2026 Preauthorization Statistics for AR Exchange Quarter 3

CARRIER NAME	PROVIDER SPECIALTY	DRUG NAME	INDICATION	CASE STATUS	DENIAL REASON	PA COUNT
AR Exchange - HIM	N/A	000 LEVEMIR FLEXPEN 100U/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	333 ESTERIFIED ESTROGENS-METHYLTESTOSTERONE 1.25 MG-2.5 MG TABLET	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	Clinic/Center	ABATACEPT INJECTION	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	ABATACEPT INJECTION	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	ABIRATERONE ACETATE Tablet 250MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	OTHER IRON DEFICIENCY ANEMIAS	Approved	N/A	2
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	OTH POSTPROC COMP & DISORDERS DIGESTIVE SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/15/MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	ARTHROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	Low back pain, unspecified	Approved	N/A	6
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	CHRONIC PAIN SYNDROME	Approved	N/A	11
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	RIGHT LOWER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTHER CHRONIC PAIN	Approved	N/A	5
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	DORSALGIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	CHRONIC PAIN SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	MYOSITIS OSSIFICANS TRAUMATICA RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	PAIN IN LEFT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	JAW PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	CERVICAL DISC DISORDER C6-C7 LEVEL RADICULOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAZOLAMIDE ER Capsule ER 12HR 500MG	BENIGN INTRACRANIAL HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETIC ACID Solution 2%	IMPACTED CERUMEN RIGHT EAR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	ADULT-ONSET STILLS DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	SYSTEMIC SCLEROSIS WITH LUNG INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	ACTEMRA Soln Pref Syr 162MG/0.9ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	2
AR Exchange - HIM	N/A	ACTHAR GEL Pen-injector 80UNIT/ML	SARCOIDOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTHAR GEL Pen-injector 80UNIT/ML	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ACTHAR GEL Pen-injector 80UNIT/ML	SARCOIDOSIS OF LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTHAR Gel 80UNIT/ML	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACYCLOVIR Capsule 200MG	HERPESVIRAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADALIMUMAB-AATY (1 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-AATY (2 PEN) Auto-inj Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-AATY (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-AATY CD/UC/HS START Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	OTHER ULCERATIVE COLITIS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	8
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 40MG/0.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 80MG/0.8ML	OTHER ULCERATIVE COLITIS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-inj 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADBM (2 PEN) Auto-inj Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADBM (2 PEN) Auto-inj Kit 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ADALIMUMAB-ADBM (2 PEN) Auto-inj Kit 40MG/0.8ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADBM (2 PEN) Auto-inj Kit 40MG/0.8ML	UNSPECIFIED IRIDOCYCLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ADAPALENE Gel 0.1%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ADAPALENE-BENZOYL PEROXIDE Gel 0.1/2.5%	OTH FOLLICULAR CYSTS THE SKIN & SUBQ TISSUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 30MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	FEMALE SEXUAL AROUSAL DISORDER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	EMERGENCY MEDICINE	ADDYI Tablet 100MG	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	DECREASED LIBIDO	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	ADEMPAS Tablet 2.5MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AEROCHAMBER PLUS FLO-VU LARGE Device	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	5
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	11
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	6
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2

AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	OTH AC & SUBAC RESP COND D/T CHEM GAS FUME VAPOR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family practice	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	Chronic cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	EMPHYSEMA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	COVID-19	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	4
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SHORTNESS OF BREATH	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	OTHER ASTHMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	HEMIPLEGIC MIGRAINE INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	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 Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	Headache, unspecified	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AJOVY Soln Pref Syr 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AJOVY Soln Pref Syr 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AJOVY Soln Pref Syr 225MG/1.5ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	OTHER SPECIFIED PROTOZOAL INTESTINAL DISEASES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	INTESTINAL PARASITISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	OTHER HOOKWORM DISEASES	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	INTESTINAL PARASITISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	INTESTINAL HELMINTHIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	CONTACT W EXPOSURE PEDICULOS ACARIAS OTH INFEST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	HELMINTHIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	UNSPECIFIED PARASITIC DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	COUGH	Approved	N/A	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	SHORTNESS OF BREATH	Approved	N/A	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ALLERGY RELIEF Tablet 180MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ALMOTRIPTAN MALATE Tablet 12.5MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ALVESCO Aerosol Soln 80MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALYFTREK Tablet 10/50/125MG	CYSTIC FIBROSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OF SIGMOID COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OF DESCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OF APPENDIX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALYMSYS Solution 400MG/16ML	SCHWANNOMATOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 400MG/16ML	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	3
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 5MG	Secondary pulmonary arterial hypertension	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMINOCAPROIC ACID Tablet 1000MG	Von Willebrand disease, type 1	Approved	N/A	1
AR Exchange - HIM	N/A	AMITRIPTYLINE HCL Tablet 150MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10/20/MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10/40/MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10/40/MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	3
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 5/20/MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 5/40/MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 12.5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 25MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Benefit-Other Coverage	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	Binge eating disorder, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 25MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 25MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 15MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG		Denied	Paid Claim	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG		Approved	N/A	2
AR Exchange - HIM	N/A	ANASTROZOLE Tablet 1MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANASTROZOLE Tablet 1MG	ESTROGEN EXCESS	Approved	N/A	1
AR Exchange - HIM	N/A	ANGELIQ Tablet 0.25/0.5/MG	ASYMPTOMATIC MENOPAUSAL STATE	Approved	N/A	1
AR Exchange - HIM	N/A	ANORO ELLIPTA Aero Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANORO ELLIPTA Aero Pow Br Act 62.5/25/MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANTIFUNGAL Powder 2%	CANDIDIASIS OF SKIN AND NAIL	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Denied	Benefit-Other Coveraqe	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER ATOPIC DERMATITIS	Approved	N/A	4
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	APIDRA SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	APIDRA SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	APREPITANT Capsule 40MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	APRETUDE Suspension ER 600MG/3ML	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	5
AR Exchange - HIM	N/A	APRETUDE Suspension ER 600MG/3ML	CONTACT WITH AND SUSPECTED EXPOSURE TO HIV	Approved	N/A	2
AR Exchange - HIM	N/A	APRODINE Tablet 2.5/60/MG	OTHER ACUTE SINUSITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ARCALYST For Solution 220MG	ACUTE NONSPECIFIC IDIOPATHIC PERICARDITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 10MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 10MG	UNDIFFERENTIATED SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 15MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 20MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	ENC PROC PURPOSES OTH THAN REMEDY HLTH STATE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 30MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 1064MG/3.9ML	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 1064MG/3.9ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 1064MG/3.9ML	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 441MG/1.6ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 882MG/3.2ML	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 882MG/3.2ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 882MG/3.2ML	BIPOLAR DISORDER PARTIAL REMISSION MRE MIXED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	3
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	OTHER HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 200MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	ALTERED MENTAL STATUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	OTHER HYPERSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	3
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	SOMNOLENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 50MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 50MG	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARNUITY ELLIPTA Aero Pow Br Act 100MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ASMANEX (60 METERED DOSES) Aero Pow Br Act 220MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ASMANEX (60 METERED DOSES) Aero Pow Br Act 220MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ASMANEX HFA Aerosol 100MCG/ACT	COUGH VARIANT ASTHMA	Approved	N/A	1
AR Exchange - HIM	N/A	ASMANEX HFA Aerosol 200MCG/ACT	ACUTE & CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ATOMOXETINE HCL Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ATOMOXETINE HCL Capsule 10MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ATOMOXETINE HCL Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ATORVASTATIN CALCIUM Tablet 40MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO Tablet 6MG	DYSTONIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUSTEDO Tablet 6MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	2
AR Exchange - HIM	N/A	AUSTEDO Tablet 9MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO XR PATIENT TITRATION TBER Ther Pack 12 & 18 & 24& 30 MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AUSTEDO XR PATIENT TITRATION TBER Ther Pack 12 & 18 & 24& 30 MG	DRUG-INDUCED TREMOR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUSTEDO XR PATIENT TITRATION TBER Ther Pack 12 & 18 & 24& 30 MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO XR Tablet ER 24HR 30MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO XR Tablet ER 24HR 36MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	OTHER BIPOLAR DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE D/O SINGLE EPIS FULL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	13
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	Major depressive disorder, single episode	Approved	N/A	5
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	4
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	12
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVI-Q Soln Auto-inj 0.15MG/0.15ML	ALLERGY TO OTHER FOODS	Approved	N/A	2
AR Exchange - HIM	N/A	AUVI-Q Soln Auto-inj 0.3MG/0.3ML	ALLERGY UNSPECIFIED INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AVONEX PEN Auto-inj Kit 30MCG/0.5ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	AYVAKIT Tablet 25MG	Systemic mastocytosis	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AYVAKIT Tablet 25MG	Systemic mastocytosis	Approved	N/A	1
AR Exchange - HIM	N/A	AZELASTINE-FLUTICASONE Suspension 137/50/MCG/ACT	NASAL CONGESTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZILSARTAN MEDOXOMIL Tablet 40MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	LUNG TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	OTHER TIC DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	LONG TERM CURRENT USE OF ANTIBIOTICS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 500MG		Denied	No Refund Due	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	AZSTARYS Capsule 52.3/10.4/MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Advate For Solution 250, 500, 1000, 1500, 2000, 3000 and 4000 Unit	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	HYPOGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI TWO PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BAXFENDY Tablet 1MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Exchange - HIM	N/A	BAXFENDY Tablet 2MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Approved	N/A	1
AR Exchange - HIM	Urology	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Clinical Nurse Specialist: Gerontology	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 150MCG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 300MCG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 300MCG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 75MCG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	INSOMNIA UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	BELSOMRA Tablet 15MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 15MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 15MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	INSOMNIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	PRIMARY INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BENLYSTA For Solution 400MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BENLYSTA Soln Auto-inj 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BENLYSTA Soln Auto-inj 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	BENLYSTA Soln Pref Syr 200MG/ML	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	BENZONATATE Capsule 200MG	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	BENZOYL PEROXIDE-ERYTHROMYCIN Gel 5/3/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BENZOYL PEROXIDE-ERYTHROMYCIN Gel 5/3/%	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BEPOTASTINE BESILATE Solution 1.5%	UNSPECIFIED CONJUNCTIVITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BETAMETHASONE DIPROPIONATE AUG Ointment 0.05%	BIT/STUNG NONVENOM INSECT OTH ARTHROPOD INIT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BETASERON Kit 0.3MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	BETOPTIC-S Suspension 0.25%	OCULAR HYPERTENSION UNSPECIFIED EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF LEFT OVARY	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	BIJUVA Capsule 0.5/100/MG	ENDOCRINE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 160MG/ML	OTHER PSORIATIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 160MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 160MG/ML	ANKYLOSING SPONDYLITIS UNS SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	OTHER PSORIATIC ARTHROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	BIMZELX Soln Pref Syr 320MG/2ML	GUTTATE PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Pref Syr 320MG/2ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIS SUBCIT-METRONID-TETRACYC Capsule 140/125/125/MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BONJESTA Tablet ER 20/20/MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BONJESTA Tablet ER 20/20/MG	NAUSEA	Approved	N/A	1
AR Exchange - HIM	N/A	BOSUTINIB Tablet 100MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNT	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNT	OTHER DYSTONIA	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNT	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	BOTOX For Solution 200UNT	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	BRAFTOVI Capsule 75MG	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	HEMATOLOGY/ONCOLOGY	BRAFTOVI Capsule 75MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRENZAVVY Tablet 20MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BREYNA Aerosol 160/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BREYNA Aerosol 80/4.5/MCG/ACT	Chronic cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BREYNA Aerosol 80/4.5/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	BRIMONIDINE TARTRATE Gel 0.33%	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIMONIDINE TARTRATE Gel 0.33%	ROSACEA UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	N/A	BRIMONIDINE TARTRATE Solution 0.1%	PRIMARY OPEN-ANGLE GLAUCOMA BIL MODERATE STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	BRONCHIECTASIS WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	BRONCHIECTASIS WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	BRIUMVI Solution 150MG/6ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVARACETAM Tablet 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	2
AR Exchange - HIM	N/A	BRIVARACETAM Tablet 100MG	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVARACETAM Tablet 50MG	UNSPECIFIED CONVULSIONS	Approved	N/A	2
AR Exchange - HIM	N/A	BRIVARACETAM Tablet 50MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVARACETAM Tablet 50MG	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVIACT Tablet 50MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 24MG/0.48ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 24MG/0.48ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 32MG/0.64ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	4
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 8MG/0.16ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 128MG/0.36ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 128MG/0.36ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	3
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 64MG/0.18ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 64MG/0.18ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	Opioid abuse, in remission	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	10
AR Exchange - HIM	N/A	BUDESONIDE ER Tablet ER 24HR 9MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	ACUTE OBSTRUCTIVE LARYNGITIS CROUP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	NASAL POLYP UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	POLYP OF NASAL CAVITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CENTRILOBULAR EMPHYSEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC SINUSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	OTHER EMPHYSEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC SINUSITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	Other specified cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	SHORTNESS OF BREATH	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	EMPHYSEMA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 80/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 8/2/MG	OPIOID ABUSE W/UNS OPIOID-INDUCED DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 8/2/MG	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Tab Sublingual 2/0.5/MG	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 15MCG/HR	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BUPROPION HCL ER (SR) Tablet ER 12HR 150MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 150MG		Denied	Formulary/Plan Benefit	1
AR Exchange - HIM	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 450MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 450MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 450MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 450MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MIXED	Approved	N/A	1
AR Exchange - HIM	N/A	BUSPIRONE HCL Tablet 2.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	BUSPIRONE HCL Tablet 7.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50/300/40/30/MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50/300/40/30/MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50/325/40/30/MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50/325/40/30/MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50/325/40/30/MG	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFFEINE Tablet 50/325/40/MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTRANS Patch Weekly 5MCG/HR	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	BYSTOLIC Tablet 10MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	Benefix Kit (250 unit,500 unit,1000 unit,2000 unit, 3000 unit)	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 20MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 40MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	CABTREO Gel 0.15/3.1/1.2/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	LOCALIZED SCLERODERMA MORPHEA	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Solution 0.005%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CALQUENCE Tablet 100MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	CAMZYOS Capsule 10MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	CAMZYOS Capsule 5MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAMZYOS Capsule 5MG	OTHER HYPERTROPHIC CARDIOMYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 150MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 150MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF AMPULLA OF VATER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF CECUM	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MIXED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	7
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR II DISORDER	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	DELUSIONAL DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	AUTISTIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR II DISORDER	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	3
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	3
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CEFAZOLIN SODIUM For Solution 10GM	URINARY TRACT INFECTION SITE NOT SPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CEFEPIME HCL For Solution 2GM/ SODIUM CHLORIDE Solution 0.45% Compound	STAPHYLOCOCCAL ARTHRITIS UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 2GM	CELLULITIS OF RIGHT FINGER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 2GM	CELLULITIS OF LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 2GM	OSTEOPATHY AFTER POLIOMYELITIS UNS ANKLE & FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 2GM	SEVERE SEPSIS WITH SEPTIC SHOCK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 2GM	DIRECT INF RT KNEE INF & PARASITIC DZ CLASS ELSW	Approved	N/A	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 500MG	GONOCOCCAL INF LOWER GENTOURINARY TRACT UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CEPHALEXIN Tablet 500MG	ACUTE SEROUS OTITIS MEDIA RIGHT EAR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEPHALEXIN Tablet 500MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEQUA Solution 0.09%	EXPOSURE KERATOCONJUNCTIVITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEQUA Solution 0.09%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CEQUA Solution 0.09%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CEQUR SIMPLICITY 2U Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CEQUR SIMPLICITY 2U Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEQUR SIMPLICITY 2U Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	CEQUR SIMPLICITY 2U Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	CETIRIZINE HCL Tablet 10MG	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CETIRIZINE HCL Tablet 10MG	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIMZIA (1 SYRINGE) Prefill Syr Kit 200MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIMZIA (2 SYRINGE) Prefill Syr Kit 200MG/ML	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	CIMZIA (2 SYRINGE) Prefill Syr Kit 200MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CIMZIA-STARTER Prefill Syr Kit 200MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	CIMZIA-STARTER Prefill Syr Kit 200MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-HYDROCORTISONE Suspension 0.2/1/%	UNSPECIFIED OTITIS EXTERNA BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-HYDROCORTISONE Suspension 0.2/1/%	UNSPECIFIED OTITIS EXTERNA RIGHT EAR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CITALOPRAM HYDROBROMIDE Tablet 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CLARAVIS Capsule 40MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLENPIQ Solution 10/3.5/12 MG/GM/-GM/175ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLENPIQ Solution 10/3.5/12 MG/GM/-GM/175ML	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/3.75/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/5/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/5/%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	OTHER ACNE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	ACNE VULGARIS	Approved	N/A	4
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	BOCKHARTS IMPETIGO	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 20MG	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INSECT BITE NONVENOMOUS LT LOWER LEG INITIAL ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	Unspecified urethral stricture, male, meatal	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	GENERALIZED PUSTULAR PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS VULGARIS	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	CONTACT DERMATITIS AND OTHER ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALOPECIA AREATA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LEUKOPLAKIA OF VULVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER LICHEN PLANUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LOCALIZED SCLERODERMA MORPHEA	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SIMPLEX CHRONICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	SMALL PLAQUE PARAPSORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	TOXIC EFFECT CONTACT OTH JELLYFISH ACC INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PRURITUS VULVAE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DYSHIDROSIS POMPHOLYX	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INSECT BITE UNSPECIFIED THIGH INITIAL ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INSECT BITE NONVENOMOUS RT LOWER LEG INITIAL ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ULCERATION OF VULVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTH SPEC NONINFLAMMATORY D/O VULVA & PERINEUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	IRRITANT CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	UNSPECIFIED CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTH SPEC DIABETES MELLITUS W/DIABETIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE E Cream 0.05%	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE E Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	OTHER ALOPECIA AREATA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER ATOPIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	Other pruritus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	FLEXURAL ECZEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ECZEMATOUS DERMATITIS OF LEFT UPPER EYELID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	Pelvic and perineal pain unspecified side	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	UNSPECIFIED CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	NUMMULAR DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DYSHIDROSIS POMPHOLYX	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LICHEN SIMPLEX CHRONICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LEUKOPLAKIA OF VULVA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURITUS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS VULGARIS	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER LICHEN PLANUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	IRRITANT CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	HYPERTROPHIC SCAR	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	FOLLICULAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	FOLLICULAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	SEBORRHEA CAPITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ACNE KELOID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ALOPECIA AREATA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER ALOPECIA AREATA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	SEBORRHEA CAPITIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS VULGARIS	Approved	N/A	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	11
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ALOPECIA AREATA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	CLOMID Tablet 50MG	TESTICULAR HYPOFUNCTION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CLOMIPHENE CITRATE Tablet 50MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOMIPHENE CITRATE Tablet 50MG	FEMALE INFERTILITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet 1MG		Approved	N/A	2
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 0.125MG	COMPLEX FEBRILE CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 0.25MG	PANIC DISORDER WITHOUT AGORAPHOBIA	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 0.25MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 0.5MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 0.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 1MG	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL COND	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 1MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 1MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 100/20/MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 100/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 125/30/MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COBENFY Capsule 125/30/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 50/20/MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 50/20/MG	OTHER STIMULANT DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COBENFY STARTER PACK Cap Ther Pack 50/20 & 100/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Capsule 0.6MG	GOUT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	IDIOPATHIC GOUT RIGHT ANKLE AND FOOT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	GOUT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	GOUT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	SYSTEMIC SCLEROSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	PRECORDIAL PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	IDIOPATHIC GOUT UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	CHRONIC GOUT UNSPECIFIED WITHOUT TOPHUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	OTHER CHONDROCALCINOSIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	IDIOPATHIC CHRONIC GOUT MULTIPL SITES W/O TOPHUS	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	IDIOPATHIC CHRONIC GOUT UNS SITE WITHOUT TOPHUS	Approved	N/A	1
AR Exchange - HIM	N/A	COMBIPATCH Patch TW 0.05/0.14MG/DAY	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COMBIPATCH Patch TW 0.05/0.25/MG/DAY	ENDOCRINE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONDYLOX Gel 0.5%	CONDYLOMA LATUM	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-inj 150MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX Soln Pref Syr 75MG/0.5ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	16
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CREON Capsule DR Part 12000/38000/UNIT	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000/114000/UNIT	OTHER SPECIFIED DISEASES OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000/114000/UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000/114000/UNIT	IDIOPATHIC ACUTE PANCREATITIS WO NECROSIS INFECT	Approved	N/A	1
AR Exchange - HIM	N/A	CREON Capsule DR Part 6000/19000/UNIT	EPIGASTRIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	CREXONT Capsule ER 70/280/MG	Parkinson s disease without dyskinesia, with fluctuations	Approved	N/A	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	DIARRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	CHRONIC IRIDOCYCLITIS UNSPECIFIED EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	MAST CELL ACTIVATION UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	UPPER ABDOMINAL PAIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	MAST CELL ACTIVATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOBENZAPRINE HCL Tablet 10MG	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOBENZAPRINE HCL Tablet 5MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	OTHER KERATOCONJUNCTIVITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	3
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	19
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Approved	N/A	4
AR Exchange - HIM	N/A	CYCLOSPORINE (PF) Emulsion 0.05%	STAPHYLOMA POSTICUM RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	D-3-5 Capsule 125 MCG(5000 UT)	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DALFAMPRIDINE ER Tablet ER 12HR 10MG	Relapsing-remitting multiple sclerosis	Approved	N/A	2
AR Exchange - HIM	N/A	DANTROLENE SODIUM Capsule 25MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAPAGLIFLOZIN Tablet 10MG	Chronic kidney disease, stage 3 unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	DAPAGLIFLOZIN-METFORMIN HCL ER Tablet ER 24HR 5/1000/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	DASATINIB Tablet 100MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	DASATINIB Tablet 140MG	OTHER MYELOID LEUKEMIA NOT ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	DASATINIB Tablet 70MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 10MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 10MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 5MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEPAKOTE Tablet DR 250MG	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	DEPLIN FC Capsule 15MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	PANIC DISORDER WITHOUT AGORAPHOBIA	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	ALCOHOL DEPENDENCE IN REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	DYSTHYMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/DIAB NEUROPATHY UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G6 TRANSMITTER Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family practice	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	GESTATIONAL DM IN PREGNANCY UNSPECIFIED CONTROL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	DRUG/CHEM INDUCED DIAB MELLITUS W/HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	Insulin resistance, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	GESTATIONAL DM IN PREGNANCY DIET CONTROLLED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	LONG TERM CURRENT USE OF INSULIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/DIAB NEUROPATHY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Endocrinology	DEXCOM G7 SENSOR Misc	Hypoglycemia level 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	DEXLANSOPRAZOLE Capsule DR 60MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 1%	UNS FX LOWER LT RADIUS INITIAL ENC CLOS FRACTURE	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OTHER MUSCLE SPASM	Approved	N/A	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PRIMARY OSTEOARTHRITIS RIGHT HAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	SOFT TISSUE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	MASTODYNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	ACTINIC KERATOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	SACROCOCCYGEAL DISORDERS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT ANKLE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	CERVICALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	STIFFNESS OF UNSPECIFIED JOINT NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Solution 2%	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	DIETHYLPROPION HCL ER Tablet ER 24HR 75MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DIETHYLPROPION HCL Tablet 25MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	CATARACT SECONDARY TO OCULAR DISORDERS RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	UNSPECIFIED CORNEAL SCAR AND OPACITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	CYSTOID MACULAR EDEMA FLW CATARACT SURG BILAT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	CHRONIC IRIDOCYCLITIS RIGHT EYE	Approved	N/A	1
AR Exchange - HIM	N/A	DIMETHYL FUMARATE Capsule DR 240MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	DIVIGEL Gel 0.5MG/0.5GM	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOJOLVI Liquid 100%	LC/VERY LONG CHAIN ACYL COA DEHYDROGENASE DEFIC	Approved	N/A	1
AR Exchange - HIM	N/A	DORYX MPC Tablet DR 60MG	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOTTI Patch TW 0.025MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	DOTTI Patch TW 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	OTHER SLEEP DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA DUE TO MEDICAL CONDITION	Approved	N/A	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	OTHER SLEEP DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYCYCLINE Capsule DR 40MG	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYCYCLINE HYCLATE Capsule 100MG	Acute Cough	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYCYCLINE HYCLATE Tablet 100MG		Approved	N/A	1
AR Exchange - HIM	N/A	DOXYCYCLINE HYCLATE Tablet 50MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYCYCLINE MONOHYDRATE For Suspension 25MG/5ML	INFECTION OF TRACHEOSTOMY STOMA	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	SUPERVISION HIGH RISK PREG UNS UNS TRIMESTER	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	NAUSEA	Approved	N/A	4
AR Exchange - HIM	N/A	DROPLET PEN NEEDLES Misc 31G X 8 MM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DRYSOL Solution 20%	PRIMARY FOCAL HYPERHIDROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DULOXETINE HCL Capsule DR Part 30MG	CANNABIS DEPENDENCE IN REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	DULOXETINE HCL Capsule DR Part 90MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	POLYP OF NASAL CAVITY	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	15
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	LICHEN SIMPLEX CHRONICUS AND PRURIGO	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	IDIOPATHIC URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	8
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	COPD WITH ACUTE LOWER RESPIRATORY INFECTION	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	4
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	3
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	2
AR Exchange - HIM	N/A	DUTASTERIDE Capsule 0.5MG	NONSCARRING HAIR LOSS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DYMISTA Suspension 137/50/MCG/ACT	NASAL CONGESTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	Daptomycin	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	EBGLYSS Soln Pref Syr 250MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EFFEXOR XR Capsule ER 24HR 75MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EKTERLY Tablet 300MG	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	N/A	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ELIQUIS DVT/PE STARTER PACK Tab Ther Pack 5MG	ACUTE EMBO THROMB UNS DEEP VEINS UNS LOW EXTREM	Approved	N/A	1
AR Exchange - HIM	N/A	ELIQUIS Tablet 2.5MG	PERSONAL HISTORY OF PULMONARY EMBOLISM	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	ELIQUIS Tablet 5MG	ACUTE EMBO THROMB OTH SPEC DEEP VEIN RT LOW EXT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 25MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Exchange - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 75MG	APLASTIC ANEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	EMBECTA PEN NEEDLE ULTRAFINE Misc 31G X 8 MM	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY (300 MG DOSE) Soln Pref Syr 100MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	12
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	11
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	4
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Headache, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	3
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	13
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	OTHER MIGRAINE INTRACTABLE W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	4
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	5
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	5

AR Exchange - HIM	N/A	ENBREL MINI Soln Cartridge 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	9
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Syr 50MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENHERTU For Solution 100MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	Approved	N/A	1
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Approved	N/A	3
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	ACUTE HEPATITIS B W/O DELTA-AGENT W/O HEP COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	CONTACT W/ & SUSPECTED EXPOSURE VIRAL HEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ENTYVIO PEN Soln Auto-inj 108MG/0.68ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ENTYVIO PEN Soln Auto-inj 108MG/0.68ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENVARSUS XR Tablet ER 24HR 0.75MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	ENVARSUS XR Tablet ER 24HR 1MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	2
AR Exchange - HIM	N/A	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-inj 0.15MG/0.3ML	DERMATITIS DUE TO INGESTED FOOD	Approved	N/A	1
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-inj 0.3MG/0.3ML	ANAPHYLACTIC REACTION TREE NUTS & SEEDS INIT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EPIOXA HD/ EPIOXA Prefill Syr Kit 0.239 & 0.177%	KERATOCONUS UNSTABLE BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	ERIBULIN MESYLATE Solution 1MG/2ML	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ERIVEDGE Capsule 150MG	BASAL CELL CARCINOMA OF SKIN, UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	Esophagitis, unspecified without bleeding	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Packet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EST ESTROGENS-METHYLTEST Tablet 1.25/2.5/MG	ENDOCRINE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL Gel 0.5MG/0.5GM	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	3
AR Exchange - HIM	N/A	ESTRADIOL Gel 0.75 MG/1.25 GM(0.06%)	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.025MG/24HR	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.025MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.0375MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.05MG/24HR	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.05MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.05MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	ESTRADIOL Patch TW 0.1MG/24HR	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.025MG/24HR	OTHER SPEC MENOPAUSAL & PERIMENOPAUSAL DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.025MG/24HR	OTHER SPEC MENOPAUSAL & PERIMENOPAUSAL DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.025MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.025MG/24HR	SYMPTOMATIC POSTPROCEDURAL OVARIAN FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.0375MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.05MG/24HR	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.05MG/24HR	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Patch Weekly 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 0.5MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	2
AR Exchange - HIM	N/A	ESTRADIOL Tablet 0.5MG	ABN LEVEL HORMONES IN SPEC OTH ORGAN SYS & TISS	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 0.5MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	ESTRADIOL Tablet 1MG	ACQUIRED ABSENCE OF BOTH CERVIX AND UTERUS	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 1MG	OTHER SPEC MENOPAUSAL & PERIMENOPAUSAL DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 1MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 2MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 2MG	FEMALE INFERTILITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 2MG	SYMPTOMATIC PREMATURE MENOPAUSE	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 2MG	ENCOUNTER ASSTD REPRODUCTIVE FERTILITY PROC CYCL	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL Tablet 2MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	ESTRADIOL VALERATE Oil 20MG/ML	GENDER IDENTITY DISORDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 0.5/0.1/MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 0.5/0.1/MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 1/0.5/MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 1/0.5/MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OTH INSOMNIA NOT DUE SBSTNC/KNOWN PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OTHER INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	REACTION TO SEVERE STRESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	SLEEP DEPRIVATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY INSOMNIA	Approved	N/A	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PRIMARY INSOMNIA	Approved	N/A	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO MEDICAL CONDITION	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	REM SLEEP BEHAVIOR DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	OTHER INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO MEDICAL CONDITION	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	12
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	ETOPOSIDE Capsule 50MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	EUCRISA Ointment 2%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	EUCRISA Ointment 2%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	EUCRISA Ointment 2%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	EUCRISA Ointment 2%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	Clinical Nurse Specialist	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pain Medicine: Pain Medicine	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	EXDENSUR Soln Pref Syr 100MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	EYLEA HD Solution 8MG/0.07ML	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	1
AR Exchange - HIM	N/A	EZETIMIBE Tablet 10MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FACTOR VIII PER IU NOS	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	FACTOR VIII PER IU NOS	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	FAMOTIDINE Solution 40MG/10ML	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FANAPT Tablet 6MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT Tablet 6MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FARXIGA Tablet 10MG	DISCORDANT VENTRICULOARTERIAL CONNECTION	Approved	N/A	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	4
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FASENRA Soln Pref Syr 30MG/ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FASENRA Soln Pref Syr 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 40MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 40MG	GOUT UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 80MG	GOUT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEMRING Rinq 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEMRING Rinq 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	FENOFIBRATE Capsule 150MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FENOFIBRATE Tablet 120MG	Other hyperlipidemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 25MCG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 37.5MCG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 50MCG/HR	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	FEOSOL Tablet 325 (65 Fe)MG		Approved	N/A	3
AR Exchange - HIM	N/A	FEROSUL Tablet 325 (65 Fe)MG		Approved	N/A	11
AR Exchange - HIM	N/A	FERRLECIT Solution 12.5MG/ML	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FERUMOXYTOL Solution 510MG/17ML	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	FETZIMA Capsule ER 24HR 20MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	ACUTE MAXILLARY SINUSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP PUMPCART Soln Cartridge 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP Solution 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FINASTERIDE Tablet 1MG	ANDROGENIC ALOPECIA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	Internal medicine	FINASTERIDE Tablet 1MG	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FINASTERIDE Tablet 1MG	HESITANCY OF MICTURITION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FINASTERIDE Tablet 1MG	OTHER ANDROGENIC ALOPECIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FINTEPLA Solution 2.2MG/ML	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	FLUPHENAZINE DECANOATE Solution 25MG/ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	Acute respiratory distress	Approved	N/A	1
AR Exchange - HIM	N/A	FLUTICASONE-SALMETEROL Aero Pow Br Act 500/50/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	FLUVOXAMINE MALEATE ER Capsule ER 24HR 100MG	MIXED OBSESSIONAL THOUGHTS AND ACTS	Approved	N/A	1
AR Exchange - HIM	N/A	FONDAPARINUX SODIUM Solution 10MG/0.8ML	ANTIPHOSPHOLIPID SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	5
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 0.8MG	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	Internal medicine	FOUNDAYO Tablet 0.8MG	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 2.5MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	FOUNDAYO Tablet 2.5MG	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 2.5MG	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 2.5MG	FLU D/T UNIDENTIFIED FLU VIRUS W/OTH RESP MANIF	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 2.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FOUNDAYO Tablet 5.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	DM DUE TO UNDERLYING COND W/KETOACIDOS W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	7
AR Exchange - HIM	Hospital	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	OTHER ABNORMAL GLUCOSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 READER Device	GESTATIONAL DM IN PREGNANCY UNSPECIFIED CONTROL	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	7
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	GESTATIONAL DM IN PREGNANCY DIET CONTROLLED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	19
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	DM D/T UNDERLYING COND W/DIABETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal medicine	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	28
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	17
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	Hypoglycemia level 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	48
AR Exchange - HIM	Internal medicine	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	93
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	Hypoglycemia level 2	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIAB MELLITUS MILD NPDR W/O MAC EDEMA OS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	UNSPECIFIED DM IN PREGNANCY UNS TRIMESTER	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	12
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS OTH DIAB OPHTHALM COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	GESTATIONAL DM IN PREGNANCY UNSPECIFIED CONTROL	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	24
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS PDR W/O MAC ED UNS EYE	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	UNSPECIFIED DM IN PREGNANCY UNS TRIMESTER	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	14
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	7
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE PRECISION NEO TEST Strip	TYPE 2 DM W/UNS DIAB RETINPATHY W/MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FROVATRIPTAN SUCCINATE Tablet 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	FROVATRIPTAN SUCCINATE Tablet 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FROVATRIPTAN SUCCINATE Tablet 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	FROVATRIPTAN SUCCINATE Tablet 2.5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FT PAIN RELIEF MAX STRENGTH Patch 4%	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FULPHILA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	Approved	N/A	1
AR Exchange - HIM	N/A	FULPHILA Soln Pref Syr 6MG/0.6ML	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	GABAPENTIN (ONCE-DAILY) Tablet 300MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GABAPENTIN Capsule 100MG	Myalgia, unspecified site	Approved	N/A	1
AR Exchange - HIM	N/A	GABAPENTIN Capsule 200MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	GABAPENTIN Tablet 600MG	Myalgia, unspecified site	Approved	N/A	1

AR Exchange - HIM	Internal Medicine: Adolescent Medicine	GAMMAGARD LIQUID INJECTION	HEREDITARY HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Critical Care Medicine	GAMMAGARD LIQUID INJECTION	ENCOUNTER AFTERCARE FOLLOWING HEART TRANSPLANT	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Adolescent Medicine	GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GAMMAGARD LIQUID INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	GAMMAGARD LIQUID INJECTION	POLYMYOSITIS ORGAN INVOLVEMENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	GAMMAGARD LIQUID INJECTION	OTH DERMATOPOLYMYOSITIS W/OTH ORGAN INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Approved	N/A	2
AR Exchange - HIM	N/A	GAMMAGARD Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution (1GM/10ML,2.5GM/25ML,5GM/50ML,10GM/100ML,20GM/200ML,30GM/300ML)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution (1GM/10ML,2.5GM/25ML,5GM/50ML,10GM/100ML,20GM/200ML,30GM/300ML)	STIFF-MAN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	GAMMAGARD Solution(1GM/10ML,2.5GM/25ML,5GM/50ML,10GM/100ML,20GM/200ML,30GM/300ML)	Other disorders of autonomic nervous system	Approved	N/A	1
AR Exchange - HIM	N/A	GAMUNEX-C Solution (1 GM/10ML/2.5 GM/25ML/5 GM/50ML/10 GM/100ML/20 GM/200ML/40GM/400ML)	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GAMUNEX-C/GAMMAKED	MYASTHENIA GRAVIS WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	GAMUNEX-C/GAMMAKED	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Approved	N/A	5
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	URGE INCONTINENCE	Approved	N/A	4
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	UNSPECIFIED URINARY INCONTINENCE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	FREQUENCY OF MICTURITION	Approved	N/A	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	STRESS INCONTINENCE FEMALE MALE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GENOTROPIN MINIQUICK Prefilled Syr 0.8MG	HYPOPITUITARISM	Approved	N/A	1
AR Exchange - HIM	N/A	GIMOTI Solution 15MG/ACT	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLASSIA Solution 1000MG/50ML	ALPHA-1-ANTITRYPSIN DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	GLIPIZIDE ER Tablet ER 24HR 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLIPIZIDE Tablet 2.5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG/ML	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	GOODSENSE ESOMEPRAZOLE Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	GOODSENSE ESOMEPRAZOLE Capsule DR 20MG	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Practice	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital: Rural	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	GRANIX Soln Pref Syr 300MCG/0.5ML	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	GRANIX Solution 300MCG/ML	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	GUAIFENESIN-CODEINE Solution 100/10/MG/5ML	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	GUAIFENESIN-CODEINE Solution 100/10/MG/5ML	ACUTE PHARYNGITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	GUANFACINE HCL Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 1-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 1-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 0.5MG/0.1ML	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 0.5MG/0.1ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE PFS Soln Pref Syr 1MG/0.2ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Gammagard Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, and 30GM/300ML)	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	Gammagard Solution 1g/10mL, 2.5g/25mL, 5g/50mL, 10g/100mL, 20g/200mL and 30g/300mL	MYASTHENIA GRAVIS WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	Gamunex-C Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, and 40GM/400ML)	MYOSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Gamunex-C Solution (1GM/10ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, and 40GM/400ML)	MYOSITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	Gel-syn injection 0.1 mg	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	Gel-syn injection 0.1 mg	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	OTHER STIMULANT DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HEMICLOR Tablet 12.5MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMATE-P For Solution (250/600/UNIT/500/1200/UNIT/1000/2400/UNIT)	Von Willebrand disease, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HUMATE-P For Solution 500/1200/UNIT	Von Willebrand disease, type 1	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	UNSPECIFIED IRIDOCYCLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PERSONAL HX OTH DZ MUSCULOSKEL SYS&CONNECTV TISS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	4
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ANKYLOSING SPONDYLITIS UNS SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	OTHER ULCERATIVE COLITIS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 20MG/0.2ML	POSTERIOR CYCLITIS RIGHT EYE	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.8ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMULIN 70/30 KWIKPEN Susp-Pen-inj (70/30) 100/UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	HUMULIN 70/30 Suspension (70/30) 100/UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMULIN R Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Orthopaedic Surgery	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Physician Assistant	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Anesthesiology	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CONCUSSION WITHOUT LOC INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNSPECIFIED DISLOCATION OF RIGHT HIP SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OSTEOARTHRITIS OF HIP UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	BENIGN INTRACRANIAL HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOLISTHESIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	27
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES TONSIL	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OSTEOARTHRITIS OF KNEE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT LEG	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1

AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	INF & INFLAM REACT INTRL FIX LT ULNA INITIAL ENC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Vertebrogenic low back pain	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	5
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	LOW BACK PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CERVICALGIA	Approved	N/A	5
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	40
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	17
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	10
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PRIMARY OSTEOARTHRITIS RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER COMPLICATIONS PROC NEC INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	16
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH FX UPPER LT TIBIA SUBSQT CLOS FX RTN HEAL	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER SPECIFIED DISORDERS OF KIDNEY AND URETER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	FUSION OF SPINE LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PHANTOM LIMB SYNDROME WITH PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region with lower extremity pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	NON-PRSS CHR ULCR OTH PART RT LW LEG NECROS MUSC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG		Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER INTERVERTEBRAL DISC DISORDER LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	ARTHRODESIS STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LESION OF ULNAR NERVE BILATERAL UPPER LIMBS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	FLATBACK SYNDROME SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OPIOID USE UNSPECIFIED WITH WITHDRAWAL	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Low back pain, unspecified	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	12
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	28
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Primary osteoarthritis, other specified site	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SHOULDER LESIONS RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRIMARY OSTEOARTHRITIS UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	31
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LEFT UPPER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other low back pain	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER LESIONS OF ORAL MUCOSA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIC ARTHROPATHIES NEC RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Flank pain, bilateral	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Vertebrogenic low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICALGIA	Approved	N/A	5
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CALCULUS OF KIDNEY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	ZOSTER WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNS FX 5TH MC BONE RT HAND INITIAL ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	13
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PERFORATION OF INTESTINE NONTRAUMATIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG		Denied	Eligibility	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PERSON INJURED UNS MOTOR-VEH ACC TRAF SUB ENC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	FRACTURE OF NECK UNSPECIFIED SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NDSPLC FX NCK LT RADUS SUBSQT ENC CLOS FX RTN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIED MONONEUROPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHEST PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	7
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPINAL STENOSIS SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	TOBACCO USE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPINAL STENOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	10
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER CHEST PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LOW BACK PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	13
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN UNSPECIFIED FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CELLULITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	33
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Spinal stenosis, lumbar region with neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Low back pain, unspecified	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Vertebrogenic low back pain	Approved	N/A	2

AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG		Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN UNSPECIFIED KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNSPECIFIED INJURY LT WRIST HAND FINGERS SUBSQT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN THORACIC SPINE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	9
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	FUSION OF SPINE CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER DISORDERS OF TRIGEMINAL NERVE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN LEFT KNEE	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	DISEASE OF SPINAL CORD UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	DIVERTICULITIS PART UNS W/O PERF/ABSC W/O BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	ARTHROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Primary osteoarthritis, other specified site	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	INFLAMMATORY POLYARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	COMPLETE TRAUMATIC MCP AMP UNS FINGER SUBSQT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOLYSIS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	BREAKDOWN INTRL FIX DEVC BONE RT LW LEG INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LS RGN	Approved	N/A	5
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	9
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	DSPLC COMMINUT FX SHFT HUM RT ARM SUB ENC RTN HL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 10/200/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 10/200/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 5/200/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 5/200/MG	Pelvic and perineal pain unspecified side	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 7.5/200/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCORTISONE ACE-PRAMOXINE Cream 2.5/1%	UNSPECIFIED HEMORRHOIDS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL ER Tablet ER 24HR 12MG	OTHER SPONDYLOSIS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	RADICULOPATHY SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	SICKLE-CELL DISEASE WITHOUT CRISIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROQUINONE Cream 4%	DISORDER OF PIGMENTATION UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	HYDROQUINONE Cream 4%	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYDROXYCHLOROQUINE SULFATE Tablet 200MG	SYSTEMIC INVOLVEMENT CONNECTIVE TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	HYFTOR Gel 0.2%	TUBEROUS SCLEROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE ER Tablet ER 12HR 0.375MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	OTHER DISEASES OF STOMACH AND DUODENUM	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	CRAMP AND SPASM	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	UPPER ABDOMINAL PAIN UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	LOWER ABDOMINAL PAIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegratinq 0.125MG	OTHER DISEASES OF STOMACH AND DUODENUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegrating 0.125MG	URINARY CALCULUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegrating 0.125MG	PERUMBILICAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegrating 0.125MG	ACUTE TUBULO-INTERSTITIAL NEPHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegrating 0.125MG	OTHER SPECIFIED DISORDERS OF BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSYNE Elixir 0.125MG/5ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYQVIA Kit (2.5 GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYQVIA Kit (2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYQVIA Kit (2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 30GM/300ML)	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYRIMOZ Soln Auto-inj 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYSINGLA ER Tab 24HR Deter 30MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	Humate-P for solution (250/600/unit, 500/1200/unit, 1000/2400/unit)	Von Willebrand disease, type 2A	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Capsule 125MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IBRANCE Tablet 100MG	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 100MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 100MG	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IBRANCE Tablet 125MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 125MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 125MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IBRANCE Tablet 75MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	OTHER CONSTIPATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	3
AR Exchange - HIM	N/A	IBTROZI Capsule 200MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	IBUPROFEN Tablet 800MG		Approved	N/A	1
AR Exchange - HIM	N/A	ICLUSIG Tablet 30MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	MIXED HYPERLIPIDEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	Other hyperlipidemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERGLYCERIDEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	Other hyperlipidemia	Approved	N/A	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	Homozygous familial hypercholesterolemia [HoFH]	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOTYDE Tablet 200MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ICOTYDE Tablet 200MG	PSORIASIS VULGARIS	Approved	N/A	4
AR Exchange - HIM	N/A	ICOTYDE Tablet 200MG	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ILUMYA Soln Pref Syr 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMATINIB MESYLATE Tablet 100MG	Hypereosinophilic syndrome [HES], unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	IMATINIB MESYLATE Tablet 400MG	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	Approved	N/A	2
AR Exchange - HIM	N/A	IMBRUVICA Tablet 420MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	IMIQUIMOD Cream 5%	TINEA UNGUIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMIQUIMOD Cream 5%	NEOPLASM OF UNCERTAIN BEHAVIOR OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMIQUIMOD Cream 5%	VIRAL WART UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMVEXXY MAINTENANCE PACK Insert 10MCG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMVEXXY MAINTENANCE PACK Insert 4MCG	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IMVEXXY STARTER PACK Insert 4MCG	FEMALE SEXUAL AROUSAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFED Solution 50MG/ML	DISORDER OF IRON METABOLISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFED Solution 50MG/ML	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	SARCOIDOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	POLYARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	SARCOIDOSIS OF OTHER SITES	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	SARCOIDOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	3
AR Exchange - HIM	N/A	INGREZZA Capsule 80MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	2
AR Exchange - HIM	Physician Assistant	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Approved	N/A	1
AR Exchange - HIM	N/A	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ DENOSUMAB-BNHT BOMYNTRA/CONEXXENCE BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ DENOSUMAB-BNHT BOMYNTRA/CONEXXENCE BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	CYSTOID MACULAR DEGENERATION BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJ DOCETAXEL HOSPIRA NOT THERAP EQV J9171 1 MG	MAL NEOPLASM PERIPH NERVES LT LOW LIMB INCL HIP	Approved	N/A	1

AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ DOCETAXEL HOSPIRA NOT THERAP EQV J9171 1 MG	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ DOCETAXEL HOSPIRA NOT THERAP EQV J9171 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	RESTLESS LEGS SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Obstetrics & Gynecology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	ANEMIA COMPLICATING PREGNANCY UNS TRIMESTER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	INJ FERUMOXYTOL TX IDA 1 MG ESRD	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	4
AR Exchange - HIM	Internal Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ IG IV NONLYOPHILIZED 500 MG	OTHER MYOSITIS MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ IVIG PRIVIGEN 500 MG	Myelin oligodendrocyte glycoprotein antibody disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJ PERTUZUMAB TRASTUZUMAB & HYAL-ZZXF PER 10 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ PERTUZUMAB TRASTUZUMAB & HYAL-ZZXF PER 10 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	ENCOUNTER FOR PROPHYLACTIC RHO IMMUNE GLOBULIN	Approved	N/A	1
AR Exchange - HIM	Family Medicine	INJ RHO D IG HUMAN RHOPHYLAC 100 IU	OTHER SPEC PREGNANCY RELATED COND UNS TRIMESTER	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	HYPOKALEMIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	DISSECTION OF ILIAC ARTERY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	UNS NEPHRITIC SYNDROME W/UNS MORPHOLOGIC CHANGES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Warm autoimmune hemolytic anemia	Approved	N/A	1
AR Exchange - HIM	N/A	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	WEGENERS GRANULOMATOSIS W/O RENAL INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	WEGENERS GRANULOMATOSIS W/O RENAL INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJ, ADO-TRASTUZUMAB EMT 1MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	Orthopaedic Surgery	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	PAIN IN LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Orthopaedic Surgery	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Gerontology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	5
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASMODIC TORTICOLLIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	2
AR Exchange - HIM	General Acute Care Hospital	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TRIBUTARY RETINAL VEIN OCCL LT EYE MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION ANIFROLUMAB-FNIA 1 MG	DISCOID LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION ATEZOLIZUMAB 10 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION BELIMUMAB 10 MG	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Rheumatology	INJECTION BELIMUMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION CARBOPLATIN 50 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION CARBOPLATIN AVYXA 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION CARBOPLATIN AVYXA 1 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CEMIPLIMAB-RWLC 1 MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION CEMIPLIMAB-RWLC 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CEMIPLIMAB-RWLC 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION CERTOLIZUMAB PEGOL 1 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION CERTOLIZUMAB PEGOL 1 MG	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CLADRIBINE PER 1 MG	HAIRY CELL LEUKEMIA NOT HAV ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CRIZANLIZUMAB-TMCA 5 MG	HB-SS DISEASE WITH CRISIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION CRIZANLIZUMAB-TMCA 5 MG	Sickle-cell thalassemia beta plus with crisis, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CRIZANLIZUMAB-TMCA 5 MG	HB-SS DISEASE WITH CRISIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Practice	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	ARTERITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	General Acute Care Hospital	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIGNANT NEOPLASM OVERLAP SITES LT MALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DATOPOTAMAB DERUXTECAN-DLNK 1 MG	MALIG NEOPLASM CENTRAL PORTION LEFT MALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJECTION DEGARELIX 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Family Medicine	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Registered Nurse	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Obstetrics & Gynecology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	AGE-REL OSTEOPOROSIS W/CURR PATH FX INIT ENC FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION DONANEMAB-AZBT 2 MG	ALZHEIMERS DISEASE WITH EARLY ONSET	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION DONANEMAB-AZBT 2 MG	ALZHEIMERS DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM OF UNSPECIFIED MAIN BRONCHUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPCORTAMAB-BYSP 0.16 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 100 UNITS	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	3
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	CHRONIC KIDNEY DISEASE STAGE 5	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Durable Medical Equipment & Medical Supplies	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION FAMOTIDINE 0.25 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION FERRIC DERISOMALTOSE 10 MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION GEMCITABINE HCL AVYXA 200 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION GOLIMUMAB 1 MG FOR IV USE	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION GOLIMUMAB 1 MG FOR IV USE	ANKYLOSING SPONDYLITIS SAC & SACROCOCCYGEAL RGN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION GOLIMUMAB 1 MG FOR IV USE	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION GOLIMUMAB 1 MG FOR IV USE	ANKYLOSING SPONDYLITIS SAC & SACROCOCCYGEAL RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION GOLIMUMAB 1 MG FOR IV USE	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION GUSELKUMAB 1 MG	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	N/A	1

AR Exchange - HIM	General Acute Care Hospital	INJECTION GUSELKUMAB 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION GUSELKUMAB 1 MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Cardiovascular Disease	INJECTION INCLISIRAN 1 MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Cardiovascular Disease	INJECTION INCLISIRAN 1 MG	Familial hypercholesterolemia, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION INCLISIRAN 1 MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION INCLISIRAN 1 MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	OTHER DYSTONIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASMODIC TORTICOLLIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION INFLIXIMAB, 10 MG	BEHCETS DISEASE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION INFLIXIMAB, 10 MG	SARCOIDOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INJECTION INFLIXIMAB, 10 MG	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pediatrics	INJECTION INFLIXIMAB, 10 MG	POSTERIOR CYCLITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION IRINOTECAN 20 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION ISATUXIMAB-IRFC 10 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION LURBINECTEDIN 0.1 MG	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecology	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG	Malignant neoplasm of bilateral ovaries	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION NARSOPLIMAB-WUOG 1 MG	Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION NARSOPLIMAB-WUOG 1 MG	Hematopoietic stem cell transplantation-associated thrombotic microangiopathy [HSCT-TMA]	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION NATALIZUMAB 1 MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF CECUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	SEC & UNS MALIG NEOPLASM INGUINAL LOW LIMB NODES	Approved	N/A	2
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION OCRELIZUMAB 1 MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION OCRELIZUMAB 1 MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION OCRELIZUMAB 1 MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION OCRELIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION OCRELIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 .25 MCG	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG	NONEX AGE-REL MAC DEGEN BIL ADV ATR SUBFOV INVOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG	NONEX AGE-REL MAC DEGEN BIL ADV ATR SUBFOV INVOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG	EXUD AGE-REL MAC DEGENER BIL ACT CHOROID NEOVASC	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION PEGLOTICASE 1 MG	IDIOPATHIC CHRONIC GOUT MULTIPLE SITES W/TOPHUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEM 1 MG AND BERAHYALURONIDASE ALFA-PMPH	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PEMBROLIZUMAB 1 MG	NODULR LYMPHCYT PREDOM HL LYMPH NODES MX SITES	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF LEFT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF ENDOCERVIX	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF LEFT MAIN BRONCHUS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF ENDOCERVIX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF MAXILLARY SINUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMETREXED DIPOTASSIUM 10MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMETREXED DIPOTASSIUM 10MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION RANIBIZUMAB 0.1 MG	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA OS	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION RITUXIMAB 10 MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION RITUXIMAB 10 MG	UNS NEPHRITIC SYNDROME W/UNS MORPHOLOGIC CHANGES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION RITUXIMAB 10 MG	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION RITUXIMAB 10 MG	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION ROMOSOZUMAB-AQQG 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION TEPROTUMUMAB-TRBW 10 MG	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION TEZEPELUMAB-EKKO 1 MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION TILDRAKIZUMAB 1 MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	INJECTION TILDRAKIZUMAB 1 MG	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TISLELIZUMAB-JSGR 1MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TISLELIZUMAB-JSGR 1MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TISLELIZUMAB-JSGR 1MG	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TOCILIZUMAB 1 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION TRILACICLIB 1MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Developmental Therapist	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION UBLITUXIMAB-XIIY 1MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE UNS W/OTHER COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION VUTRISIRAN 1 MG	ORGAN-LIMITED AMYLOIDOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM CENTRAL PORTION LEFT MALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Pediatrics	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1

AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	HYPERCALCEMIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Practice	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner	INJECTION ZOLEDRONIC ACID 1 MG	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT MELANOMA OF SCALP AND NECK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION ZOLEDRONIC ACID 1 MG	OTH CIP W/CURRNT PATH FX UNS SITE INIT ENC FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION ZOLEDRONIC ACID 1 MG	PERSONAL HISTORY OF HEALED OSTEOPOROSIS FRACTURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION ZOLEDRONIC ACID 1 MG	Age-related osteoporosis with current pathological fracture, other site, initial encounter for fracture	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	MALIGNANT NEOPLASM OF ASCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	Chronic kidney disease, stage 3b	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Transplant Surgery	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, DOSTARLIMAB-GXLY 10 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology	INJECTION, DOSTARLIMAB-GXLY 10 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pediatrics: Pediatric Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	POSTERIOR CYCLITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	POSTERIOR CYCLITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	AORTIC ARCH SYNDROME TAKAYASU	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	INDETERMINATE COLITIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE UNSPECIFIED WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF PYLORUS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM LESSER CURVATURE STOMACH UNS	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	2
AR Exchange - HIM	General Acute Care Hospital	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF BODY OF PANCREAS	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	GASTROINTESTINAL HEMORRHAGE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, OMALIZUMAB, 5 MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION, OMALIZUMAB, 5 MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION, PALONOSETRON HCL, 25 MCG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MAL NEOPLASM PERIPH NERVES LT LOW LIMB INCL HIP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM LIVER NOT SPEC PRIMARY/SECOND	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT POORLY DIFFERENTIAT NEUROENDOCRN TUMRS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Practice	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM OVERLAP SITES LT MALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, PERTUZUMAB, 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PERTUZUMAB, 1 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, RASBURICASE, 0.5 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RASBURICASE, 0.5 MG	HODGKIN LYMPHOMA UNS NODES HEAD FACE & ENCK	Approved	N/A	1
AR Exchange - HIM	Home Infusion	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	OTHER NONAUTOIMMUNE HEMOLYTIC ANEMIAS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Diffuse large B-cell lymphoma of other extranodal and solid organ sites	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Autoimmune hemolytic anemia, unspecified	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	DISSECTION OF ILIAC ARTERY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	LNS NEPHRITIC SYNDROME W/DIFFUSE MEMBRANOUS GN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	RAPID PROGS NEPHRITIC SYND DIFFUSE CRESCENTIC GN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	HAIRY CELL LEUKEMIA NOT HAV ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Developmental Therapist	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	NEUROMYELITIS OPTICA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Warm autoimmune hemolytic anemia	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Radiology: Radiation Oncology	INJECTION, THYROTROPIN, UP TO 10 I.U.	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, THYROTROPIN, UP TO 10 I.U.	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION, THYROTROPIN, UP TO 10 I.U.	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	OCCIPITAL NEURALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Approved	N/A	1
AR Exchange - HIM	Pain Medicine: Interventional Pain Medicine	INJECTION,ONABOTULINUMTOXINA	Chronic migraine with aura, not intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	10
AR Exchange - HIM	Ophthalmology	INJECTION,ONABOTULINUMTOXINA	BLEPHAROSPASM	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION,ONABOTULINUMTOXINA	DYSKINESIA OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Approved	N/A	2
AR Exchange - HIM	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	BELLS PALSY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Womens Health	INJECTION,ONABOTULINUMTOXINA	URGE INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION,ONABOTULINUMTOXINA	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Approved	N/A	1
AR Exchange - HIM	Pain Medicine: Interventional Pain Medicine	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Physician Assistant: Medical	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	HEMIPLEGIC MIGRAINE INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION,ONABOTULINUMTOXINA	PARALYTIC ILEUS	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	3
AR Exchange - HIM	Otolaryngology: Plastic Surgery within the Head & Neck	INJECTION,ONABOTULINUMTOXINA	Clonic hemifacial spasm, right	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	Nurse Practitioner: Womens Health	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	OTHER DISEASES OF VOCAL CORDS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pain Medicine: Pain Medicine	INJECTION,ONABOTULINUMTOXINA	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION,ONABOTULINUMTOXINA	BELLS PALSY	Approved	N/A	1
AR Exchange - HIM	Surgery	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION,ONABOTULINUMTOXINA	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	9
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	3
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	5
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Female Pelvic Medicine and Reconstructive Surgery, OB/GYN	INJECTION,ONABOTULINUMTOXINA	Pelvic and perineal pain unspecified side	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION,ONABOTULINUMTOXINA	HEMIPLEGIC MIGRAINE INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	2
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	URGENCY OF URINATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pain Medicine: Pain Medicine	INJECTION,ONABOTULINUMTOXINA	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTN NADOFARAGENE FIRADNOVC-VNCG PER THR DOSE	MALIGNANT NEOPLASM OF POSTERIOR WALL OF BLADDER	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTN TOCILIZUMAB-AAZG TYENNE BIOSIMILAR 1 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTN TOCILIZUMAB-AAZG TYENNE BIOSIMILAR 1 MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	INQOVI Tablet 35/100/MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	15
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	10
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN LISPRO (1 UNIT DIAL) Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	INTRAROSA Insert 6.5MG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA HAFYERA Susp Pref Syr 1560MG/5ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	PARANOID SCHIZOPHRENIA	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	PARANOID SCHIZOPHRENIA	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	ALCOHOL DEPENDENCE IN REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	OTHER SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 20MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Approved	N/A	5
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 40MG	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	HISTOPLASMOSIS CAPSULATI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA UNGUIUM	Approved	N/A	2
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	PLANTAR WART	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA CRURIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA PEDIS	Approved	N/A	2
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA UNGUIUM	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	HISTOPLASMOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	NAIL DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	HISTOPLASMOSIS CAPSULATI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Inappropriate sinus tachycardia, so stated	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Postural orthostatic tachycardia syndrome [POTS]	Approved	N/A	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Supraventricular tachycardia, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	SICK SINUS SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	PALPITATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	PALPITATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Postural orthostatic tachycardia syndrome [POTS]	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Inappropriate sinus tachycardia, so stated	Approved	N/A	2
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	TACHYCARDIA UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 7.5MG	Inappropriate sinus tachycardia, so stated	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 7.5MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	ROSACEA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	3
AR Exchange - HIM	N/A	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	4
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TRIBUTARY RETINAL VEIN OCCL RT EYE MACULR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TRIBUTARY RETINAL VEIN OCCL RT EYE MACULR EDEMA	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	EXUD AGE-REL MAC DEGENER BIL ACT CHOROID NEOVASC	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	PUCKERING OF MACULA LEFT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	EXUDAT AGE-REL MAC DEG L EYE ACT CHOROID NEOVAS	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	Insulin Aspart FlexPen 100UNIT/ML SC SOPN	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Insulin Degludec Soln Pen-Injector 100 Unit/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JAKAFI Tablet 5MG	POLYCYTHEMIA VERA	Approved	N/A	1
AR Exchange - HIM	N/A	JARDIANCE Tablet 10MG	HTN HEART & CKD W/HF & CKD STAGE 1-4 OR UNS CKD	Approved	N/A	1
AR Exchange - HIM	N/A	JARDIANCE Tablet 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JARDIANCE Tablet 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	JARDIANCE Tablet 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	JASCAYD Tablet 18MG	IDIOPATHIC PULMONARY FIBROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JASCAYD Tablet 9MG	IDIOPATHIC PULMONARY FIBROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	JATENZO Capsule 237MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 60MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	DISPLACED PILON FX RT TIBIA INIT ENC CLOSED FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	STRAIN RIGHT ACHILLES TENDON SUBSEQUENT ENCNTR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	PRIMARY OSTEOARTHRITIS RIGHT ANKLE AND FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	STRAIN RIGHT ACHILLES TENDON INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	UNSPEC FRACTURE RT ACETABULUM INIT ENC CLOSED FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KALYDECO Tablet 150MG	CYSTIC FIBROSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KAPSPARGO SPRINKLE CP24 Sprinkle 25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	2
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	HTN HEART & CKD W/HF & CKD STAGE 1-4 OR UNS CKD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	Chronic kidney disease, stage 3 unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	OTHER DISORDERS OF PLASMA-PROTEIN METABOLISM NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Primary progressive multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	UNSTEADINESS ON FEET	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	2
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	CANDIDIASIS OF SKIN AND NAIL	Approved	N/A	3
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	KETOPROFEN ER Capsule ER 24HR 200MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Solution 30MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN UNSPECIFIED SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN LEFT HAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 200MG/1.14ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	2
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 200MG/1.14ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 200MG/1.14ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	KEYTRUDA Solution 100MG/4ML	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (600 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KLOR-CON Packet 20MEQ	HYPOKALEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KRISTALOSE Packet 20GM	MIXED IRRITABLE BOWEL SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	L-METHYLFOLATE Tablet 15MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LACOSAMIDE Tablet 200MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	LACTULOSE Packet 20GM	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LACTULOSE Packet 20GM	SLOW TRANSIT CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAGEVRIO Capsule 200MG	COVID-19	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 250MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	CYCLOTHYMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	LANREOTIDE INJECTION	SECONDARY CARCINOID TUMORS OF LIVER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Radiology: Radiation Oncology	LANREOTIDE INJECTION	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	LANTUS Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEFLUNOMIDE Tablet 20MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 10MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 20MG	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission	Approved	N/A	1
AR Exchange - HIM	Internal medicine	LENALIDOMIDE Capsule 25MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	LENVIMA (14 MG DAILY DOSE) Cap Ther Pack 10 & 4MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	Family Medicine	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Urology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	N/A	LEUPROLIDE ACETATE Kit 1MG/0.2ML	FEMALE INFERTILITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVALBUTEROL HCL Nebu Soln 1.25MG/3ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVALBUTEROL TARTRATE Aerosol 45MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVALBUTEROL TARTRATE Aerosol 45MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	2
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	2
AR Exchange - HIM	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	Other pruritus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVOFLOXACIN Tablet 750MG		Approved	N/A	1
AR Exchange - HIM	N/A	LEVOTHYROXINE SODIUM Capsule 13MCG	HYPOTHYROIDISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVOTHYROXINE SODIUM Tablet 125MCG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LEVOTHYROXINE SODIUM Tablet 75MCG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LEXAPRO Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE (ANORECTAL) Cream 5%	Low back pain, unspecified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIDOCAINE PAIN RELIEVING Patch 4%	Low back pain, unspecified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	FIBROMYALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	STRAIN OTH MB/T SHLDR UP ARM LEVL RT ARM INIT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	WEDGE COMPRS FX 2ND LUMBAR VERT INIT ENC CLOS FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Spinal stenosis, lumbar region with neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	UNSPECIFIED INJURY THORAX SUBSEQUENT ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MUSCLE SPASM OF BACK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPRAIN LIGAMENTS LUMBAR SPINE INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SACROCOCCYGEAL DISORDERS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN LEFT HAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN THORACIC SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN UNSPECIFIED SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPINAL STENOSIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	UNSPECIFIED FALL INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Other low back pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CERVICALGIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Low back pain, unspecified	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN LEFT WRIST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Myalgia, other site	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Myalgia, unspecified site	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIGNANT NEOPLASM OF GALLBLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Abdominal pain of multiple sites	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT ELBOW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Cervicogenic headache	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE VISCOUS HCL Solution 2%	CANDIDAL STOMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE-HYDROCORT (PERIANAL) Cream 3/0.5/%	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE-HYDROCORT (PERIANAL) Cream 3/0.5/%	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE-HYDROCORT (PERIANAL) Cream 3/0.5/%	UNSPECIFIED HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDODERM Patch 5%	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIFYORLI (150 MG DOSE) Cap Ther Pack 2 x 25 MG &1 x 100 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LILETTA (52 MG) IUD 20.1MCG/DAY	OTHER SPECIFIED HEALTH STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	OTHER SPECIFIED DISORDERS NOSE AND NASAL SINUSES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CELLULITIS OF LEFT LOWER LIMB	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	DIRECT INF RT KNEE INF & PARASITIC DZ CLASS ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHR ULCR OTH PRT RT FOOT FAT LAY DXPOS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	OTHER CHRONIC OSTEOMYELITIS LEFT ANKLE AND FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CELLULITIS OF LEFT UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RSIST STAPH INF CAUSE DZ CLASS ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RSIST STAPH INF CAUSE DZ CLASS ELSW	Approved	N/A	2
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RSIST STAPH INFECTION UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	OTHER CHRONIC OSTEOMYELITIS LEFT ANKLE AND FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	SEPSIS D/T METHICILLIN SUSCEPTIBLE STAPH	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHR ULCR OTH PART LT FOOT NECROS BONE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	SEPSIS UNSPECIFIED ORGANISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINZESS Capsule 290MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LINZESS Capsule 290MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	LIPFENDRA Tablet 20MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	TYPE 2 DM W/HYPERDSMOLARITY W/O NKHHC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE 3 MG/0.5ML PEN INJCTR	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	7
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	7
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	12
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	13
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	PANIC DISORDER WITHOUT AGORAPHOBIA	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	13
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	17
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	16
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	8
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	Binge eating disorder, mild	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	9
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	Binge eating disorder, moderate	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	Binge eating disorder, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	12
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	11
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	5
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	7
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	Bulimia nervosa, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	Binge eating disorder, moderate	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	POLYPHAGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	5
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LITFULO Capsule 50MG	ALOPECIA AREATA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LITFULO Capsule 50MG	ALOPECIA CAPITIS TOTALIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LM >=110 MIL AUTOL ANTI-CD19 CAR-POS VIABL TC	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	LOADING/MAINTENANCE DUPIXENT Soln Auto-inj 300MG/2ML	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	LOFEXIDINE HCL Tablet 0.18MG	OPIOID DEPEND W/INDUCED SEXUAL DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOKELMA Packet 10GM	HYPERKALEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	LOKELMA Packet 5GM	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LOMAIRA Tablet 8MG	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LOMAIRA Tablet 8MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LONSURF Tablet 15/6.14/MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	N/A	LONSURF Tablet 15/6.14/MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LONSURF Tablet 15/6.14/MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LONSURF Tablet 20/8.19/MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LONSURF Tablet 20/8.19/MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	N/A	LONSURF Tablet 20/8.19/MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 0.5MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 0.5MG	OTHER OBSESSIVE-COMPULSIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 1MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 1MG	NAUSEA	Approved	N/A	1
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 100MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 50MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 50MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.2%	OTHER SPECIFIED DISORDERS OF CONJUNCTIVA	Approved	N/A	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.2%	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	UNSPECIFIED EPISCLERITIS RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	OTHER CHRONIC ALLERGIC CONJUNCTIVITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	LOTREXONE Capsule 1.5MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUMAKRAS Tablet 240MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	LUMAKRAS Tablet 320MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY OPEN-ANGLE GLAUCOMA R EYE MODERATE STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUNESTA Tablet 2MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPKYNIS Capsule 7.9MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LUPKYNIS Capsule 7.9MG	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPKYNIS Capsule 7.9MG	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 7.5MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 11.25MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 22.5MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	N/A	LUPRON DEPOT (4-MONTH) Kit 30MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	BIPOLAR DISORDER FULL REMISSION MRE DEPRESSED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LYBALVI Tablet 10/10/MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LYBALVI Tablet 15/10/MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	LYNKUET Capsule 60MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LYNKUET Capsule 60MG	FLUSHING	Approved	N/A	1
AR Exchange - HIM	N/A	LYNKUET Capsule 60MG	ASYMPTOMATIC POSTPROCEDURAL OVARIAN FAILURE	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	LYRICA Capsule 150MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LYUMJEV KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Loading / Maintenance INFLECTRA For Solution 100MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	Radiology: Radiation Oncology	Lutetium Lu 177 dotatate (Lutathera)	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	N/A	MACITENTAN Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MACITENTAN Tablet 10MG	Secondary pulmonary arterial hypertension	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MAGNESIUM OXIDE -MG SUPPLEMENT Tablet 400 (240 Mg)MG	HEART FAILURE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MAVYRET Tablet 100/40/MG	BODY MASS INDEX BMI 29.0-29.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MAVYRET Tablet 100/40/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	MEDROXYPROGESTERONE ACETATE Tablet 10MG	IRREGULAR MENSTRUATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MEDROXYPROGESTERONE ACETATE Tablet 10MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MEKTOVI Tablet 15MG	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	HEMATOLOGY/ONCOLOGY	MEKTOVI Tablet 15MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MEKTOVI Tablet 15MG	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Approved	N/A	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 15MG		Approved	N/A	3
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	UNILATERAL PRIMARY OSTEOARTHRITIS UNS KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	Vertebrogenic low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	RADICULOPATHY LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MEMANTINE HCL Tablet 5MG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Approved	N/A	1
AR Exchange - HIM	Family practice	MESALAMINE ER Capsule ER 24HR 0.375GM	ULCERATIVE CHRONIC PANCOLITIS WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	ULCERATIVE COLITIS UNS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	ULCERATIVE CHRONIC RECTOSIGMOIDITIS W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	ULCERATIVE CHRONIC PANCOLITIS W/OTH COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	Approved	N/A	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	METFORMIN HCL ER (MOD) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (MOD) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (OSM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (OSM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL Tablet 750MG	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	METHADONE HCL Tablet 10MG	NON-HODGKIN LYMPHOMA UNS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	METHOCARBAMOL Tablet 1000MG	MUSCLE SPASM OF BACK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHOTREXATE SODIUM Solution 50MG/2ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (CD) Capsule ER 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 27MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 45MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 72MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL Tablet 10MG	RECURRENT HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 10MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 15MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 15MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 20MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METOPROLOL TARTRATE Tablet 75MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METOPROLOL TARTRATE Tablet 75MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	MICONAZOLE NITRATE Cream 2%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	3
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	Meibomian gland dysfunction of unspecified eye, unspecified eyelid	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	MIFEPRISTONE Tablet 300MG	CUSHINGS SYNDROME UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Misc 12.5 & 25 & 50MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	MILNACIPRAN HCL Misc 12.5 & 25 & 50MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Misc 12.5 & 25 & 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Tablet 100MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Tablet 25MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Tablet 25MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	MILNACIPRAN HCL Tablet 50MG	FIBROMYALGIA	Approved	N/A	4
AR Exchange - HIM	N/A	MILNACIPRAN HCL Tablet 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MILOPHENE Tablet 50MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MINIMED INSTINCT GLUC SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MIXED INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGE INCONTINENCE	Approved	N/A	4
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	11
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGENCY OF URINATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	STRESS INCONTINENCE FEMALE MALE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	FREQUENCY OF MICTURITION	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	URGENCY OF URINATION	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	URGE INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	MIXED INCONTINENCE	Approved	N/A	2
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	FREQUENCY OF MICTURITION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Approved	N/A	6
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 21MCG/DAY	ENCOUNTER INITIAL PRESCRIPTION IU CONTRACEPT DEV	Approved	N/A	1
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 21MCG/DAY	DYSMENORRHEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	Myalgic encephalomyelitis/chronic fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	OTHER HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	PRIMARY HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	SOMNOLENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	HYPERSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OTHER FATIGUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	Myalgic encephalomyelitis/chronic fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OTHER HYPERSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	SOMNOLENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	SLEEP APNEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	3
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CHRONIC FATIGUE UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP D/O IRREG SLEEP WAKE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP D/O IRREG SLEEP WAKE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOMETASONE FUROATE Solution 0.1%	COUGH VARIANT ASTHMA	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE (CONCENTRATE) Solution 100MG/5ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE ER Tablet ER 60MG	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	MOTPOLY XR Capsule ER 24HR 150MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS STABLE PDR BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	7
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	6
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	BODY MASS INDEX BMI 25.0-25.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	Type 2 diabetes mellitus without complications in remission	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	Internal medicine	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	12
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OLD MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	18
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	13
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	CARDIAC MURMUR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	91
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ACUTE ON CHRONIC COMB SYSTOLIC & DIASTOLIC CHF	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	92
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	31
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	47
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	DIABETES MELLITUS D/T UNDERLYING COND W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	DM D/T UNDERLYING COND W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOVANTIK Tablet 12.5MG	DRUG INDUCED CONSTIPATION	Approved	N/A	2
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	DRUG INDUCED CONSTIPATION	Approved	N/A	4
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	Opioid abuse, in remission	Approved	N/A	1
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	PAROXYSMAL ATRIAL FIBRILLATION	Approved	N/A	1
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	Chronic atrial fibrillation, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	PAROXYSMAL ATRIAL FIBRILLATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	Other persistent atrial fibrillation	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MVASI Solution 100MG/4ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MVASI Solution 100MG/4ML	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	N/A	MVASI Solution 100MG/4ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	MYDAYIS Capsule ER 24HR 37.5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	ENDOMETRIOSIS OF OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	Endometriosis of the uterus, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	Superficial endometriosis of the posterior cul-de-sac	Approved	N/A	1
AR Exchange - HIM	N/A	MYQORZO Tablet 5MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYRBETRIQ Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	N/A	NAFTIFINE HCL Gel 2%	TINEA PEDIS	Approved	N/A	1
AR Exchange - HIM	N/A	NALTREX Capsule 1.5MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NARATRIPTAN HCL Tablet 2.5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NATURAL CYCLES		Denied	No Refund Due	1
AR Exchange - HIM	N/A	NATURAL CYCLES CONTRACEPTIVE Misc	ENCOUNTER FOR OTHER CONTRACEPTIVE MANAGEMENT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	Developmental and epileptic encephalopathy	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	CONVERSION DISORDER W/SEIZURES OR CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	4
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	OTHER SYMPTOMS & SIGNS INVOLVING THE NS	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	2
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Approved	N/A	1
AR Exchange - HIM	N/A	NEBIVOLOL HCL Tablet 2.5MG	PALPITATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEFFY Solution 2MG/0.1ML	ALLERGY TO OTHER FOODS	Approved	N/A	1
AR Exchange - HIM	N/A	NEFFY Solution 2MG/0.1ML	ANAPHYLACT REACTION DUE TO FOOD ADDITIVE SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	NEFFY Solution 2MG/0.1ML	ANAPHYLACTIC REACTION DUE UNS FOOD INITIAL ENC	Approved	N/A	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	NERLYNX Tablet 40MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	NEXIUM 24HR Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NEXLIZET Tablet 180/10/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180/10/MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NINTEDANIB ESYLATE Capsule 150MG	IDIOPATHIC PULMONARY FIBROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NINTEDANIB ESYLATE Capsule 150MG	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NITAZOXANIDE Tablet 500MG	DIARRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NITROFURANTOIN Suspension 50MG/5ML	URINARY TRACT INFECTION SITE NOT SPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NIVA THYROID Tablet 60MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NORETHINDRONE-ETH ESTRADIOL Tablet 1/5/MG-MCG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLIN N Suspension 100UNIT/ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN RELION Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN RELION Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NP THYROID Tablet 15MG	AUTOIMMUNE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NP THYROID Tablet 90MG	HYPOTHYROIDISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NP THYROID Tablet 90MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NUBEQA Tablet 300MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	N/A	NUCALA For Solution 100MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NUCALA Soln Pref Syr 100MG/ML	Hypereosinophilic syndrome [HES], unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUCALA Soln Pref Syr 100MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NUCYNTA ER Tablet ER 12HR 50MG	CHRONIC INSTABILITY OF KNEE UNSPECIFIED KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	NUEDEXTA Capsule 20/10/MG	PSEUDOBULBAR AFFECT	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	2
AR Exchange - HIM	U9666095601	NURTEC Tablet Disintegrating 75MG	CHRONIC PAROXYSMAL HEMICRANIA INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1

AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	13
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	PERIODIC HEADACHE SYND CHILD/ADULT INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	13
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTH MIGRAINE NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	5
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	17
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	6
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MENSTRUAL MIGRAINE INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	27
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUVESSA Gel 1.3%	Unspecified disorder of eye and adnexa	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	OTHER MYCOBACTERIAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	CELLULITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	NEUTROPENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	Nuwiq Kit (250 unit,500 unit,1000 unit,1500 unit,2000 unit,2500 unit,3000 unit,4000 unit)	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	OBINUTUZUMAB INJ	GLOMERULAR DISEASE IN SYS LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	OBINUTUZUMAB INJ	FOLLICULAR LYMPHOMA GRADE II INTRA-ABDOM NODES	Approved	N/A	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	Non-active secondary progressive multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	Multiple sclerosis, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OCREVUS ZUNOVO Solution 920/23000/MG-UT/23ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OCTREOTIDE ACETATE Kit 30MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	N/A	ODACTRA Tab Sublingual 12SQ-HDM	OTHER ALLERGIC RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OFEV Capsule 150MG	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OHTUVAYRE Suspension 3MG/2.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OHTUVAYRE Suspension 3MG/2.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	3
AR Exchange - HIM	N/A	OLANZAPINE-FLUOXETINE HCL Capsule 6/25/MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40/10/25/MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40/10/25/MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40/5/12.5/MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40/5/12.5/MG	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40/5/25/MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OLUMIANT Tablet 4MG	OTHER ALOPECIA AREATA	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	OMEPRAZOLE Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	3
AR Exchange - HIM	N/A	OMEPRAZOLE Capsule DR 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Exchange - HIM	N/A	OMEPRAZOLE Tab DR Disint 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	OMEPRAZOLE-SODIUM BICARBONATE Packet 20/1680/MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	LONG TERM CURRENT USE OF INSULIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 2 DM W/UNS OIAB RETINPATHY W/MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE INTRO Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	8
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	10
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	10
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	15
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	OMRON 3 SERIES BP MONITOR Device	ENC SUPERVISION NORMAL PREG UNS UNS TRIMESTER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ONDANSETRON HCL Tablet 4MG	NAUSEA WITH VOMITING UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ONDANSETRON HCL Tablet 8MG	VIRAL INTESTINAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	PRESENCE OF LEFT ARTIFICIAL SHOULDER JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	Abdominal pain of multiple sites	Approved	N/A	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	VIRAL INTESTINAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	CHRONIC MAXILLARY SINUSITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	NAUSEA WITH VOMITING UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	NAUSEA WITH VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	Obstetrics/gynecology	ONDANSETRON Tablet Disintegrating 4MG	HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	VOMITING OF PREGNANCY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	NAUSEA	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegrating 4MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ONETOUCH ULTRA TEST Strip	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONTRUZANT For Solution 150MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ONYDA XR Suspension ER 0.1MG/ML	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	VITILIGO	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	OTHER ATOPIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	VITILIGO	Approved	N/A	1
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-inj 125MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-inj 125MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-inj 125MG/ML	OTHER OVERLAP SYNDROMES	Approved	N/A	1
AR Exchange - HIM	N/A	ORENCIA For Solution 250MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORENITRAM Tablet ER 0.25MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	ORENITRAM Tablet ER 2.5MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ORGOVYX Tablet 120MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	Endometriosis of the uterus, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	Endometriosis of the uterus, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	Endometriosis of the uterus, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	Endometriosis of the uterus, unspecified	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ORLADEYO Capsule 150MG	DEFECTS IN THE COMPLEMENT SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	2
AR Exchange - HIM	Orthopaedic Surgery	ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Anesthesiology: Pain Medicine	ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	OSENVELT Solution 120MG/1.7ML	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	OSENVELT Solution 120MG/1.7ML	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OSENVELT Solution 120MG/1.7ML	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	OSPHENA Tablet 60MG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Approved	N/A	5
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OTEZLA/OTEZLA XR INITIATION PK Tab Ther Pack 10&20&30&(ER)75MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OTEZLA/OTEZLA XR INITIATION PK Tab Ther Pack 10&20&30&(ER)75MG	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 300MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 300MG	TRIGEMINAL NEURALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 600MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXERVATE Solution 0.002%	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL	Approved	N/A	2
AR Exchange - HIM	N/A	OXERVATE Solution 0.002%	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL	Denied	Benefit-Other Coverage	1
AR Exchange - HIM	N/A	OXERVATE Solution 0.002%	NEUROTROPHIC KERATOCONJUNCTIVITIS LEFT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXERVATE Solution 0.002%	NEUROTROPHIC KERATOCONJUNCTIVITIS BILATERAL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OXYCODONE HCL Capsule 5MG	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Other low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	PAIN IN UNSPECIFIED KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	PAIN IN UNSPECIFIED FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	JUVENILE IDIOPATHIC SCOLIOSIS LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	OTHER CHRONIC PAIN	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	INFLAMMATORY POLYARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	SICKLE-CELL DISEASE WITHOUT CRISIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	DIFFUSE LARGE B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 30MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	WEDGE COMPRS FX 1ST LUMBAR VERT INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTH IA FX LOW LT RADIUS SUBSQT ENC CLOS FX RTN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	Hypereosinophilic syndrome [HES], unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER CHRONIC OSTEOMYELITIS LEFT TIBIA & FIBULA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	SUPERIOR GLENOID LABRUM LESION RT SHOULDER SUB	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	CHRONIC PAIN SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	INF & INFLAM REACT UNS INTRL JNT PROSTH SUB ENC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	3
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	UNSPECIFIED B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	ARTHRODESIS STATUS	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	SICKLE-CELL DISEASE WITHOUT CRISIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	NON-PRESS CHR ULCR OTH PART RT LW LEG NECROS MUSC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	CALCULUS OF KIDNEY	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	NEOPLASM OF UNS BHV ENDOCRN GLAND & OTH PART NS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	3
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	BILATERAL PRIMARY OSTEOARTHRITIS OF HIP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	6
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNS FRACTURE RT FEMUR INITIAL ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISPLCD FX BDY SCAPULA RT SHLDR INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OSTEOMYELITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISPLACED PILON FX RT TIBIA INIT ENC CLOSED FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	5
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	5
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	LOOSE BODY IN KNEE LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	7
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY THORACIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	6
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	NEOPLASM OF UNS BEHAVIOR DIGESTIVE SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 10MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 10MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 15MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 15MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 15MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 15MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	14
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OLD MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS MLD NPDR W/O ME UNS EYE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 1	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 2	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 3	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB MONONEUROPATHY	Approved	N/A	1
AR Exchange - HIM	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	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 2	Denied	Medical Necessity Not Met	3

AR Exchange - HIM	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	43
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBESITY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Chronic kidney disease, stage 3a	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	5
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 1	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	234
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	21
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	HEART FAILURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	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 Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 26.0-26.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PREDIABETES	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ABNORMAL WEIGHT LOSS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	9
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Insulin resistance, unspecified	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	20
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	307
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	9
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Metabolic syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/HYPERDSMOLARITY W/O NKHHC	Approved	N/A	8
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Type 2 diabetes mellitus without complications in remission	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 1 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	15
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	3
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	166
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	DM D/T UNDERLY W/DIAB AUTONOMIC POLYNEURPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/HYPERDSMOLARITY W/O NKHHC	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	DM D/T UNDERLY COND W/DIAB NEUROPATH ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	15
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	145
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Insulin resistance, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	30
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	8
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	3
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	PREDIABETES	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED OD	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	6
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS PDR W/O MAC ED UNS EYE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 1 DIABETES MELLITUS W/DIAB NEUROPATHY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	137
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DM W/HYPERDSMOLARITY W/O NKHHC	Approved	N/A	3
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	24
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	119
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	15
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	5
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	15
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	11
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	12
AR Exchange - HIM	N/A	OZEMPIC Tablet 4MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	9
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	PACLITAXEL INJECTION	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	PACLITAXEL INJECTION	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	PANCREAZE Capsule DR Part 4200/14200/UNIT	OTHER SPECIFIED DISEASES OF PANCREAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Packet 40MG	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PAROXETINE MESYLATE Capsule 7.5MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	PAXLOVID (300/100) Tab Ther Pack 20 x 150 MG &10 x 100MG	Contact with and (suspected) exposure to COVID-19	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PAXLOVID (300/100) Tab Ther Pack 20 x 150 MG &10 x 100MG	COVID-19	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PAXLOVID (300/100) Tab Ther Pack 20 x 150 MG &10 x 100MG	COVID-19	Approved	N/A	3
AR Exchange - HIM	N/A	PEG 3350-KCL-NA BICARB-NACL For Solution 420GM	Personal history of colon polyps unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PERAMPANEL Tablet 2MG	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENDIMETRAZINE TARTRATE Tablet 35MG	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENDIMETRAZINE TARTRATE Tablet 35MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BODY MASS INDEX BMI 38.0-38.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	Obesity, class 1	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 30MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 30MG	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 35.0-35.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 50-59.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	DIETARY COUNSELING AND SURVEILLANCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OBESITY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 60.0-69.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 2	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	Obesity, class 2	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PERIORAL DERMATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PERIORAL DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	ECZEMATOUS DERMATITIS OF RIGHT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	PIPERACILLIN SOD-TAZOBACTAM SO For Solution 3.375 (3/0.375)/GM/SODIUM CHLORIDE Solution 0.9% Compound	DIVERTICULITIS SM INTEST W/PERF & ABSC W/O BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	POTASSIUM CHLORIDE Packet 20MEQ	HYPOKALEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	POTASSIUM CHLORIDE Packet 20MEQ	HYPOKALEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	POTASSIUM CHLORIDE Solution 40 MEQ/15ML(20%)	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	POTASSIUM CITRATE-CITRIC ACID Solution 1100/334/MG/5ML	CALCULUS OF KIDNEY	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 150MG/ML	OTHER SPECIFIED HEALTH STATUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 150MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 150MG/ML	Familial hypercholesterolemia, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 75MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 75MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 75MG/ML	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 75MG/ML	PRESENCE OF AORTOCORONARY BYPASS GRAFT	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-inj 75MG/ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	PRAVASTATIN SODIUM Tablet 40MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRAZIQUANTEL Tablet 600MG	ENTEROBIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRAZOSIN HCL Capsule 1MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRAZOSIN HCL Capsule 2MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	PREDNISONE Tablet DR 2MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN RIGHT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH INTERVERTEBRAL DISC DISPLACEMENT THOR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CEREBRAL ANEURYSM NONRUPTURED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER SPECIFIED POLYNEUROPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	PREGABALIN Capsule 100MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	UNS INJURY AT UNS LEVL CERV SPINAL CORD INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CEREBRAL ANEURYSM NONRUPTURED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	FIBROMYALGIA	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	MONONEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	UNS INJURY LT SHOULDER UPPER ARM INITIAL ENCNTR	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	PAIN IN LEFT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	ANESTHESIA OF SKIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OCCIPITAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RESTLESS LEGS SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	PAIN IN LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	DM D/T UNDERLYING CONDITON W/DIAB NEUROPATHY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Myalgia, other site	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CHRONIC PAIN SYNDROME	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	PAIN IN RIGHT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	RADIATION-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	8
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	FIBROMYALGIA	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	INJURY ACCESSORY NERVE RT SIDE SUBSEQUENT ENCNTR	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PAIN IN RIGHT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	FIBROMYALGIA	Approved	N/A	13
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CHRONIC POST-THORACOTOMY PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEUROFIBROMATOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CRAMP AND SPASM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PAIN IN RIGHT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CHARCOTS JOINT RIGHT ANKLE AND FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RESTLESS LEGS SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER NERVE ROOT AND PLEXUS DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CHRONIC PAIN DUE TO TRAUMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NERVE ROOT AND PLEXUS DISORDER UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Other low back pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOLISTHESIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PERONEAL TENDINITIS RIGHT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CHRONIC FATIGUE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ZOSTER WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	FIBROMYALGIA	Approved	N/A	11
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	BILAT INGUINAL HERNIA W/O OBST/GANGREN NOT RECUR	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SPECIFIED JOINT DISORDERS RIGHT WRIST	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPINAL STENOSIS CERVICAL REGION	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Myalgia, other site	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SPECIFIED MONONEUROPATHIES BIL LOWER LIMBS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SCIATICA UNSPECIFIED SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Myalgia, other site	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYNEUROPATHY UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TRIGEMINAL NEURALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHEST PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Other low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	MALIGNANT NEOPLASM OF SPLENIC FLEXURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	BELLS PALSY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Myalgia, unspecified site	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CHRONIC PAIN SYNDROME	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PALINDROMIC RHEUMATISM LEFT HAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OCCIPITAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	MUSCLE SPASM OF CALF	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	GENERALIZED ANXIETY DISORDER	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	PREMARIN Cream 0.625MG/GM	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	Approved	N/A	1
AR Exchange - HIM	N/A	PREMPRO Tablet 0.3/1.5/MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	PREVNAR 20 Susp Pref Syr 0.5ML	ENCOUNTER FOR IMMUNIZATION	Approved	N/A	1
AR Exchange - HIM	N/A	PREVYMIS Tablet 480MG	STEM CELLS TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	PREVYMIS Tablet 480MG	STEM CELLS TRANSPLANT STATUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	PNEUMONIA UNSPECIFIED ORGANISM	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROCHLORPERAZINE MALEATE Tablet 10MG	NAUSEA	Approved	N/A	1
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1/1/%	HEMORRHAGE OF ANUS AND RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1/1/%	UNSPECIFIED HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	GENDER IDENTITY DISORDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	OTHER OVARIAN DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	2
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	EXCESS & FREQUENT MENSTRUATION W/IRREGULAR CYCLE	Approved	N/A	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	TRANSSEXUALISM	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 100MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PROGESTERONE Capsule 200MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	2
AR Exchange - HIM	N/A	PROGESTERONE Capsule 200MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROGESTERONE Oil 50MG/ML	FEMALE INFERTILITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PROLASTIN-C Solution 1000MG/20ML	ALPHA-1-ANTITRYPSIN DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	PROLIA Soln Pref Syr 60MG/ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	3
AR Exchange - HIM	N/A	PROLIA Soln Pref Syr 60MG/ML	AGE-REL OSTEOPOR W/CURR PATH FX SUB ENC FX RTN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROLIA Soln Pref Syr 60MG/ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PROMETHAZINE HCL Tablet 25MG		Approved	N/A	3
AR Exchange - HIM	N/A	PROMETHAZINE-CODEINE Syrup 6.25/10/MG/5ML	Chronic couqh	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-PHENYLEPHRINE Syrup 6.25/5/MG/5ML	Acute Cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PULMOZYME Solution 2.5MG/2.5ML	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	PULMOZYME Solution 2.5MG/2.5ML	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	PYLERA Capsule 140/125/125/MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PYLERA Capsule 140/125/125/MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QBREXZA Pad 2.4%	PRIMARY FOCAL HYPERHIDROSIS AXILLA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 150MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	2

AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	QINLOCK Tablet 50MG	GASTROINTESTINAL STROMAL TUMOR OF STOMACH	Approved	N/A	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	QUILLIVANT XR For Susp ER 25MG/5ML	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	4
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTHER HEADACHE SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	QUTENZA (4 PATCH) Kit 8%	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	QUTENZA Kit 8%	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	QUVIVIQ Tablet 25MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	QUVIVIQ Tablet 25MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QUVIVIQ Tablet 25MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QUVIVIQ Tablet 25MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	QUVIVIQ Tablet 50MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	QUVIVIQ Tablet 50MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	QUVIVIQ Tablet 50MG	INSOMNIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	RAMELTEON Tablet 8MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RAMELTEON Tablet 8MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RANOLAZINE ER Tablet ER 12HR 500MG	VENTRICULAR PREMATURE DEPOLARIZATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RASAGILINE MESYLATE Tablet 1MG	Parkinson s disease without dyskinesia, without mention of fluctuations	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REDEMPLO Soln Pref Syr 25MG/0.5ML	PURE HYPERGLYCERIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	RELISTOR Tablet 150MG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Familial hypercholesterolemia, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	MIXED HYPERLIPIDEMIA	Approved	N/A	12
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Other hyperlipidemia	Approved	N/A	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Homozygous familial hypercholesterolemia [HoFH]	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Other forms of angina pectoris	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ATHEROSCLEROSIS CABG WITHOUT ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	COR ATHEROSCLER D/T CALCIFIED CORONARY LESION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Other hyperlipidemia	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	28
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Heterozygous familial hypercholesterolemia [HeFH]	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	FAMILY HISTORY OF FAMILIAL HYPERCHOLESTEROLEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	OTHER SPECIFIED POSTPROCEDURAL STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Familial hypercholesterolemia, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	18
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	OTHER SPECIFIED HEALTH STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Homozygous familial hypercholesterolemia [HoFH]	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	OLD MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	16
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	19
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Elevated Lipoprotein(a)	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	Familial hypercholesterolemia, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RESTASIS Emulsion 0.05%	STAPHYLOMA POSTICUM RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RESTASIS Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RETACRIT Solution 20000UNIT/ML	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	4
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 4000UNIT/ML	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.25MG	EMOTIONAL LABILITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.25MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.25MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 0.25MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.25MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	4
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	6
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	10
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	Major depressive disorder, single episode	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	BORDERLINE PERSONALITY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MOOD DISORDER PHYSIO COND W/DEPRESSIVE FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	OTHER SPECIFIED DEPRESSIVE EPISODES	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	18
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	4
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	4
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1

AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MANIC	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REZDIFFRA Tablet 80MG	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	REZDIFFRA Tablet 80MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZUROCK Tablet 200MG	CHRONIC GRAFT-VERSUS-HOST DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	RHAPSIDO Tablet 25MG	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	RHAPSIDO Tablet 25MG	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	RHAPSIDO Tablet 25MG	IDIOPATHIC URTICARIA	Approved	N/A	3
AR Exchange - HIM	N/A	RHAPSIDO Tablet 25MG	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIFABUTIN Capsule 150MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Approved	N/A	2
AR Exchange - HIM	N/A	RIFABUTIN Capsule 150MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIFAXIMIN Powder	Small intestinal bacterial overgrowth, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	UNS INFLAMMATORY SPONDYLOPATHY SITE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	4
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ATOPIC NEURODERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RISEDRONATE SODIUM Tablet 35MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RITUXAN Solution 500MG/50ML	KIDNEY TRANSPLANT REJECTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	RIVAROXABAN Tablet 2.5MG	LONG TERM CURRENT USE OF ANTICOAGULANTS	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/STM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegrating 10MG	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegrating 10MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegrating 10MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ROMVIMZA Capsule 30MG	Other specified neoplasm of uncertain behavior of connective and other soft tissue	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ROPINIROLE HCL ER Tablet ER 24HR 2MG	Parkinsonism, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ROPINIROLE HCL ER Tablet ER 24HR 2MG	Parkinson s disease without dyskinesia, without mention of fluctuations	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ROSUVASTATIN CALCIUM Tablet 10MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RUXIENCE Solution 500MG/50ML	PROGRESSIVE SYSTEMIC SCLEROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	RUXIENCE Solution 500MG/50ML	KIDNEY TRANSPLANT REJECTION	Approved	N/A	1
AR Exchange - HIM	N/A	RYALTRIS Suspension 665/25/MCG/ACT		Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	8
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Repatha 140MG/ML SC SOSY	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	UNSPECIFIED ATRIAL FLUTTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49/51/MG	ACUTE COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Exchange - HIM	N/A	SANCUSO Patch 3.1MG/24HR	NAUSEA	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	UNS OPEN WOUND UNS TOES W/O DAMAGE NAIL INITIAL	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	BURNS INVOLVING LESS THAN 10% OF BODY SURFACE	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	PYODERMA GANGRENOSUM	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	PRESSURE ULCER OF UNSPECIFIED BUTTOCK STAGE 3	Approved	N/A	1
AR Exchange - HIM	N/A	SAPHNELO Solution 300MG/2ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SAVELLA TITRATION PACK Misc 12.5 & 25 & 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 12.5MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SCEMBLIX Tablet 40MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	SCEMBLIX Tablet 40MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SEMGLEE (YFGN) Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SEMGLEE (YFGN) Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SERNIVO Emulsion 0.05%	TRANSIENT ACANTHOLYTIC DERMATOSIS GROVER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SERTRALINE HCL Capsule 150MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DISORDER	Approved	N/A	3
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	11
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	OTHER MALE ERECTILE DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	Secondary pulmonary arterial hypertension	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	THROMBOANGIITIS OBLITERANS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	ENCOUNTER ASSTD REPRODUCTIVE FERTILITY PROC CYCL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	SEXUAL DYSFUNCTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DISORDER	Approved	N/A	3
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	OTHER MALE ERECTILE DYSFUNCTION	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	INTRAHEPATIC BILE DUCT CARCINOMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILIQ Soln Pref Syr 210MG/1.5ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	SIMPLERA SYNC SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SIMPONI ARIA Solution 50MG/4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	SIPULEUCEL-T AUTO CD54+	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	SITAGLIPTIN PHOSPHATE Tablet 50MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	SITAGLIPTIN Tablet 100MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS VULGARIS	Approved	N/A	20
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI PEN starter Soln Auto-inj 150MG/ML/SKYRIZI PEN Soln Auto-inj 150MG/ML	GENERALIZED PUSTULAR PSORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	3
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE OF SMALL INTESTINE WITH ABSCESS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DZ SMALL & LARGE INTEST W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1

AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE LARGE INTESTINE W/RECTAL BLEED	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE OF LARGE INTESTINE WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS W/OTHER COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	BODY MASS INDEX BMI 50-59.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DZ SMALL & LARGE INTEST W/RECTAL BLEED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DZ SMALL & LARGE INTEST W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SODIUM BICARBONATE Tablet 650MG	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SODIUM CHLORIDE (PF) Solution 0.9%	MALIGNANT NEOPLASM OF EXOCERVIX	Approved	N/A	1
AR Exchange - HIM	N/A	SODIUM CHLORIDE Solution 0.9%	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SOFDRA Gel 12.45%	PRIMARY FOCAL HYPERHIDROSIS AXILLA	Approved	N/A	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	61
AR Exchange - HIM	General Acute Care Hospital	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	3
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT	Approved	N/A	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOLIQUA Soln Pen-inj 100/33/UNT-MCG/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SOLIQUA Soln Pen-inj 100/33/UNT-MCG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	SOMATULINE DEPOT Solution 90MG/0.3ML	ACROMEGALY AND PITUITARY GIGANTISM	Approved	N/A	1
AR Exchange - HIM	N/A	SOTYKTU Tablet 6MG	OTHER PSORIATIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOTYLIZE Solution 5MG/ML	Supraventricular tachycardia, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	SPINOSAD Suspension 0.9%	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPIRIVA HANDIHALER Capsule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPIRIVA HANDIHALER Capsule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	15
AR Exchange - HIM	Family practice	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	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	6
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	48
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	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	10
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	Family practice	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SPRYCEL Tablet 100MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	STEGLATRO Tablet 15MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 45MG/0.5ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	LEFT SIDED COLITIS WITH RECTAL BLEEDING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	2
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	ULCERATIVE CHRONIC PANCOLITIS W/OTH COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	2
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	PITYRIASIS RUBRA PILARIS	Approved	N/A	1
AR Exchange - HIM	N/A	STEQEYMA Soln Pref Syr 45MG/0.5ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	STEQEYMA Soln Pref Syr 90MG/ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	STEQEYMA Soln Pref Syr 90MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STOBOCLO Soln Pref Syr 60MG/ML	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 100MG/0.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID USE UNSPECIFIED UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID USE UNSPECIFIED UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID DEPENDENCE WITH WITHDRAWAL	Approved	N/A	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID DEPENDENCE IN REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Syr 300MG/1.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	14
AR Exchange - HIM	N/A	SULFACETAMIDE SODIUM-SULFUR Suspension 8/4/%	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SULFACLEANSE 8/4 Suspension 8/4/%	ACNE VULGARIS	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	SULFACLEANSE 8/4 Suspension 8/4/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Soln Auto-inj 6MG/0.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Soln Auto-inj 6MG/0.5ML	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	CHRONIC CLUSTER HEADACHE NOT INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUNLENCA Tablet 300MG	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Approved	N/A	1
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUNOSI Tablet 75MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUTAB Tablet 1479/225/188/MG	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUTAB Tablet 1479/225/188/MG	OTHER CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine: Sports Medicine	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physical Medicine & Rehabilitation: Sports Medicine	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine: Sports Medicine	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Family Medicine: Sports Medicine	SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	Physician Assistant	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	Salimez Forte 10% EX CREA	VIRAL WART UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PERIORAL DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	SEBORRHEIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	ECZEMATOUS DERMATITIS OF RIGHT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DYSHIDROSIS POMPHOLYX	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	BULLOUS PEMPHIGOID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	NUMMULAR DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	FLEXURAL ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	LICHEN SIMPLEX CHRONICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PERIORAL DERMATITIS	Approved	N/A	5
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Approved	N/A	15
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	TOXIC EFFECT CONTACT OTH JELLYFISH ACC SEQUELA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS VULGARIS	Approved	N/A	6
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC NEURODERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PERIORAL DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	XEROSIS CUTIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	NECROBIOSIS LIPOIDICA NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	LICHEN SCLEROSUS ET ATROPHICUS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ECZEMATOUS DERMATITIS OF LEFT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	VITILIGO	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPEC DISORDERS SKIN & SUBCUTANEOUS TISSUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	VITILIGO	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 10MG	MALE ERECTILE DISORDER	Denied	Admin-Denied Excluded	1

AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	TESTICULAR HYPOFUNCTION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	TESTICULAR HYPOFUNCTION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENCOUNTER FOR FERTILITY TESTING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	OTHER SPECIFIED MONONEUROPATHIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	7
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	TESTICULAR DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	10
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DISORDER	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TAKHZYRO Soln Pref Syr 300MG/2ML	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	N/A	2
AR Exchange - HIM	N/A	TALICIA Capsule DR 250/12.5/10/MG	HEUCOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	OTHER PSORIASIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	OTHER PSORIATIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY SITE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	TAPENTADOL HCL ER Tablet ER 12HR 50MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TAVABOROLE Solution 5%	NAIL DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAVABOROLE Solution 5%	TINEA UNGUIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAZAROTENE Cream 0.05%	CHANGES IN SKIN TEXTURE	Approved	N/A	1
AR Exchange - HIM	N/A	TELMISARTAN Tablet 80MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TEMAZEPAM Capsule 15MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TERIFLUNOMIDE Tablet 14MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 100MG/ML	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 100MG/ML	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Approved	N/A	2
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TRANSSEXUALISM	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	MALIGNANT NEOPLASM UNS TESTIS UNS DESC/UNDESCEND	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	GENDER IDENTITY DISORDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TESTICULAR HYPOFUNCTION	Approved	N/A	14
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	OTHER SPECIFIED HEALTH STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Approved	N/A	2
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	TESTICULAR HYPOFUNCTION	Approved	N/A	3
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 12.5 MG/ACT(1%)	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/1.25GM(1.62%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/ACT(1.62%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 25 MG/2.5GM(1%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 25 MG/2.5GM(1%)	ENDOCRINE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 50 MG/5GM(1%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TESTOSTERONE Gel 50 MG/5GM(1%)	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	TESTOSTERONE PELLET IMPLANT 75 MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	TESTOSTERONE PELLET IMPLANT 75 MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	Case Manager/Care Coordinator	TESTOSTERONE PELLET IMPLANT 75 MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TETRABENAZINE Tablet 12.5MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TETRABENAZINE Tablet 25MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	TETRABENAZINE Tablet 25MG	TOURETTES DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TETRABENAZINE Tablet 25MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-inj 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-inj 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-inj 210MG/1.91ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TEZSPIRE Soln Pref Syr 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	THEO-24 Capsule ER 24HR 100MG	SICK SINUS SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TICAGRELOR Tablet 60MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	TIOTROPIUM BROMIDE Capsule 18MCG	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Capsule 137MCG	AUTOIMMUNE THYROIDITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Capsule 37.5MCG	DYSPHAGIA OROPHARYNGEAL PHASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TIROSINT Capsule 44MCG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT-SOL Solution 125MCG/ML	HYPOTHYROIDISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TIROSINT-SOL Solution 200MCG/ML	AUTOIMMUNE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TIZANIDINE HCL Tablet 2MG		Approved	N/A	3
AR Exchange - HIM	N/A	TOBRAMYCIN Nebu Soln 300MG/5ML	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TOFACITINIB CITRATE ER Tablet ER 24HR 11MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOFACITINIB CITRATE ER Tablet ER 24HR 11MG	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	TOFACITINIB CITRATE ER Tablet ER 24HR 11MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TOLVAPTAN Tab Ther Pack 45 & 15MG	POLYCYSTIC KIDNEY ADULT TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	TONMYA Tab Sublingual 2.8MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TOPIRAMATE ER Capsule ER 24HR 50MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMAX Tablet 200MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRADJENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 100MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Headache, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED INJURY UNS WRIST HAND FINGERS INIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INF & INFLAM REACT INTRL LT KNEE PROSTH INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	GOUT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN THORACIC SPINE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED MONONEUROPATHY RIGHT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	6
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED HIP	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SCIATICA LEFT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOLISTHESIS LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPONDYLOSIS CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPONDYLOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	10
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INFLAMMATORY POLYARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Myalgia, other site	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	DORSALGIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INTERSTITIAL CYSTITIS CHRONIC WITHOUT HEMATURIA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PLEURISY	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RIGHT UPPER QUADRANT PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LAC EXT MUSC FASC TEND LT INDX FNGR FOREARM SEQ	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Familial hypercholesterolemia, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEG UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	IDIOPATHIC ASEPTIC NECROSIS OF RIGHT FEMUR	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	Family practice	TRAMADOL HCL Tablet 50MG	BULLOUS IMPETIGO	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CERVICALGIA	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYCYSTIC OVARIAN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	METATARSALGIA LEFT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CREST SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CERVICAL DISC DISORDER C5-C6 LEVEL RADICULOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPINAL STENOSIS SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYCYSTIC KIDNEY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RESTLESS LEGS SYNDROME	Approved	N/A	1

AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RIGHT UPPER QUADRANT PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Parkinson s disease without dyskinesia, without mention of fluctuations	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED OVARIAN CYST UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Flank pain, unspecified side	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER CHRONIC PAIN	Approved	N/A	21
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER COMPLICATIONS OF AMPUTATION STUMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT HIP	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Low back pain, unspecified	Approved	N/A	29
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRIMARY OSTEOARTHRITIS LEFT ELBOW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT KNEE	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	6
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MUSCLE SPASM OF BACK	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH TEAR MED MENISCUS CURR INJ LT KNEE SBSQT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ACUTE PAIN DUE TO TRAUMA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOLYSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PLANTAR FASCIAL FIBROMATOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	35
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	FIBROMYALGIA	Approved	N/A	5
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYOSTEOARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER POLYOSTEOARTHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5/325/MG	CALCANEAL SPUR LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	TRAZIMERA For Solution 150MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TRAZIMERA For Solution 420MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TRAZIMERA For Solution 420MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	8
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML Starter	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	LEFT SIDED COLITIS WITH RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 200MG/2ML	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	Emergency Room	TREMFYA Soln Pref Syr 200MG/2ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 200MG/2ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Solution 200MG/20ML	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	CROHNS DISEASE UNS W/OTHER COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	ULCERATIVE CHRON RECTOSIGMOIDITIS W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML/TREMFYA PEN Soln Auto-inj 200MG/2ML	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	ACNE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	OTHER ACNE	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	EPIDERMAL CYST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	DISORDER OF PIGMENTATION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	UNSPECIFIED LESIONS OF ORAL MUCOSA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	OTH SPEC ACUTE SKIN CHANGES D/T ULTRAVIOLET RAD	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.1%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Gel 0.01%	DERMATITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRETINOIN Gel 0.025%	OTHER SPECIFIED DISORDERS OF PIGMENTATION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRETINOIN Gel 0.05%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIKAFTA Tab Ther Pack 100/50/75 & 150/MG	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	Postpartum depression	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	Major depressive disorder, single episode	Approved	N/A	5
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	5
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	3
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	5
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	7
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	PREDIABETES	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	42
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	5
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	69
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	9
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	2

AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	7
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	31
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	30
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	16
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	18
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	11
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	17
AR Exchange - HIM	N/A	TRUXIIMA Solution 100MG/10ML	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRUXIIMA Solution 500MG/50ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRUXIIMA Solution 500MG/50ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRYNGOLZA Soln Auto-inj 80MG/0.8ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRYNGOLZA Soln Auto-inj 80MG/0.8ML	HYPERCHYLOMICRONEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRYPTYR Solution 0.003%	STAPHYLOMA POSTICUM RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TWIIST REFILL KIT Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TYMLOS Soln Pen-inj 3120MCG/1.56ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	N/A	TYVASO DPI MAINTENANCE KIT Powder 64MCG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	TYVASO REFILL KIT Solution 0.6MG/ML	Secondary pulmonary arterial hypertension	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	9
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	3
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	28
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	34
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	4
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	OTHER MIGRAINE INTRACTABLE W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	Chronic migraine with aura, not intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	POSTCONCUSSIONAL SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	5
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	CHRONIC TENSION-TYPE HEADACHE INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELVY Tablet 50MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	NODULAR SCLEROSIS CLASS HL NODES HEAD FACE NECK	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UDENYCA ONBODY Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM CENTRAL PORTION LEFT MALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA Soln Pref Syr 6MG/0.6ML	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	2
AR Exchange - HIM	N/A	UDENYCA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF DESCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UMECLIDINIUM-VILANTEROL Aero Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	UMECLIDINIUM-VILANTEROL Aero Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	UMECLIDINIUM-VILANTEROL Aero Pow Br Act 62.5/25/MCG/ACT	PANLOBULAR EMPHYSEMA	Approved	N/A	1
AR Exchange - HIM	N/A	UPTRAVI Tablet (200MCG/400MCG/600MCG/800MCG/1000MCG/1200MCG/1400MCG/1600MCG)	Secondary pulmonary arterial hypertension	Approved	N/A	1
AR Exchange - HIM	N/A	UPTRAVI Tablet 1600MCG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	UPTRAVI Tablet 200MCG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	UPTRAVI Tablet 400MCG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	UREA Cream 45%	LICHEN PLANUS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	UREA Lotion 40%	OTHER SPECIFIED EPIDERMAL THICKENING	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	UROGESIC-BLUE Tablet 81.6MG	DYSURIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	URSODIOL Capsule 300MG	PRIMARY BILIARY CIRRHOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	USTEKINUMAB INTRAVENOUS INJ 1 MG	CROHNS DISEASE OF SMALL INTESTINE WITH FISTULA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	USTEKINUMAB INTRAVENOUS INJ 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	USTEKINUMAB INTRAVENOUS INJ 1 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 100MG/0.28ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 125MG/0.35ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 250MG/0.7ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 250MG/0.7ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 75MG/0.21ML	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 75MG/0.21ML	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALACYCLOVIR HCL Tablet 500MG	HERPESVIRAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	KIDNEY TRANSPLANT STATUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	CYTOMEGALOVIRAL DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	Other esophagitis without bleeding	Approved	N/A	1
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	3
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	HEART TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALSARTAN Tablet 40MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	2
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	POST TRAUMATIC SEIZURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liqd Ther Pack 2 x 7.5MG/0.1ML	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liqd Ther Pack 2 x 7.5MG/0.1ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 20 MG DOSE Liqd Ther Pack 2 x 10MG/0.1ML	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	COMPLEX FEBRILE CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	OTHER SEIZURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	VANCOMYCIN HCL For Solution 500MG	SEVERE SEPSIS WITH SEPTIC SHOCK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VARENICLINE TARTRATE Tablet 1MG	TOBACCO ABUSE COUNSELING	Approved	N/A	1
AR Exchange - HIM	N/A	VARUBI (180 MG DOSE) Tab Ther Pack 2 x 90MG	MALIGNANT NEOPLASM OF HEAD FACE AND NECK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VARUBI (180 MG DOSE) Tab Ther Pack 2 x 90MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VASCEPA Capsule 1GM	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VASCEPA Capsule 1GM	PURE HYPERGLYCERIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	VECTIBIX Solution 100MG/5ML	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VEGZELMA Solution 100MG/4ML	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	N/A	VELPHORO Tablet Chewable 500MG	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEMLIDY Tablet 25MG	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	Approved	N/A	1
AR Exchange - HIM	N/A	VEMLIDY Tablet 25MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VENCLEXTA STARTING PACK Tab Ther Pack 10 & 50 & 100MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MIXED SIMPLE AND MUCOPURULENT CHRONIC BRONCHITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	12
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Approved	N/A	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	FLUSHING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	FLUSHING	Approved	N/A	2
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VERZENIO Tablet 100MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 100MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM NIPPLE & AREOLA LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 50MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1

AR Exchange - HIM	N/A	VERZENIO Tablet 50MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 50MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VEVYE Solution 0.1%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEVYE Solution 0.1%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEVYE Solution 0.1%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Exchange - HIM	N/A	VIBERZI Tablet 75MG	DIARRHEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VIOS LC SPRINT PEDIATRIC Misc	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	VITAMIN D3 Capsule 1.25 MG(50000 UT)	VITAMIN D DEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VITAMIN D3 Capsule 125 MCG(5000 UT)	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	VITAMIN D3 Liquid 125MCG/ML	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	VIVITROL For Suspension 380MG	Alcohol use, unspecified, in remission	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA TRIPLE PAK Therapy Pack 500/500/20/MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	2
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	9
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	4
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	OTHER GASTRITIS WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Other esophagitis without bleeding	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Approved	N/A	2
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Approved	N/A	2
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	19
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	CHRONIC OR UNS GASTRIC ULCER W/HEMORRHAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	Emergency Room	VOQUEZNA Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VOSEVI Tablet 400/100/100/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VPRIV For Solution 400UNIT	GAUCHER DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR DISORDER FULL REMISSION MRE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	18
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR REMISS MOST RECENT EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	6
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR II DISORDER	Approved	N/A	11
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	7
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	12
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR MIXED SEVERE W/PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	OTHER BIPOLAR DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	DISORDER OF WRITTEN EXPRESSION	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MILD	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	26
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR II DISORDER	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	14
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR MIXED SEVERE W/PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MANIC	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	PERSONALITY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BORDERLINE PERSONALITY DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	VTAMA Cream 1%	Other pruritus	Approved	N/A	1
AR Exchange - HIM	N/A	VTAMA Cream 1%	PSORIASIS VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	VTAMA Cream 1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYLEESI Soln Auto-inj 1.75MG/0.3ML	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVGART HYTRULO Soln Pref Syr 1000/10000/MG-UNT/5ML	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYVGART HYTRULO Solution 180/2000/MG-UNIT/ML	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	WAKIX Tablet 17.8MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	WAYRILZ Tablet 400MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Acute myocardial infarction, unspecified	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Metabolic syndrome	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	HEART FAILURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	CEREBRAL INFARCTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 29.0-29.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 26.0-26.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	CROHNS DISEASE OF SMALL INTESTINE WITH FISTULA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	20
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ATHEROSCLER NATV ART EXT INTERMIT CLAUD UNS EXT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	15
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	6
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	UNSPECIFIED DISORDER OF CIRCULATORY SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	ATHEROSCLEROSIS OF AORTA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT & GRAFT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	CARDIOMYOPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	CEREBRAL INFARCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 31.0-31.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	16
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Obesity, class 2	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Obesity, class 1	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OBESITY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Endocrinology	WEGOVY Tablet 1.5MG	Hypoglycemia level 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OVERWEIGHT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Obesity, class 2	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Obesity, class 3	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 38.0-38.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Obesity, class 1	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	23
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	Chronic kidney disease, stage 3 unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Tablet 25MG	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 25MG	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 25MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 60.0-69.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	ILLNESS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	Obesity, class 3	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	Obesity, class 1	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 4MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	5
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	BODY MASS INDEX BMI 38.0-38.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Tablet 9MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WELIREG Tablet 40MG	Von Hippel-Lindau syndrome	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WELIREG Tablet 40MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	WESTAB PLUS Tablet 27/1/MG	ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WINLEVI Cream 1%	ACNE VULGARIS	Approved	N/A	4
AR Exchange - HIM	N/A	WINLEVI Cream 1%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WINREVAIR Kit 45MG	Secondary pulmonary arterial hypertension	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WINREVAIR Kit 45MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WINREVAIR Kit 45MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WINREVAIR Kit 45MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tab Ther Pack 14 x 50 MG &14 x100 MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	LOC-REL IDIO EP W/SZ LOC ONSET NOT INTRCT NO SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	LOC-REL IDIO EP W/SEIZ LOC ONSET INTRCT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	2

AR Exchange - HIM	N/A	XCOPRI Tablet 150MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	2
AR Exchange - HIM	N/A	XCOPRI Tablet 200MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 200MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	Unspecified blepharitis right eye, upper and lower eyelids	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	Infestation by Demodex mites	Approved	N/A	16
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	Other acariasis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	SQUAMOUS BLEPHARITIS RIGHT LOWER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	XELJANZ Tablet 5MG	PSORIATIC JUVENILE ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XELSTRYM Patch 13.5MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	XHANCE Exhaler Susp 93MCG/ACT	OTHER ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIAFLEX For Solution 0.9MG	PALMAR FASCIAL FIBROMATOSIS DUPUYTREN	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 200MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 200MG	ABDOMINAL DISTENSION GASEOUS	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 200MG	MIXED IRRITABLE BOWEL SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ABDOMINAL DISTENSION GASEOUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG		Denied	Formulary/Plan Benefit	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Approved	N/A	10
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Small intestinal bacterial overgrowth, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ALCOHOLIC HEPATITIS WITH ASCITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Hepatic encephalopathy	Approved	N/A	8
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Intestinal methanogen overgrowth, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	CAMPYLOBACTER ENTERITIS	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	MIXED IRRITABLE BOWEL SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ABDOMINAL DISTENSION GASEOUS	Approved	N/A	1
AR Exchange - HIM	N/A	XIIDRA Solution 5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XIIDRA Solution 5%	DRY EYE SYNDROME OF LEFT LACRIMAL GLAND	Approved	N/A	1
AR Exchange - HIM	N/A	XIIDRA Solution 5%	Meibomian gland dysfunction left eye, upper and lower eyelids	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	IDIOPATHIC URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	IDIOPATHIC URTICARIA	Approved	N/A	2
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	Other adverse food reactions, not elsewhere classified, subsequent encounter	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 75MG/0.5ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	XPHOZAH Tablet 20MG	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Approved	N/A	1
AR Exchange - HIM	N/A	XPHOZAH Tablet 20MG	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XTANDI Tablet 80MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal medicine	XYOSTED Soln Auto-inj 100MG/0.5ML	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XYWAV Solution 500MG/ML	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	YAZ Tablet 3/0.02/MG	ACNE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	YESINTEK Soln Pref Syr 90MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	YEZTUGO Solution 463.5MG/1.5ML	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	YIMMUGO Solution 105GM/100ML	KIDNEY TRANSPLANT REJECTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	YUVEZZI Solution 2.75/0.1/%	PRESBYOPIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	NEUTROPENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	ZEMBRACE SYMTOUCH Soln Auto-inj 3MG/0.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	ZENATANE Capsule 20MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZENATANE Capsule 30MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	ZENATANE Capsule 40MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZENBEXUS Capsule 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZENBEXUS Capsule 1MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 40000/126000/UNIT	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 40000/126000/UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	3
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 10MG/0.6ML	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 10MG/0.6ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 15MG/0.6ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 15MG/0.6ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	Metabolic syndrome	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	Myalgic encephalomyelitis/chronic fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	6
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	Obesity, class 3	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	11
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	3
AR Exchange - HIM	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 7.5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 2	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	11
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 1	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	5
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ILLNESS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 31.0-31.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	44
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 29.0-29.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	11
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	10
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	5
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	ENCOUNTER SCREENING FOR OTH METABOLIC DISORDERS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OTHER SLEEP APNEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	1

AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPOSIA Capsule 0.92MG	Relapsing-remitting multiple sclerosis	Approved	N/A	2
AR Exchange - HIM	N/A	ZILEUTON ER Tablet ER 12HR 600MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ZIPRASIDONE HCL Capsule 20MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 2.5MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 2.5MG	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 5MG	EPISODIC CLUSTER HEADACHE NOT INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 5MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	INSOMNIA DUE TO MEDICAL CONDITION	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	INSOMNIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	PRIMARY INSOMNIA	Approved	N/A	5
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 5MG	PRIMARY INSOMNIA	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.15%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZORYVE Cream 0.3%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZORYVE Foam 0.3%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	ZORYVE Foam 0.3%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZORYVE Foam 0.3%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZTLIDO Patch 1.8%	MUSCLE SPASM OF BACK	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZURZUVAE Capsule 25MG	Postpartum depression	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZURZUVAE Capsule 25MG	Postpartum depression	Approved	N/A	1
AR Exchange - HIM	N/A	ZYMFENTRA (2 PEN) Auto-inj Kit 120MG/ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1