED       0       7       7         Criteria Not Met       0       7       7         Naloxegol       8       19       27         APPROVED       8       0       8         DENIED       0       19       19         Criteria Not Met       0       19       19         Naltrexone       0       1       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Naproxen       2       3       5	Criteria Not Met	0	7	7
DENIED       0       7       7         Criteria Not Met       0       7       7         Naloxegol       8       19       27         APPROVED       8       0       8         DENIED       0       19       19         Criteria Not Met       0       1       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Criteria Not Met       0       1       1         Naproxen       2       3       5	Naldemedine	4	7	11
Criteria Not Met       0       7       7         Naloxegol       8       19       27         APPROVED       8       0       8         DENIED       0       19       19         Criteria Not Met       0       19       19         Naltrexone       0       1       1         DENIED       0       1       1         Criteria Not Met       0       1       1         Naproxen       2       3       5	APPROVED	4	0	4
Naloxegol     8     19     27       APPROVED     8     0     8       DENIED     0     19     19       Criteria Not Met     0     19     19       Naltrexone     0     1     1       DENIED     0     1     1       Criteria Not Met     0     1     1       Naproxen     2     3     5	DENIED	0	7	7
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DENIED     0     19     19       Criteria Not Met     0     19     19       Naltrexone     0     1     1       DENIED     0     1     1       Criteria Not Met     0     1     1       Naproxen     2     3     5	Naloxegol	8	19	27
Criteria Not Met         0         19         19           Naltrexone         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Naproxen         2         3         5	APPROVED	8	0	8
Naltrexone         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Naproxen         2         3         5	DENIED	0	19	19
DENIED         0         1         1           Criteria Not Met         0         1         1           Naproxen         2         3         5	Criteria Not Met	0	19	19
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DENIED				
Central Not Met         4         5         9           APPROVED         4         0         4           DENIED         0         5         5           Criteria Not Met         0         2         2           Duration of Therapy Exceeded         0         3         3           RAPPROVED         35         36         71           APPROVED         35         0         35           Conteria Not Met         0         36         36           Conteria Not Met         0         36         36           Conteria Not Met         0         36         36           Vectorial         7         0         7           Vectorial         7         0         7           Vectorial Not Met         0         5         5           Contral Not Met         0         5         5           Contral Not Met         0         5         5           Contral Not Met         0         1         1	·	0	3	
Natalumah         4         5         9           APPROVED         0         4         0         4           CHERLED         0         5         5           CHERLE NOT MER         0         2         2         2           CHERLE NOT MER         0         3	Criteria Not Met			
DENED	Natalizumab	4		
Criteria Not Met         0         2         2           Notation of Therapy Exceeded         0         3         3           Nebitoriol         35         86         71           APPROVED         55         0         35           CFINED         50         26         26           CFINED         0         10         10           Nermation of Therapy Exceeded         0         0         0         7           APPROVED         7         0         7           PREVED         7         0         7           DENIES         7         0         7           APPROVED         7         0         7           DENIES         1         1         1           APPROVED         1         1         1           APPROVED         1         1         1           DENIES         1         1         1           APPROVED	APPROVED	4	0	4
Desiration of Therapy Exceeded         3         36         71           APPROVED         35         36         71           APPROVED         35         36         35           DENIED         0         36         36           Criteria Niv Met         0         26         26           Duration of Therapy Exceeded         0         10         10           Nearstall         7         0         7           APPROVED         7         5         12           APPROVED         7         5         12           Criteria Not Met         0         4         4         4           Duration of Therapy Exceeded         0         4         4         4           APPROVED         20         0         20         1         1           Nifedipine         20         1         1         1           APPROVED         20         0         20         20           DENIED         20         0         20         20           Criteria Not Met         0         13         13         13           Duration of Therapy Exceeded         12         4         4         4      <	DENIED	0	5	5
Nebvoled         35         36         71           APPROVED         35         0         35           DENED         0         36         36           Criteria Not Met         0         26         26           Duration of Therapy Exceded         0         10         10           Nextacible         7         0         7           APPROVED         7         5         12           MERTANDER         7         5         12           APPROVED         7         5         12           APPROVED         0         5         5           Criteria Not Met         0         5         5           Criteria Not Met         0         4         4         4           APPROVED         20         14         34         4	Criteria Not Met	0	2	2
Nebvoled         35         36         71           APPROVED         35         0         35           DENED         0         36         36           Criteria Not Met         0         26         26           Duration of Therapy Exceded         0         10         10           Nextacible         7         0         7           APPROVED         7         5         12           MERTANDER         7         5         12           APPROVED         7         5         12           APPROVED         0         5         5           Criteria Not Met         0         5         5           Criteria Not Met         0         4         4         4           APPROVED         20         14         34         4	Duration of Therapy Exceeded	0	3	3
DENIED         0         36         36           Criteria Not Met         0         25         25           Duration of Therapy Exceeded         0         0         10         10           Nexatinib         7         0         7         7         10         10         7         10 <td>Nebivolol</td> <td>35</td> <td>36</td> <td>71</td>	Nebivolol	35	36	71
Criteria Not Met         0         26         26           Duration of Therapy Exceeded         0         10         10           Noration Description         7         0         7           APPROVED         7         0         7           Netarouil         7         0         7           APPROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nifedipine         20         1         3         1           APPROVED         20         0         20         20           DENIED         0         14         34         34           Criteria Not Met         0         14         14         44           APPROVED         0         13         13         13           DENIED         0         1         1         1           APPROVED         12         4         16           APPROVED         12         0         1         1           DENIED         0         4         4	APPROVED	35	0	35
Duration of Therapy Exceeded         0         10         10           Nexatinib         7         0         7           APPROVED         7         0         7           Netursudil         7         5         12           APPROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4         4           Duration of Therapy Exceeded         0         1         1         1           APPROVED         20         1         3         4           APPROVED         20         1         1         1           DENIED         0         14         14         14           Criteria Not Met         0         1         1         1           Duration of Therapy Exceeded         12         4         16           APPROVED         12         4         16           DENIED         0         4         4         4           Duration of Therapy Exceeded         1         2         1         1           APPROVED         6         0         6         0         6	DENIED	0	36	36
Neratinib         7         0         7           APPROVED         7         0         7           Netarsudil         7         5         12           APPROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nitedipine         20         14         34           APPROVED         20         14         34           Criteria Not Met         0         14         14           Criteria Not Met         0         14         14           APPROVED         12         4         16           APPROVED         12         4         16           APPROVED         12         0         12         16           APPROVED         0         4         4         4           APPROVED         6         17         23           APPROVED         6         17         17         17           Criteria Not Met         0         4         4         4           Duration of Therapy Exceeded	Criteria Not Met	0		
Neratinib         7         0         7           APPROVED         7         0         7           Netarsudil         7         5         12           APPROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nitedipine         20         14         34           APPROVED         20         14         34           Criteria Not Met         0         14         14           Criteria Not Met         0         14         14           APPROVED         12         4         16           APPROVED         12         4         16           APPROVED         12         0         12         16           APPROVED         0         4         4         4           APPROVED         6         17         23           APPROVED         6         17         17         17           Criteria Not Met         0         4         4         4           Duration of Therapy Exceeded	Duration of Therapy Exceeded	0	-	
Netarsudii         7         5         12           APROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Misfolipine         20         1         3           APROVED         20         0         20           DENIED         0         14         14           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           Niotinib         12         4         16           APROVED         12         0         12           DENIED         12         0         12           DENIED         12         4         16           APROVED         12         4         4           Duration of Therapy Exceeded         0         4         4           Nintedainib         6         17         23           APROVED         6         17         23           Criteria Not Met         0         13         13           <	Neratinib	7	0	7
APPROVED         7         0         7           DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nifedipine         20         14         34           APPROVED         20         0         20           DENIED         0         14         14           Criteria Not Met         0         13         13           Criteria Not Met         0         1         1           Milotinib         12         4         16           APPROVED         12         4         16           APROVED         12         4         4           Duration of Therapy Exceeded         0         4         4           Minedanib         0         4         4           Minedanib         0         4         4           Markedanib         0         4         4           Minedanib         0         17         17           Criteria Not Met         0         13         13           Diuration of Therapy Exceeded         0         13         13	APPROVED	7	0	7
DENIED         0         5         5           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nifectipine         20         14         34           APPROVED         20         0         20           DENIED         0         14         14           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotarib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Nitedanib         0         4         4           Nitedanib         0         17         23           APPROVED         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         17         17           Duration of Therapy Exceeded         8         2	Netarsudil	7	5	12
Criteria Not Met         0         4         4           Duration of Therapy Exceeded         0         1         1           Nifedipine         20         14         34           APPROVED         20         0         20           DENIED         0         14         14           Criteria Not Met         0         13         13           Unation of Therapy Exceeded         0         1         1           APPROVED         12         4         16           APPROVED         12         0         12           Duration of Therapy Exceeded         0         4         4           Nintedanib         0         4         4           APPROVED         6         7         23           APPROVED         6         7         23           APPROVED         6         7         23           Criteria Not Met         0         4         4           Duration of Therapy Exceeded         8         0         6           Duration of Therapy Exceeded         8         0         8           APPROVED         8         0         8         8           APPROVED         8	APPROVED	7	0	7
Duration of Therapy Exceeded         0         1         1           Nifedjine         20         14         34           APPROVED         20         0         20           DENIED         20         13         14           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         4         4           DENIED         12         0         12         4           Duration of Therapy Exceeded         0         4         4         4           Nitedanib         6         17         23           APPROVED         6         17         23           APPROVED         6         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niaparib         8         2         10           APPROVED         8         2         10           APPROVED         8         0         8         2         10	DENIED	0	5	5
Nifedipine         20         14         34           APPROVED         20         0         20           DENIED         0         14         14           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Ninedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         13         13           Niraparib         8         2         10           APPROVED         8         0         8           APPROVED         8         0         8           APPROVED         8         0         8           DENIED         8         0         8	Criteria Not Met	0	4	4
APPROVED         20         20           DENIED         0         14         14           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Ninedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         13         13           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         8         0         8           APPROVED         8         0         8           DENIED         8         0         8           DENIED         9         2         2           Criteria Not Met </td <td>Duration of Therapy Exceeded</td> <td>0</td> <td>1</td> <td>1</td>	Duration of Therapy Exceeded	0	1	1
DENIED         0         14         14           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         8         0         8           DENIED         8         0         8           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6  <	Nifedipine	20	14	34
Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Niredanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         13         13           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         8         0         8           DENIED         8         0         8           DENIED         8         0         8           DENIED         9         2         2           Criteria Not Met         0         2         2         2           Criteria Not Met         0         2         2	APPROVED	20	0	20
Duration of Therapy Exceeded         0         1         1           Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         8         0         8           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	DENIED	0	14	14
Nilotinib         12         4         16           APPROVED         12         0         12           DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         0         8           APPROVED         8         0         8           DENIED         8         0         8           DENIED         9         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Criteria Not Met	0	13	13
APPROVED       12       0       12         DENIED       0       4       4         Duration of Therapy Exceeded       0       4       4         Nintedanib       6       17       23         APPROVED       6       0       6         DENIED       0       17       17         Criteria Not Met       0       13       13         Duration of Therapy Exceeded       0       4       4         Niraparib       8       2       10         APPROVED       8       0       8         DENIED       8       0       8         Criteria Not Met       0       2       2         Criteria Not Met       0       2       2         Nitazoxanide       3       3       6	Duration of Therapy Exceeded	0	1	1
DENIED         0         4         4           Duration of Therapy Exceeded         0         4         4           Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Nilotinib	12	4	16
Duration of Therapy Exceeded         0         4         4           Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	APPROVED	12	0	12
Nintedanib         6         17         23           APPROVED         6         0         6           DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	DENIED	0	4	4
APPROVED       6       0       6         DENIED       0       17       17         Criteria Not Met       0       13       13         Duration of Therapy Exceeded       0       4       4         Niraparib       8       2       10         APPROVED       8       0       8         DENIED       0       2       2         Criteria Not Met       0       2       2         Nitazoxanide       3       3       6	Duration of Therapy Exceeded	0	4	4
DENIED         0         17         17           Criteria Not Met         0         13         13           Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Nintedanib	6	17	23
Criteria Not Met       0       13       13         Duration of Therapy Exceeded       0       4       4         Niraparib       8       2       10         APPROVED       8       0       8         DENIED       0       2       2         Criteria Not Met       0       2       2         Nitazoxanide       3       3       6	APPROVED	6	0	6
Duration of Therapy Exceeded         0         4         4           Niraparib         8         2         10           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	DENIED	0	17	17
Niraparib         8         2         10           APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Criteria Not Met	0	13	13
APPROVED         8         0         8           DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Duration of Therapy Exceeded	0	4	4
DENIED         0         2         2           Criteria Not Met         0         2         2           Nitazoxanide         3         3         6	Niraparib	8	2	10
Criteria Not Met 0 2 2  Nitazoxanide 3 3 6	APPROVED	8	0	8
Nitazoxanide 3 3 6	DENIED	0	2	2
	Criteria Not Met	0	2	2
APPROVED 3 0 3	Nitazoxanide	3	3	6
	APPROVED	3	0	3

DENIED	0	3	3
Criteria Not Met	0	3	3
Nitrate & Vasodilator Combination - Two Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Nitrofurantoin	1	2	3
APPROVED	1	0	1
DENIED	0	2	2
Criteria Not Met	0	2	2
Nitroglycerin	1	0	1
APPROVED	1	0	1
Nivolumab	14	5	19
APPROVED	14	0	14
DENIED	0	5	5
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	4	4
Nonsteroidal Anti-inflammatory Agent Combination - 2 Ingred	0	4	4
DENIED	0	4	4
Criteria Not Met	0	4	4
Norethindrone	2	0	2
APPROVED	2	0	2
Nutritional Supplements	2	4	6
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
Obeticholic Acid	4	4	8
APPROVED	4	0	4
DENIED	0	4	4
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	1	1
Obinutuzumab	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Administrative Denial	0	1	1
Criteria Not Met	0	1	1
Ocrelizumab	12	13	25
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
Octreotide	14	2	16
APPROVED	14	0	14
DENIED	0	2	2
Administrative Denial	0	1	1
Criteria Not Met	0	1	1
Ofatumumab	4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Criteria Not Met	0	3	3
Ofloxacin	1	0	1
APPROVED	1	0	1
Olanzapine	5	6	11
APPROVED	5	0	5
DENIED	0	6	6
Criteria Not Met	0	4	4
Duration of Therapy Exceeded	0	2	2
Olaparib	21	3	24
APPROVED	21	0	21
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Olmesartan	12	6	18
APPROVED	12	0	12
DENIED	0	6	6
Criteria Not Met	0	6	6
Olopatadine	3	12	15
APPROVED	3	0	3
DENIED	0	12	12
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	1	1
Omacetaxine Communication Comm	2	0	2
APPROVED	2	0	2
Omadacycline	7	0	7
APPROVED	7	0	7
Omalizumab	33	41	74
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

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

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

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

Pazopanib	4	0	4
APPROVED	4	0	4
Pegfilgrastim	181	165	346
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
Peginterferon	1	0	1
APPROVED	1	0	1
Pegloticase	3	1	4
APPROVED	3	0	3
DENIED	0	1	1
Criteria Not Met	0	1	1
Pembrolizumab	32	24	56
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
Pemetrexed	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Penciclovir	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Penicillin Combination - Two Ingredient	7	1	8
APPROVED	7	0	7
DENIED	0	1	1
Criteria Not Met	0	1	1
Penicillin G	2	0	2
APPROVED	2	0	2
Pentosan Polysulfate Sodium	3	2	5
APPROVED	3	0	3
DENIED	0	2	2
Criteria Not Met	0	2	2
Pertuzumab	5	5	10
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
Phenobarbital	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Phentermine	0	2	2
DENIED	0	2	2
Administrative Denial	0	1	1
Non-Covered Benefit			1
Pimavanserin ADDROVED	2	0	2
APPROVED	2	0	2
Pimecrolimus	1	15	16
APPROVED	1	0	1
DENIED	0	15	15
Criteria Not Met	0	14	14
Non-Covered Benefit	0	1	1
Pioglitazone	1	3	4
APPROVED	1	0	1
DENIED	0	3	3
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	2	2
Pirfenidone	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Piroxicam	5	6	11
APPROVED	5	0	5
DENIED	0	6	6
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	1	1
Pitavastatin	11	14	25
APPROVED	11	0	11
DENIED	0	14	14
Criteria Not Met	0	12	12
Duration of Therapy Exceeded	0	2	2
Pitolisant	2	0	2
APPROVED	2	0	2
Plecanatide	14	43	57
APPROVED	14	0	14

Circle Not Met         0         37         37           Duration of Therapy Exceeded         0         6         6           Plantizator         1         1         2           APPROVED         0         1         0         1           CENTRAL NOT MET         0         1         1         1           CHANDED         0         1         1         1           DENIED         0         1         1         1           CHANDED         0         2         2         2           DENIED         0         2         2         2           DENIED         0         1         1         1           CHANDED         0         2         2         2           DENIED         0         1         1         1           DENIED         0         1         1         1         1	DENIED	0	43	43
Duration of Therapy Exceeded   0 6 6 6   6   6   6   6   6   6   6				
Perisanfor         1         1         2           APPROVED         1         0         1           Criteria Not Met         0         1         1           Position         0         1         1           Position         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         2         2         2           POSITIONIS (STANDA)         0         2         2         2           Non-Covered Benefit         0         2         2         2           Non-Covered Benefit         0         1         1         1           CHERDA         0         2         2         2           Non-Covered Benefit         0         2         2         2           Non-Covered Benefit         0         1         1         1           DENEID         0         1         1         1           CHERDA NOTA         0         1         1         1           POSATORIA         4         0         4         0         4           POSACONIZONI         4         0         4         0				
APPSOLVIDE   1				
Criteria Not Met         0         1         1           DENILID         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           DENILID         0         2         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         2         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         1         1         1           Christia Not Met         0         1         1         1           POLISIO         0         1         1         1           Ponataini         4         0         4         1         1           Ponataini         4         0         4         0         4           Ponataini         4         0         0         2 </td <td></td> <td></td> <td></td> <td></td>				
Criteria Not Met         0         1         1           DENILID         0         1         1           Criteria Not Met         0         1         1           Criteria Not Met         0         1         1           DENILID         0         2         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         2         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         1         1         1           Christia Not Met         0         1         1         1           POLISIO         0         1         1         1           Ponataini         4         0         4         1         1           Ponataini         4         0         4         0         4           Ponataini         4         0         0         2 </td <td>DENIED</td> <td>0</td> <td>1</td> <td>1</td>	DENIED	0	1	1
DENIED		0	1	1
Citaria Not Met         0         1         1           Polybethylen Glycol 3350         0         2         2           DENHED         0         2         2           Non-Covered Benefit         0         2         2           POLYETHYLEN GLYCOL 3350 3350 NF         0         1         1           DENHED         0         1         1           Citieria Not Met         0         1         1           Ponatoria         4         0         4           APPROVED         4         0         4           Posaconazole         4         0         4           Posaconazole         4         0         4           Cofteria Not Met         0         2         2           DENIED         0         2         2         2           Posaconazole         8         5         13           APPROVED         4         0         4         0         4           DENHED         0         2         2         2           Cotteria Not Met         0         5         5         5           Cotteria Not Met         0         1         1         1	Podofilox	0	1	1
Polyethylene Glycol 3350         0         2         2           DENIED         0         2         2           Non-Covered Benefit         0         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           PONATIONIO         4         0         4           PORACORAZORE         4         0         4           PORACORAZORE         4         0         4           DENIED         0         2         2         2           Criteria Not Met         0         2         2         2           CRITERIA NOT MET         8         5         13         3           APPROVED         8         5         13         3         4           CRITERIA NOT MET         0         1         1         1         0         1	DENIED	0	1	1
Polyethylene Glycol 3350         0         2         2           DENIED         0         2         2           Non-Covered Benefit         0         2         2           POLYETHYLENE GLYCOL 3350 3350 NF         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           PONATIONIO         4         0         4           PORACORAZORE         4         0         4           PORACORAZORE         4         0         4           DENIED         0         2         2         2           Criteria Not Met         0         2         2         2           CRITERIA NOT MET         8         5         13         3           APPROVED         8         5         13         3         4           CRITERIA NOT MET         0         1         1         1         0         1	Criteria Not Met	0	1	1
DENIED			2	2
Non-Covered Benefit         0         1         1           POLYETYLENE GLYCOL 3350 3350 NF         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Ponatini         4         0         4           APPROVED         4         0         4           Posa APPROVED         4         2         6           APPROVED         4         0         4           CHENED         0         2         2           CHENED         0         2         2           CHESIAN TONIORIO         8         0         8           APPROVED         8         0         8           DENIED         8         0         8           Criteria Not Met         0         5         5           Posasium Iodide         1         0         1         1           APPROVED         1         1         1         1         1           Posasium Iodide         1         0         1         1         1         1         1         1         1         1         1         1         1		0	2	2
POLYETHYLENE GLYCOL 3350 3350 NF         0         1         1           DENIED         0         1         1           Cifteria Not Met         0         1         1           PORADORIDO         4         0         4           APPROVED         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Cifteria Not Met         0         2         2           PORADORIDO         8         5         13           APPROVED         8         5         13           APPROVED         8         5         13           APPROVED         8         0         8           Cifteria Not Met         0         5         5           PORADORIDO         1         0         1           PORADORIDO         1         0         1           PORADORIDO         1         1         1           PORADORIDO         1         1         1           PORADORIDO         1         1         1           PORADORIDO         1         1         1           PORADORIDO		0	2	
DENIED         0         1         1           Criteria Not Met         0         1         1           Ponatinia         4         0         4           APPROVED         4         0         4           Ponatonazole         4         2         6           APPROVED         4         0         4           DENIED         4         0         2         2           Criteria Not Met         0         2         2         2           Ponational         8         5         13         3           APPROVED         8         0         8         0         8           Criteria Not Met         0         5         5         13           APPROVED         8         0         8         0         8           Ponational         0         5         5         13         1         0         1         1         0         1         1         1         0         1         1         1         0         1         1         0         1         1         1         1         1         1         1         1         1         1         1				
Criteria Not Met         0         1         1           Ponatinib         4         0         4           APPROVED         4         0         4           Posaconazole         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         0         2         2           POLASSIMICH MORFING         8         5         13           APPROVED         8         5         13           Criteria Not Met         0         5         5           Criteria Not Met         0         5         5           PAPROVED         1         0         1         1           Permipsorle         0         1         1         1           Criteria Not Met         0         1         1         1           PROVED         1         1         1         1           PROVED         1         1         1         1           Provided         1         0         1         1           Provided         1         0         1         1 <th< td=""><td></td><td></td><td></td><td></td></th<>				
Ponatinib         4         0         4           APPROVED         4         0         4           Posaconazole         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         8         5         13           APPROVED         8         5         13           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Posassium Iodide         1         0         1           APPROVED         1         0         1           Criteria Not Met         0         1         1           Pramipexole         0         1         1         1           Criteria Not Met         0         1         1         1           Pravastatin         1         0         1         1           APPROVED         0         3         3         3           Criteria Not Met         0         3         3         3           DENIED         0	Criteria Not Met		1	
APPROVED         4         0         4           Posaconazole         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Citteria Not Met         0         2         2           Potassium Chloride         8         0         8           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Potassium Gidle         1         0         1         1           APPROVED         1         0         1         1           Potassium Gidle         1         0         1         1           APPROVED         1         0         1         1           Potassium Criteria Not Met         0         1         1         1           Potassium Criteria Not Met         0         3         3         3           Potassium Criteria Not Met         0         3         3         3           Criteria Not Met         0         3         3         3           Potassium Criteria Not Met	Ponatinib	4	0	4
Posaconazole         4         2         6           APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         0         2         2           Posassium Chloride         8         5         13           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Posassium Iodice         1         0         1           APPROVED         1         0         1           Pomitips Note         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           DENIED         1         0         1           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           Poedation         0         3         3           Criteria Not Met			0	
APPROVED         4         0         4           DENIED         0         2         2           Criteria Not Met         0         2         2           PORSASIUM CILORIONIO         8         5         13           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Porassium Iodide         1         0         1           APPROVED         1         0         1           Poramipexole         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         0         1         1           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           Predoisione         0         3         3           Criteria Not Met         0         3         3           Predoision         0         3         3           Criteria Not Met <td></td> <td></td> <td></td> <td></td>				
DENIED         0         2         2           Criteria Not Met         0         2         2           Potassium Chloride         8         5         13           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Potassium Iodide         1         0         1           APPROVED         1         0         1           Potassium Iodide         0         1         0         1           APPROVED         1         0         1         1           DENIED         0         1         1         1           Criteria Not Met         0         3         3         4           Prevolution         0         3         3         3           DENIED         0         3         3         3           Criteria Not Met         0         3         3         3           Predoision         0         3         3         3           DENIED         0         3         3         3           Criteria Not Met         0         3			0	
Criteria Not Met         0         2         2           Potassium Chloride         8         5         13           APPROVED         8         5         5           DENIED         0         5         5           Criteria Not Met         0         5         5           Potassium Iodide         1         0         1           APPROVED         1         0         1           Pramipesole         0         1         1           Criteria Not Met         0         1         1           Pramipesole         0         1         1           Criteria Not Met         0         1         1           Pramipesole         1         3         4           APPROVED         1         1         1           APPROVED         1         0         1         1           DENIED         0         3         3         3           Predablion         0         3         3         3           APPROVED         0         3         3         3           Pregabilin         234         401         635           APPROVED         234 <t< td=""><td></td><td></td><td></td><td></td></t<>				
Potassium Chloride         8         5         13           APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           Potassium Iodide         1         0         1           APPROVED         1         0         1           Permipsole         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         0         1         1           APPROVED         1         0         1         1           Criteria Not Met         0         1         0         1           DENIED         0         3         3         3           Criteria Not Met         0         3         3         3           Predisione         0         3         3         3           DENIED         0         3         3         3           Predisione         0         3         3         3           DENIED         0         3         3         3           APPROVED         0         3         3<				
APPROVED         8         0         8           DENIED         0         5         5           Criteria Not Met         0         5         5           POLOSSIMI IORIDIO         1         0         1           APPROVED         1         0         1           PROMIPERO         0         1         1           ENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           DENIED         1         0         1           Criteria Not Met         0         3         3           Predatione         0         3         3           DENIED         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalia         0         3         3           APPROVED         234         40         234           APPROVED         20         401         401	Potassium Chloride	8		
DENIED         0         5         5           Criteria Not Met         0         5         5           Potassium Iodide         1         0         1           APPROVED         1         0         1           Pramipexole         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         0         1         1           APPROVED         1         0         1         1           DENIED         0         3         3         3           Criteria Not Met         0         3         3         3           Predisione         0         3         3         3           DENIED         0         3         3         3           Criteria Not Met         0         3         3         3           Criteria Not Met         0         3         3         3           APPROVED         0         3         3         3           APPROVED         234         401         635           APPROVED         234         0 <t< td=""><td></td><td></td><td>0</td><td></td></t<>			0	
Potassium Iodide         1         0         1           APPROVED         1         0         1           Pramipexole         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           DENIED         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Criteria Not Met         0         3         3           APPROVED         0         3         3           APPROVED         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	DENIED	0		
APPROVED         1         0         1           Pramipexole         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         3         4           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           DENIED         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401				
APPROVED         1         0         1           Pramipexole         0         1         1           DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         3         4           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           DENIED         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Potassium Iodide	1	0	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         3         4           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         20         401         401	APPROVED	1	0	1
DENIED         0         1         1           Criteria Not Met         0         1         1           Pravastatin         1         3         4           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Pramipexole	0	1	1
Pravastatin         1         3         4           APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401		0	1	1
APPROVED         1         0         1           DENIED         0         3         3           Criteria Not Met         0         3         3           Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Criteria Not Met	0	1	1
DENIED         0         3         3           Criteria Not Met         0         3         3           Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabilin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Pravastatin	1	3	4
Criteria Not Met         0         3         3           Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	APPROVED	1	0	1
Prednisone         0         3         3           DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	DENIED	0	3	3
DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Criteria Not Met	0	3	3
DENIED         0         3         3           Criteria Not Met         0         3         3           Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Prednisone	0	3	3
Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401		0	3	3
Pregabalin         234         401         635           APPROVED         234         0         234           DENIED         0         401         401	Criteria Not Met	0	3	3
APPROVED         234         0         234           DENIED         0         401         401				635
DENIED 0 401 401		234	0	234
				401

Duration of Therapy Exceeded	0	33	33
Insufficient Info	0	1	1
Prenatal Multivitamin & Mineral w/Fe Fumarate-Folic Acid-DHA	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Prenatal MV & Min w/Fe Polysaccharide Complex-FA-DHA	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Prenatal Vit w/ Fe Polysacch Complex-L Methylfolate-FA-DHA	1	7	8
APPROVED	1	0	1
DENIED	0	7	7
Criteria Not Met	0	7	7
Prenatal w/o Vit A w/ Fe Carbonyl-Fe Asp Glyc-Methfol-FA-DHA	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Procarbazine	1	0	1
APPROVED	1	0	1
Progesterone	2	5	7
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
Progesterone Vaginal	0	2	2
DENIED	0	2	2
Administrative Denial	0	1	1
Non-Covered Benefit	0	1	1
Promethazine	1	0	1
APPROVED	1	0	1
Propafenone	1	0	1
APPROVED	1	0	1
Propranolol	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Prostatic Hypertrophy Agent Combination - Two Ingredient	0	3	3
DENIED	0	3	3
Criteria Not Met	0	2	2
Duration of Therapy Exceeded	0	1	1
Proton Pump Inhibitor-Antacid Combination - Two Ingredient	0	4	4
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	INDECTION THAT DESIGNED BY I B BIOSINILLAR TO INC	4	0	4
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG	0	1	1
DENIED	INDECTION THAT DESIGNED FIRE BIOSINIERIC TO INC	0	1	1
Criteria Not Met		0	1	1
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG	11	3	14
APPROVED	INDECTION THAT DESIGNED BROT BIOSINILLAR TO INC	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	TOTAL TO THE STATE OF THE STATE	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	INTERIOR HADIVEDINE TO INC	0	2	2
Criteria Not Met		0	1	1
		0	1	1
Duration of Therapy Exceeded		U	ı ı	l I

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

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

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
Riociguat	7	0	7
APPROVED	7	0	7
Risankizumab	24	29	53
APPROVED	24	0	24
DENIED	0	29	29
Criteria Not Met	0	24 5	24 5
Duration of Therapy Exceeded			
Risperidone	4	0	4
APPROVED St. 1	4	0	4
Rituximab	62	67	129
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
Rivaroxaban	6	2	8
APPROVED	6	0	6
DENIED	0	2	2
Criteria Not Met	0	2	2
Rizatriptan	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Roflumilast	4	3	7
APPROVED	4	0	4
DENIED	0	3	3
Criteria Not Met	0	3	3
Romiplostim	6	0	6
APPROVED	6	0	6
Romosozumab	4	8	12
APPROVED	4	0	4
DENIED	0	8	8
Criteria Not Met	0	8	8
Rosuvastatin	17	16	33
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
Rotigotine		2	5	7
APPROVED		2	0	2
DENIED		0	5	5
Criteria Not Met		0	1	1
Duration of Therapy Exceeded		0	4	4
Rucaparib		3	0	3
APPROVED		3	0	3
Ruxolitinib		7	17	24
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
S0189 ·	TESTOSTERONE PELLET 75 MG	1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Sacrosidase		1	0	1
APPROVED		1	0	1
Salicylic Acid		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Saline Laxative Mixtures Two Ingredient		0	1	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Sapropterin		2	1	3
APPROVED		2	0	2
DENIED		0	1	1
Duration of Therapy Exceeded		0	1	1
Scopolamine		1	1	2
APPROVED		1	0	1
DENIED		0	1	1
Criteria Not Met		0	1	1
Secukinumab		28	27	55
APPROVED		28	0	28
DENIED		0	27	27
Criteria Not Met		0	18	18

Duration of Therapy Exceeded	0	9	9
Selexipag	10	1	11
APPROVED	10	0	10
DENIED	0	1	1
Criteria Not Met	0	1	1
Selinexor	2	0	2
APPROVED	2	0	2
Semaglutide	262	298	560
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
Sertraline	15	3	18
APPROVED	15	0	15
DENIED	0	3	3
Criteria Not Met	0	3	3
Sevelamer	14	12	26
APPROVED	14	0	14
DENIED	0	12	12
Criteria Not Met	0	12	12
SGLT2 Inhibitor - DPP-4 Inhibitor Combinations - Two Ingred	9	9	18
APPROVED	9	0	9
DENIED	0	9	9
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	1	1
Sildenafil	10	38	48
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
Silodosin	3	5	8
APPROVED	3	0	3
DENIED	0	5	5
Criteria Not Met	0	5	5
Simvastatin	0	3	3
DENIED	0	3	3
Criteria Not Met	0	3	3
Siponimod	0	4	4

DENIED	0	4	4
Criteria Not Met	0	4	4
Sirolimus	0	1	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Sitagliptin	44	13	57
APPROVED	44	0	44
DENIED	0	13	13
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	6	6
Sodium Chloride	1	0	1
APPROVED	1	0	1
Sodium Citrate-Citric Acid	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Sodium Ferric Gluconate	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Sodium Hyaluronate	144	223	367
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
Sodium Oxybate	2	0	2
APPROVED	2	0	2
Sodium-Glucose Co-Transporter 2 Inhib-Biguanide - Two Ingred	67	22	89
APPROVED	67	0	67
DENIED	0	22	22
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	11	11
Solifenacin	9	10	19
APPROVED	9	0	9
DENIED	0	10	10
Criteria Not Met	0	7	7
Duration of Therapy Exceeded	0	3	3
Solriamfetol	2	2	4
APPROVED	2	0	2
DENIED	0	2	2

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

Sumatriptan	2	6	8
APPROVED	2	0	2
DENIED	0	6	6
Criteria Not Met	0	6	6
Suvorexant	6	27	33
APPROVED	6	0	6
DENIED	0	27	27
Criteria Not Met	0	24	24
Duration of Therapy Exceeded	0	3	3
Tacrolimus	61	105	166
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
Tadalafil	4	19	23
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
Tafamidis	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Tafluprost	3	0	3
APPROVED	3	0	3
Tapentadol	2	10	12
APPROVED	2	0	2
DENIED	0	10	10
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	4	4
Tapinarof	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Tavaborole	0	2	2
DENIED	0	2	2
Duration of Therapy Exceeded	0	2	2
Tazarotene	3	12	15
APPROVED	3	0	3

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

Criteria Not Met	0	3	3
Tesamorelin	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Testosterone	8	36	44
APPROVED	8	0	8
DENIED	0	36	36
Criteria Not Met	0	32	32
Duration of Therapy Exceeded	0	4	4
Tezepelumab	2	7	9
APPROVED	2	0	2
DENIED	0	7	7
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	2	2
Thalidomide	1	1	2
APPROVED	1	0	1
DENIED	0	1	1
Duration of Therapy Exceeded	0	1	1
Thienbenzodiazepines & Opioid Antagonists - Two Ingredient	2	3	5
APPROVED	2	0	2
DENIED	0	3	3
Criteria Not Met	0	3	3
Thienbenzodiazepines & SSRIs - Two Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Thioguanine	3	0	3
APPROVED	3	0	3
Ticagrelor	54	34	88
APPROVED	54	0	54
DENIED	0	34	34
Criteria Not Met	0	19	19
Duration of Therapy Exceeded	0	15	15
Timolol	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Tiopronin	2	0	2
APPROVED	2	0	2
Tipranavir	1	0	1
APPROVED	1	0	1
Tirzepatide	17	150	167
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
Tivozanib	7	0	7
APPROVED	7	0	7
Tizanidine	5	10	15
APPROVED	5	0	5
DENIED	0	10	10
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	2	2
Tobramycin	1	0	1
APPROVED	1	0	1
Tocilizumab	20	17	37
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
Tofacitinib	15	13	28
APPROVED	15	0	15
DENIED	0	13	13
Criteria Not Met	0	10	10
Duration of Therapy Exceeded	0	3	3
Tolterodine	6	4	10
APPROVED	6	0	6
DENIED	0	4	4
	0	4	4
Criteria Not Met	4	4	8
Tolvaptan  APPROVED		0	4
DENIED	4	4	4
	0		
Criteria Not Met	0	3	3
Duration of Therapy Exceeded	0	1	1
Topical Anesthetic Combination - Four Ingredient	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Topical Steroid Combination - Two Ingredient	0	9	9
DENIED	0	9	9
Criteria Not Met	0	9	9
Topiramate	5	1	6
APPROVED	5	0	5
DENIED	0	1	1

Criteria Not Met	0	1	1
Topotecan	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Trabectedin	1	0	1
APPROVED	1	0	1
Tralokinumab	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Tramadol	94	115	209
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
Tramadol Combination - Two Ingredient	1	9	10
APPROVED	1	0	1
DENIED	0	9	9
Criteria Not Met	0	8	8
Duration of Therapy Exceeded	0	1	1
Trametinib	2	0	2
APPROVED	2	0	2
Trandolapril	2	0	2
APPROVED	2	0	2
Trastuzumab	33	22	55
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
Travoprost	3	0	3
APPROVED	3	0	3
Trazodone	0	9	9
DENIED	0	9	9
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	3	3
Treprostinil	3	0	3
APPROVED	3	0	3
Tretinoin	107	56	163
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
Triamcinolone	0	9	9
DENIED	0	9	9
Criteria Not Met	0	9	9
Trientine	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Trilaciclib	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Triptorelin	0	2	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Trospium	2	0	2
APPROVED	2	0	2
Tucatinib	2	2	4
APPROVED	2	0	2
DENIED	0	2	2
Criteria Not Met	0	1	1
Duration of Therapy Exceeded	0	1	1
Ubrogepant	33	133	166
APPROVED	33	0	33
DENIED	0	133	133
Criteria Not Met	0	129	129
Duration of Therapy Exceeded	0	4	4
Ulcer Anti-Infective w/Bismuth Combination - 3 Ingredient	5	4	9
APPROVED	5	0	5
DENIED	0	4	4
Criteria Not Met	0	4	4
Ulcer Anti-Infective w/Proton Pump Inhibit -Three Ingredient	16	18	34
APPROVED	16	0	16
DENIED	0	18	18
Criteria Not Met	0	18	18
Upadacitinib	17	9	26
APPROVED	17	0	17
DENIED	0	9	9
Criteria Not Met	0	5	5
Duration of Therapy Exceeded	0	4	4

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

APPROVED	2	0	2
DENIED	0	5	5
Criteria Not Met	0	5	5
Vedolizumab	23	44	67
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
Venetoclax	11	2	13
APPROVED	11	0	11
DENIED	0	2	2
Criteria Not Met	0	2	2
Venlafaxine	12	19	31
APPROVED	12	0	12
DENIED	0	19	19
Criteria Not Met	0	15	15
Duration of Therapy Exceeded	0	4	4
Vericiguat	0	1	1
DENIED	0	1	1
Criteria Not Met	0	1	1
Verteporfin	0	2	2
DENIED	0	2	2
Criteria Not Met	0	2	2
Vibegron	8	20	28
APPROVED	8	0	8
DENIED	0	20	20
Criteria Not Met	0	18	18
Duration of Therapy Exceeded	0	2	2
Vilazodone	13	14	27
APPROVED	13	0	13
DENIED	0	14	14
Criteria Not Met	0	11	11
Duration of Therapy Exceeded	0	3	3
Viloxazine	1	7	8
APPROVED	1	0	1
DENIED	0	7	7
Criteria Not Met	0	6	6
Duration of Therapy Exceeded	0	1	1
Vincristine	0	1	1
DENIED	0	1	1

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

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