2026 Preauthorization Statistics for AR Medicaid Quarter 2

CARRIER NAME	PROVIDER SPECIALTY	DRUG NAME	INDICATION	CASE STATUS	DENIAL REASON	PA COUNT
AR Medicaid - Total Care	N/A	24HR ALLERGY RELIEF Tablet 180MG	OTHER ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	OTHER SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 100/50/MCG/ACT	COUGH VARIANT ASTHMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 250/50/MCG/ACT	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AGAMREE Suspension 40MG/ML	Duchenne or Becker muscular dystrophy	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	AJOVY Soln Pref Syr 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	OTHER DISORDERS OF LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALLERGY CHILDRENS Suspension 30MG/5ML	URTICARIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALPRAZOLAM Tablet 2MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMBRISENTAN Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE ER Tab ER Disint 6.3MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ANORO ELLIPTA Aero Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Solution 1MG/ML	DISINHIBITED ATTACHMENT DISORDER OF CHILDHOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 15MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ADJUSTMENT DISORDER MIXED ANXIETY DEPRESSED MOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	AUTISTIC DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	8
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ADJUSTMENT DISORDER MIXD DISTURB EMOTION CONDUCT	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	POST-TRAUMATIC STRESS DISORDER ACUTE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	POST-TRAUMATIC STRESS DISORDER ACUTE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	INTERMITTENT EXPLOSIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIRAZOLE 2.5MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARMODAFINIL Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARMODAFINIL Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 100MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 100MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 200MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 18MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 18MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 25MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATORVASTATIN CALCIUM Tablet 80MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATROVENT HFA Aerosol Soln 17MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATROVENT HFA Aerosol Soln 17MCG/ACT	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATROVENT HFA Aerosol Soln 17MCG/ACT	Chronic couqh	Approved	N/A	1
AR Medicaid - Total Care	N/A	AUSTEDO Tablet 12MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUSTEDO XR PATIENT TITRATION TBER Ther Pack 12 & 18 & 24& 30 MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUSTEDO XR Tablet ER 24HR 42MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZELAIC ACID Gel 15%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AZELASTINE-FLUTICASONE Suspension 137/50/MCG/ACT	OTH ALLERGY STATUS OTH THAN RX&BIOLOGICL SUBSTNC	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZELASTINE-FLUTICASONE Suspension 137/50/MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 52.3/10.4/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	CRAMP AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	CRAMP AND SPASM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	OTHER CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 20MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Cream 0.05%	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Cream 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Ointment 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Ointment 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BLUJEPA Tablet 750MG	URINARY TRACT INFECTION SITE NOT SPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BOTOX For Solution 100UNT	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BOTOX For Solution 100UNT	SPASTIC DIPLEGIC CEREBRAL PALSY	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BREO ELLIPTA Aero Pow Br Act 100/25/MCG/ACT	COUGH VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BREYNA Aerosol 80/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	2
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BRIVARACETAM Solution 10MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 100MG	TUBEROUS SCLEROSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 25MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 50MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.25MG/2ML	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.25MG/2ML	EMPHYSEMA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	OTHER ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	OTHER ABNORMALITIES OF BREATHING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	OTHER ABNORMALITIES OF BREATHING	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUPRENORPHINE Patch Weekly 20MCG/HR	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 10MCG/HR	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 20MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 20MCG/HR	OTHER CHRONIC PAIN	Approved	N/A	2
AR Medicaid - Total Care	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	ASYMPTOMATIC HIV INFECTION STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	ASYMPTOMATIC HIV INFECTION STATUS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 10.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 10.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 21MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 21MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPTOPRIL Tablet 25MG	TETRALOGY OF FALLOT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CARBAMAZEPINE ER Tablet ER 12HR 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CARISOPRODOL Tablet 350MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CELECOXIB Capsule 200MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Medicaid - Total Care	N/A	CEQUA Solution 0.09%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CETIRIZINE HCL Tablet 5MG	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 100MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CHOLBAM Capsule 250MG	SMITH-LEMLI-OPITZ SYNDROME	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CICLOPIROX Shampoo 1%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLARAVIS Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS (ONCE-DAILY) Gel 1%	ACNE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS (TWICE-DAILY) Gel 1%	ACNE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS (TWICE-DAILY) Gel 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	HIDRADENITIS SUPPURATIVA	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	HIDRADENITIS SUPPURATIVA	Denied	Admin-Denied Excluded	1

AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	WHEEZING	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Solution 1%	HIDRADENITIS SUPPURATIVA	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Solution 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Solution 1%	FOLLICULAR DISORDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	OTHER DELETIONS FROM THE AUTOSOMES	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITH SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBETASOL PROPIONATE Foam 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet 1MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONIDINE HCL Tablet 0.05MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100/20/MG	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	COBENFY Capsule 50/20/MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 50/20/MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 50/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COLCHICINE Capsule 0.6MG	GOUT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CYCLOBENZAPRINE HCL Tablet 7.5MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	D3 -50 Capsule 1.25 MG(50000 UT)	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	DAPAGLIFLOZIN Tablet 10MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DARIFENACIN HYDROBROMIDE ER Tablet ER 24HR 15MG	OVERACTIVE BLADDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	DAYBUE STIX Packet 6000MG	RETTS SYNDROME	Approved	N/A	2
AR Medicaid - Total Care	N/A	DAYBUE STIX Packet 6000MG	RETTS SYNDROME	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DAYBUE Solution 200MG/ML	RETTS SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DAYVIGO Tablet 10MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 RECEIVER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Medicaid - Total Care	N/A	DEXCOM G7 RECEIVER Device	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 RECEIVER Device	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Medicaid - Total Care	PEDIATRIC ENDOCRINOLOGY	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXILANT Capsule DR 60MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXLANSOPRAZOLE Capsule DR 30MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXLANSOPRAZOLE Capsule DR 60MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXLANSOPRAZOLE Capsule DR 60MG	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXLANSOPRAZOLE Capsule DR 60MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	UNS BEHAVIOR & EMOTIONAL D/O ONSET CHILD & ADOL	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 2.5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXTROAMPHETAMINE SULFATE ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIACOMIT Capsule 500MG	Dravet syndrome, intractable, without status epilepticus	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIAZEPAM Solution 5MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	DICLOFENAC POTASSIUM Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DILANTIN Capsule 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DILTIAZEM HCL ER BEADS Capsule ER 24HR 240MG	TACHYCARDIA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	DILTIAZEM HCL ER COATED BEADS Capsule ER 24HR 120MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DILTIAZEM HCL ER COATED BEADS Capsule ER 24HR 240MG	SICK SINUS SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Cap DR Sprinkle 125MG	HUNTINGTONS DISEASE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM ER Tablet ER 24HR 250MG		Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM ER Tablet ER 24HR 250MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM ER Tablet ER 24HR 250MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Powder	INTERMITTENT EXPLOSIVE DISORDER	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	DOTTI Patch TW 0.025MG/24HR	PRIMARY AMENORRHEA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 30MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 40MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	OTHER URTICARIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ECONAZOLE NITRATE Cream 1%	TINEA PEDIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELIQUIS Tablet 5MG	ACUTE EMBO THROMB OTH SPEC DEEP VEIN LT LOW EXT	Approved	N/A	1
AR Medicaid - Total Care	N/A	ELIQUIS Tablet 5MG	ACUTE EMBO THROMB UNS DEEP VNS LT PROX LOW EXT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMFLAZA Suspension 22.75MG/ML	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMFLAZA Tablet 6MG	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMVERM Tablet Chewable 100MG	ENTEROBIASIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	UNSPECIFIED JUVENILE RA OF UNSPECIFIED SITE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENTYVIO PEN Soln Auto-inj 108MG/0.68ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	2
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	EQUETRO Capsule ER 12HR 200MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ERZOFRI Susp Pref Syr 351MG/2.25ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESZOPICLONE Tablet 1MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EUCRISA Ointment 2%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EVENITY Soln Pref Syr 105MG/1.17ML	AGE-REL OSTEOPOR W/CURR PATH FX SUB ENC FX RTN	Approved	N/A	1
AR Medicaid - Total Care	N/A	EVRYSDI Tablet 5MG	SPINAL MUSCULAR ATROPHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	EVRYSDI Tablet 5MG	SPINAL MUSCULAR ATROPHY UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	EYLEA Soln Pref Syr 2MG/0.05ML	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OD	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	FAMCICLOVIR Tablet 500MG	HERPESVIRAL VULVOVAGINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	4
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	GASTROSTOMY STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE MAXIMUM STRENGTH Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	FANAPT Tablet 1MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FANAPT Tablet 1MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FEMRING Rinq 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FEMRING Ring 0.1MG/24HR	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FENOFIBRATE Tablet 40MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FEXOFENADINE HCL Tablet 180MG	OTHER ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FEXOFENADINE HCL Tablet 180MG	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FINTEPLA Solution 2.2MG/ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUCONAZOLE Tablet 150MG	CANDIDIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUNISOLIDE Solution 25 MCG/ACT(0.025%)	CHRONIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINOLONE ACETONIDE SCALP Oil 0.01%	SEBORRHEA CAPITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINONIDE Solution 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINONIDE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL (PMDD) Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	2
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 40MG	OBSESSIVE-COMPULSIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 40MG	OBSESSIVE-COMPULSIVE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Solution 20MG/5ML	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1

AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	REACTION TO SEVERE STRESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	IRRITABILITY AND ANGER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 60MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUPHENAZINE DECANOATE Solution 25MG/ML	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE FUROATE-VILANTEROL Aero Pow Br Act 100/25/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUVOXAMINE MALEATE ER Capsule ER 24HR 150MG	Prader-Willi syndrome	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	FOCALIN Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 20MG	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOUNDAYO Tablet 0.8MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	FREESTYLE FREEDOM LITE Kit w/Device	SYNCOPE AND COLLAPSE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Suspension 0.5MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 10MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 12MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN (ONCE-DAILY) Tablet 300MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 300MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 300MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 300MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 300MG	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 400MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 400MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	SLEEP DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Tablet 600MG	Low back pain, unspecified	Approved	N/A	1
AR Medicaid - Total Care	General Practice	GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	GAMMAGARD LIQUID INJECTION	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	OTHER SPECIFIED URINARY INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	URGENCY OF URINATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	UNINHIBITED NEUROPATHIC BLADDER NEC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GENOTROPIN Cartridge 12MG	HYPOPITUITARISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUAIFENESIN Liquid 100MG/5ML	ACUTE NASOPHARYNGITIS COMMON COLD	Approved	N/A	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	ENCOUNTER RTN CHILD HEALTH EXAM W/ABNORMAL FIND	Approved	N/A	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	GUANFACINE HCL Tablet 2MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HALOPERIDOL LACTATE Concentrate 2MG/ML	IRRITABILITY AND ANGER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HALOPERIDOL Tablet 5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	HUMALOG KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	HUMALOG KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CERVICALGIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN UNSPECIFIED HIP	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICALGIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCORTISONE Cream 2.5%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCORTISONE Lotion 2.5%	IRRITANT CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCORTISONE Ointment 2.5%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROMORPHONE HCL Tablet 4MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	IBUPROFEN Suspension 100MG/5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ICOSAPENT ETHYL Capsule 1GM	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ILARIS Solution 150MG/ML	OTHER AUTOINFLAMMATORY SYNDROMES	Approved	N/A	1
AR Medicaid - Total Care	N/A	IMIQUIMOD Cream 5%	ANOGENITAL VENEREAL WARTS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INCONTINENCE BRIEF LARGE Misc	MIXED INCONTINENCE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	INGREZZA Capsule 40MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology	INJ DEXMETHOSON SODIM PHOSHATE 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Nurse Practitioner: Family	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine	INJ FILGRASTIM EXCL BIOSIMIL	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine	INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG	SARCOIDOSIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	DIFFICULTY IN WALKING NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology	INJECTION APREPITANT 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	POMPE DISEASE	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIGNANT NEOPLASM LONG BONES LEFT LOWER LIMB	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	Specialist	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INJECTION FOSAPREPITANT 1 MG	OTHER DISEASES OF PHARYNX	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION NUSINERSEN 0.1 MG	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION PAL HCl NOT THR EQ TO J2469 25 MCG	OTHER DISEASES OF PHARYNX	Approved	N/A	1
AR Medicaid - Total Care	Otolaryngology	INJECTION PAL HCl NOT THR EQ TO J2469 25 MCG	OTHER DISEASES OF PHARYNX	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Psychiatry	INJECTION PALIPERIDONE PALMITATE ER 1 MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION PEG-PBBK FYLNETRA BIOSIMILAR 0.5 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Acute Care	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE CHRONIC PROCTITIS W/RECTAL BLEEDING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	General Practice	INJECTION RITUXIMAB 10 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	INDETERMINATE COLITIS	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology	INJECTION, PALONOSETRON HCL, 25 MCG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	CASTLEMAN DISEASE	Approved	N/A	1
AR Medicaid - Total Care	General Practice	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	CEREBRAL PALSY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Approved	N/A	3
AR Medicaid - Total Care	Urology	INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Acute Care	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	Orthopaedic Surgery	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	Urology	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	CEREBRAL PALSY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital: Children	INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Student in an Organized Health Care Education/Training Program	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Urology	INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN LISPRO JUNIOR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA HAFYERA Susp Pref Syr 1560MG/5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1

AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	OTHER RECURRENT DEPRESSIVE DISORDERS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 546MG/1.75ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 546MG/1.75ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	Acute respiratory distress	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 20MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IVABRADINE HCL Tablet 7.5MG	Inappropriate sinus tachycardia, so stated	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JANUMET Tablet 50/1000/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JANUMET Tablet 50/1000/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	JARDIANCE Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JAYADEN Solution 0.02MG/ML	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 20MG	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	TINEA CORPORIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	DERMATOPHYTOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER PSORIASIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOROLAC TROMETHAMINE Solution 0.4%	OCULAR PAIN BILATERAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KLAYESTA Powder 100000UNIT/GM	CANDIDIASIS OF SKIN AND NAIL	Approved	N/A	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2/84/MG/ML	FUNCTIONAL DYSPEPSIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2/84/MG/ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2/84/MG/ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2/84/MG/ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 200MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 200MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 50MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Disintegrating 25MG	LOC-REL SX EPILEPSY W/SPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Disintegrating 50MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Capsule DR 30MG/ SODIUM BICARBONATE Powder Compound	DUOD ULCR UNS AS AC OR CHRON W/O HEMORR OR PERF	Denied-Partial	Admin-Partially Denied Compound	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 30MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LARIN 24 FE Tablet 1/20/MG-MCG(24)	ENCOUNTER OTH GENERAL COUNSELB/ADVICE CONTRACEPT	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	OTHER URTICARIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	LUMBAGO WITH SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDODERM Patch 5%	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	OTHER CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	OTHER CONSTIPATION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	4
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LITFULO Capsule 50MG	OTHER ALOPECIA AREATA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LIVDELZI Capsule 10MG	PRIMARY BILIARY CIRRHOSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 20MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	IMPULSE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 60MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LYBALVI Tablet 10/10/MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MEDROXYPROGESTERONE ACETATE Suspension 150MG/ML	ENCOUNTER SURVEILLANCE INJECTABLE CONTRACEPTIVE	Approved	N/A	1
AR Medicaid - Total Care	N/A	MEGESTROL ACETATE Suspension 40MG/ML	ANOREXIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MEGESTROL ACETATE Suspension 40MG/ML	ANOREXIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MEMANTINE HCL Tablet 5MG	OTHER AMNESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METFORMIN HCL ER (MOD) Tablet ER 24HR 500MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METFORMIN HCL ER (OSM) Tablet ER 24HR 500MG	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METFORMIN HCL Solution 500MG/5ML	DRUG-INDUCED OBESITY	Approved	N/A	1
AR Medicaid - Total Care	N/A	METFORMIN HCL Solution 500MG/5ML	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHADONE HCL Solution 5MG/5ML	PERSONAL HISTORY OF FAILED MODERATE SEDATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHADONE HCL Solution 5MG/5ML	PERSONAL HISTORY OF FAILED MODERATE SEDATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHADONE HCL Tablet 5MG	CENTRAL PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHADONE HCL Tablet 5MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Capsule ER 24HR 10MG	IMPULSE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 18MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 27MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 54MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (XR) Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Solution 5MG/5ML	OTHER ENCEPHALOPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE Patch 10MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE Patch 30MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE Patch 30MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	MILNACIPRAN HCL Tablet 50MG	FIBROMYALGIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MINOCYCLINE HCL Tablet 100MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MODAFINIL Tablet 100MG	HYPERSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOTEGRITY Tablet 2MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	6
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MYRBETRIQ Tablet ER 24HR 25MG	STRESS INCONTINENCE FEMALE MALE	Approved	N/A	1
AR Medicaid - Total Care	N/A	MYRBETRIQ Tablet ER 24HR 50MG	URGE INCONTINENCE	Approved	N/A	1
AR Medicaid - Total Care	N/A	NA SULFATE-K SULFATE-MG SULF Solution 17.5/3.13/1.6/GM/177ML	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NA SULFATE-K SULFATE-MG SULF Solution 17.5/3.13/1.6/GM/177ML	OTHER CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NADOLOL Tablet 20MG	Postural orthostatic tachycardia syndrome [POTS]	Approved	N/A	2
AR Medicaid - Total Care	N/A	NALOXONE HCL Liquid 4MG/0.1ML	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	MIXED OBSESSIONAL THOUGHTS AND ACTS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NAPROXEN Suspension 125MG/5ML	DYSMENORRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NATROBA Suspension 0.9%	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NATROBA Suspension 0.9%	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NATROBA Suspension 0.9%	PEDICULOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 2MG/0.1ML	ANAPHYLACTIC REACTION DUE SHELLFISH SUBSQT ENC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 2MG/0.1ML	ANAPHYLACTIC REACTION DUE PEANUTS SUBSEQUENT ENC	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 10MG	HEMATEMESIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXTSTELLIS Tablet 3/14.2/MG	IRREGULAR MENSTRUATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXVIAZYME For Solution 100MG	POMPE DISEASE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	NICOTINE Kit 21/14/7/MG/24HR	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	NIFEDIPINE Powder / METHOCEL E4M PREMIUM Powder / LIDOCAINE BASE Powder TOPICAL COMPOUND	ANAL FISSURE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-inj 15MG/1.5ML	HYPOPITUITARISM	Approved	N/A	2
AR Medicaid - Total Care	N/A	NORETHINDRONE-ETH ESTRADIOL Tablet 1/5/MG-MCG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUCALA Soln Auto-inj 100MG/ML	Eosinophilic asthma	Denied	Benefit-Other Coverage	1

AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	NYSTATIN-TRIAMCINOLONE Cream 100000/0.1/UNIT/GM-%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	UNSPECIFIED BLEPHAROCONJUNCTIVITIS LEFT EYE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 20MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 20MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 20MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 20MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 7.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	CONDUCT DISORDER CHILDHOOD-ONSET TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 20MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLOPATADINE HCL Solution 0.1%	UNSPECIFIED DISORDER OF EYE AND ADNEXA	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	OMEPRAZOLE Capsule DR 40MG	ACUTE GASTRITIS WITHOUT BLEEDING	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ONDANSETRON Tablet Disintegrating 8MG	ACQUIRED ABSENCE OTH SPEC PARTS DIGESTIVE TRACT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONDANSETRON Tablet Disintegrating 8MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONYDA XR Suspension ER 0.1MG/ML	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONYDA XR Suspension ER 0.1MG/ML	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ONYDA XR Suspension ER 0.1MG/ML	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OPZELURA Cream 1.5%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ORPHENADRINE CITRATE ER Tablet ER 12HR 100MG	STRN UNS MAST SHLDR UP ARM LEVL RT ARM INIT ENC	Approved	N/A	1
AR Medicaid - Total Care	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIATIC ARTHRITIS MUTILANS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	2
AR Medicaid - Total Care	N/A	OXYCODONE HCL Tablet 5MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	8
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Metabolic syndrome	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Medicaid - Total Care	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PALIPERIDONE ER Tablet ER 24HR 1.5MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PALIPERIDONE ER Tablet ER 24HR 3MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PERAMPANEL Tablet 6MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	PERAMPANEL Tablet 6MG	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PHENYTOIN SODIUM EXTENDED Capsule 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PIMECROLIMUS Cream 1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	POLYETHYLENE GLYCOL 3350 Powder	CONSTIPATION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	PRAZOSIN HCL Capsule 1MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PREGABALIN Capsule 225MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 75MG	BONE MARROW TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROPRANOLOL HCL ER Capsule ER 24HR 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROPRANOLOL HCL ER Capsule ER 24HR 60MG	CHEST PAIN UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROPRANOLOL HCL Solution 20MG/5ML	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 180MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 180MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 180MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 180MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	TRACHEOSTOMY STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	ACUTE & CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	OTHER ABNORMALITIES OF BREATHING	Approved	N/A	1
AR Medicaid - Total Care	N/A	PYRUKYND Tablet 20MG	Anemia due to pyruvate kinase deficiency	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PYRUKYND Tablet 20MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	QBREXZA Pad 2.4%	Other specified muscular dystrophies	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	7
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE ER Tablet ER 24HR 150MG	UNSPECIFIED EPISODIC MOOD DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 150MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 200MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 300MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUILLICHEW ER Tablet ER Chew 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 30MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RALOXIFENE HCL Tablet 60MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RAMELTEON Tablet 8MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RECORLEV Tablet 150MG	CUSHINGS SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	RENFLEXIS For Solution 100MG	SARCOIDOSIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERDAL CONSTA For Susp ER 25MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERDAL CONSTA For Susp ER 25MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RISPERDAL CONSTA For Susp ER 50MG	UNDIFFERENTIATED SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	IRRITABILITY AND ANGER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	IRRITABILITY	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	ADJUSTMENT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	AUTISTIC DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	5
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	REACTION TO SEVERE STRESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	UNSPECIFIED EPISODIC MOOD DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	AUTISTIC DISORDER	Approved	N/A	3
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 1MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 1MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 2MG	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	Denied	Medical Necessity Not Met	1

AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 3MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RUFINAMIDE Suspension 40MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	2
AR Medicaid - Total Care	N/A	RYBELSUS Tablet 3MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SCEMBLIX Tablet 40MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 100MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 100MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SLYND Tablet 4MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Benefit-Other Coverage	2
AR Medicaid - Total Care	N/A	SOD CITRATE-CITRIC ACID Solution 500/334/MG/5ML	HYPO-OSMOLALITY AND HYPONATREMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	SODIUM CHLORIDE Nebu Soln 0.9%	OTHER DISORDERS OF LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	SODIUM CHLORIDE Nebu Soln 0.9%	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SODIUM CHLORIDE Nebu Soln 7%	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Medicaid - Total Care	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	4
AR Medicaid - Total Care	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	STIOLTO RESPIMAT Aerosol Soln 2.5/2.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUCRALFATE Suspension 1GM/10ML	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUPREP BOWEL PREP KIT Solution 17.5/3.13/1.6/GM/177ML	FULL INCONTINENCE OF FECES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	UNSPECIFIED CHRONIC BRONCHITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	3
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	OTHER ASTHMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	4
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	PERSONAL HISTORY OF OTHER SPECIFIED CONDITIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	Subacute cough	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	GENDER IDENTITY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TETRABENAZINE Tablet 12.5MG	DYSTONIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TETRACYCLINE HCL Capsule 500MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TETRACYCLINE HCL Capsule 500MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TIZANIDINE HCL Capsule 2MG	MUSCLE SPASM OF BACK	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TIZANIDINE HCL Capsule 4MG	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	TIZANIDINE HCL Capsule 4MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	TOLTERODINE TARTRATE ER Capsule ER 24HR 4MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TOPIRAMATE Solution 25MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRAMADOL HCL Tablet 50MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRAMADOL HCL Tablet 50MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRAZODONE HCL Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.025%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.05%	ACNE VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRETINOIN Gel 0.01%	ACNE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.1%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRUE METRIX BLOOD GLUCOSE TEST Strip	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	3
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	UZEDY Susp Pref Syr 50MG/0.14ML	SCHIZOTYPAL DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE BESYLATE ER Tablet ER 24HR 112.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Capsule ER 24HR 75MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 225MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 37.5MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	OTHER DISORDERS OF LUNG	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	WHEEZING	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 20MG	OTHER SPECIFIED DEPRESSIVE EPISODES	Approved	N/A	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VITAMIN D3 Capsule 1.25 MG(50000 UT)	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 20MG	ESOPHAGEAL OBSTRUCTION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 1.5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VTAMA Cream 1%	INTRINSIC ALLERGIC ECZEMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	5
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	9
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	Obesity, class 3	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1

AR Medicaid - Total Care	N/A	VYVANSE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Hepatic fibrosis, early fibrosis	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI PED >/EQUAL 95TH% FOR AGE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 4MG	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XARELTO Tablet 15MG	ACUTE EMBO THROMB UNS DEEP VEINS LT LOWER EXTREM	Approved	N/A	1
AR Medicaid - Total Care	N/A	XARELTO Tablet 2.5MG	OTH ARTERIAL EMBOLISM THROMBOSIS ABDOMINAL AORTA	Approved	N/A	1
AR Medicaid - Total Care	N/A	XCOPRI Tablet 100MG	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	XCOPRI Tablet 150MG	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	URTICARIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Pref Syr 300MG/2ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZALEPLON Capsule 10MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZALEPLON Capsule 10MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBSTRUCTIVE SLEEP APNEA (ADULT)(PEDIATRIC)	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Endocrinology	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 20MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 40MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 40MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 40MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 60MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZORYVE Foam 0.3%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZORYVE Foam 0.3%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	2