

2026 Preauthorization Statistics for AR Medicaid Quarter 3

CARRIER NAME	PROVIDER SPECIALTY	DRUG NAME	INDICATION	CASE STATUS	DENIAL REASON	PA COUNT
AR Medicaid - Total Care	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	BIPOLAR DISORDER, UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	BIPOLAR DISORDER, UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY ANEMIA SEC TO BLOOD LOSS CHRONIC	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ACCU-CHEK GUIDE TEST Strip	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ACCU-CHEK GUIDE TEST Strip	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	ACYCLOVIR Suspension 200MG/5ML	DERMATITIS HERPETIFORMIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ADAPALENE Gel 0.3%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 5MG	Other reactions to severe stress	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 100/50/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 100/50/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 250/50/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ADVAIR HFA Aerosol 115/21/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	AFREZZA Powder 60x4 &60x8 &60x12 UNIT	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	AGAMREE Suspension 40MG/ML	Duchenne or Becker muscular dystrophy	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	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 Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	AJOVY Soln Pref Syr 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	EXERCISE INDUCED BRONCHOSPASM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALMOTRIPTAN MALATE Tablet 12.5MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMANTADINE HCL Tablet 100MG	NEUROLEPTIC INDUCED PARKINSONISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMANTADINE HCL Tablet 100MG	IRRITABILITY AND ANGER	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMANTADINE HCL Tablet 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMOXICILLIN-POT CLAVULANATE Tablet 875/125/MG	ACUTE SINUSITIS UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	ANNOVERA Ring 0.013/0.15/MG/24HR	ENCOUNTER OTH GENERAL COUNSEL&ADVICE CONTRACEPT	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE 2.5 MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Solution 1MG/ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	IRRITABILITY AND ANGER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 15MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 15MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	VIOLENT BEHAVIOR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ADJUSTMENT DISORDER MIXD DISTURB EMOTION CONDUCT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR II DISORDER	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	VIOLENT BEHAVIOR	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	AUDITORY HALLUCINATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	REACTION TO SEVERE STRESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	Other reactions to severe stress	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	HOSTILITY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARMODAFINIL Tablet 250MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 100MCG/ACT	CHRONIC SINUSITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 50MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Solution 4MG/ML	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Solution 4MG/ML	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUSTEDO XR Tablet ER 24HR 42MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUVELITY Tablet ER 45/105/MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZELAIC ACID Gel 15%	OTHER ROSACEA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Solution 10MG/5ML	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BACLOFEN Solution 5MG/5ML	CEREBRAL PALSY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED OS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	BAXDELA Tablet 450MG	INFECTION AMPUTATION STUMP UNSPECIFIED EXTREMITY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BAXDELA Tablet 450MG	INFECTION AMPUTATION STUMP UNSPECIFIED EXTREMITY	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 10MG	MOOD DISORDER KNOWN PHYSIOLOGICAL CONDITION UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 10MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 5MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BIKTARVY Tablet 50/200/25/MG	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BONSITY Soln Pen-inj 560MCG/2.24ML	AGE-REL OSTEOPOR W/CURR PATH FX SUB ENC FX RTN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BOOST KID ESSENTIALS 1.0 CAL Liquid	FAILURE TO THRIVE CHILD	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BP WASH Liquid 2.5%	BROMHIDROSIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BREYNA Aerosol 80/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/18/4.8/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160/9/4.8/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVARACETAM Tablet 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVARACETAM Tablet 50MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BROMOCRIPTINE MESYLATE Tablet 2.5MG	GALACTORRHEA NOT ASSOCIATED WITH CHILDBIRTH	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUCAPSOL Capsule 10MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	Cough, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	TRACHEOSTOMY STATUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 450MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 10MCG/HR	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 5MCG/HR	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUTRANS Patch Weekly 5MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	BYLVAY Capsule 1200MCG	OTHER SPECIFIED DISEASES OF LIVER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	Betoptic-S 0.25% OP SUSP	PRIMARY OPEN-ANGLE GLAUCOMA BIL MODERATE STAGE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 10.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 21MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	CARBAMAZEPINE ER Tablet ER 12HR 100MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	CARBAMAZEPINE ER Tablet ER 12HR 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CARBAMAZEPINE ER Tablet ER 12HR 200MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CARBIDOPA-LEVODOPA Tablet Disintegrating 25/100/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CARISOPRODOL Tablet 350MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CATAPRES-TTS-1 Patch Weekly 0.1MG/24HR	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CEFTRIAXONE SODIUM For Solution 2GM	OTHER SPECIFIED DISEASES OF INTESTINE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CELECOXIB Capsule 200MG	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CEPHALEXIN Tablet 500MG	CELLULITIS OF LEFT LOWER LIMB	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CEQUA Solution 0.09%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CETIRIZINE HCL Tablet 5MG	ALLERGY TO OTHER FOODS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CHEST CONGESTION RELIEF Liquid 100MG/5ML	COVID-19	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 25MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 25MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1

AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHOLBAM Capsule 250MG	SMITH-LEMLI-OPITZ SYNDROME	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CICLOPIROX Shampoo 1%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CICLOPIROX Solution 8%	TINEA UNGUIUM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CIMETIDINE Tablet 300MG	MOLLUSCUM CONTAGIOSUM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CIMETIDINE Tablet 400MG	OTHER VIRAL WARTS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CIPROFLOXACIN HCL Solution 0.2%	SUPPURATIVE OTITIS MEDIA UNSPECIFIED LEFT EAR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CIPROFLOXACIN HCL Solution 0.2%	OTITIS MEDIA UNSPECIFIED UNSPECIFIED EAR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/5/%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1/5/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Solution 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Solution 1%	HIDRADENITIS SUPPURATIVA	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Swab 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	2
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LOC-REL SX EPILEPSY W/SPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	OTHER EPILEPSY INTRACTABLE WITHOUT STATUS EPILEP	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	Angelman syndrome	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet 1MG	EPILEPTIC SPASMS NOT INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet 1MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet 1MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet Disintegrating 0.125MG	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONIDINE ER Tablet ER 24HR 0.17MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONIDINE HCL Tablet 0.05MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLONIDINE HCL Tablet 0.05MG	IMPULSE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLOTRIMAZOLE Cream 1%		Approved	N/A	3
AR Medicaid - Total Care	N/A	CLOTRIMAZOLE Solution 1%	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100/20/MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 125/30/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 125/30/MG	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 50/20/MG	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 50/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COMPOUNDED DRUG NOC	CEREBRAL PALSY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 18MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 18MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 27MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DAYBUE Solution 200MG/ML	RETTS SYNDROME	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DESMODA Solution 0.05MG/ML	DIABETES INSIPIDUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G6 SENSOR Misc	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIACOMIT Packet 250MG	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DIACOMIT Packet 250MG	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIAZEPAM Gel 10MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIAZEPAM Solution 5MG/5ML	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIAZEPAM Solution 5MG/5ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIAZEPAM Tablet 10MG	PANIC DISORDER WITHOUT AGORAPHOBIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIAZEPAM Tablet 10MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DICLOFENAC POTASSIUM Tablet 50MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Medicaid - Total Care	N/A	DICLOFENAC SODIUM Gel 3%	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DILTIAZEM HCL ER Tablet ER 24HR 180MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Cap DR Sprinkle 125MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Cap DR Sprinkle 125MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Cap DR Sprinkle 125MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DONEPEZIL HCL Tablet 5MG	OTHER AMNESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DOXEPIN HCL Tablet 3MG	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DOXEPIN HCL Tablet 3MG	SLEEP DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DROXIDOPA Capsule 300MG	MULTI-SYSTEM DEGEN AUTONOMIC NERVOUS SYSTEM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 120MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DYANAVEL XR Tablet ER 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMFLAZA Suspension 22.75MG/ML	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMSAM Patch 24HR 6MG/24HR	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENBREL Soln Pref Syr 50MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENILLORING Ring 0.12/0.015/MG/24HR	Pelvic and perineal pain unspecified side	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENTYVIO PEN Soln Auto-inj 108MG/0.68ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	5
AR Medicaid - Total Care	N/A	EPINEPHRINE Soln Auto-inj 0.15MG/0.3ML	ANAPHYLACTIC SHOCK UNSPECIFIED SUBSEQUENT ENC	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPINEPHRINE Soln Auto-inj 0.15MG/0.3ML	ANAPHYLACTIC REACTION TREE NUTS & SEEDS INIT ENC	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPINEPHRINE Soln Auto-inj 0.15MG/0.3ML	ALLERGY TO SEAFOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPINEPHRINE Soln Auto-inj 0.3MG/0.3ML	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPINEPHRINE Soln Auto-inj 0.3MG/0.3ML	ALLERGY TO OTHER FOODS	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIPEN JR 2-PAK Soln Auto-inj 0.15MG/0.3ML	ALLERGY TO SEAFOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPLERENONE Tablet 25MG	Duchenne or Becker muscular dystrophy	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESTRADIOL Gel 0.75MG/0.75GM	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESTRADIOL Patch TW 0.025MG/24HR	HYPOPITUITARISM	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ESTRADIOL Tablet 10MCG	GENERALIZED HYPERHIDROSIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EUCRISA Ointment 2%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMCICLOVIR Tablet 250MG	HERPESVIRAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	DYSPHAGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	EPIGASTRIC PAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	Chronic kidney disease, stage 3b	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	FENOFIBRATE Tablet 54MG	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FENOFIBRATE Tablet 54MG	PURE HYPERGLYCERIDEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FEXOFENADINE HCL Tablet 180MG	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUCONAZOLE Tablet 150MG	Chronic candidiasis of vulva and vagina	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINOLONE ACETONIDE SCALP Oil 0.01%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 60MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE FUROATE-VILANTEROL Aero Pow Br Act 200/25/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE FUROATE-VILANTEROL Aero Pow Br Act 200/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE DISKUS Aero Pow Br Act 100MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	EXERCISE INDUCED BRONCHOSPASM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	DYSPNEA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	OTHER DISORDERS OF LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 220MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1

AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 220MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	NASAL CONGESTION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE Suspension 50MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUVOXAMINE MALEATE ER Capsule ER 24HR 100MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 2.5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 15MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	FOUNDAYO Tablet 0.8MG	BODY MASS INDEX BMI 38.0-38.9 ADULT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 8MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	ACUTE PAIN DUE TO TRAUMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine	GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Allergy & Immunology	GAMMAGARD LIQUID INJECTION	OTHER JUVENILE ARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	GAMMAGARD LIQUID INJECTION	DOWN SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GAMMAGARD LIQUID INJECTION	DOWN SYNDROME UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	GAMMAGARD Solution (1GM/10ML,2.5GM/25ML,5GM/50ML,10GM/100ML,20GM/200ML,30GM/300ML)	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GAMUNEX-C Solution (1GM/10 ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML)	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	GAMUNEX-C Solution (1GM/10 ML, 2.5GM/25ML, 5GM/50ML, 10GM/100ML, 20GM/200ML, 40GM/400ML)	OTHER ENCEPHALOPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GATTEX Kit 5MG	Short bowel syndrome, unspecified	Approved	N/A	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	URGE INCONTINENCE	Approved	N/A	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 4MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL Tablet 1MG	SHAKEN INFANT SYNDROME INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	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 Medicaid - Total Care	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-inj 1MG/0.2ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	HALOPERIDOL DECANOATE Solution 100MG/ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	HALOPERIDOL Tablet 5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	HEMLIBRA Solution 105MG/0.7ML	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	2
AR Medicaid - Total Care	N/A	HEMLIBRA Solution 60MG/0.4ML	HEREDITARY FACTOR VIII DEFICIENCY	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	HEMLIBRA Solution 60MG/0.4ML	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Medicaid - Total Care	N/A	HUMALOG KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	2
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Solution 7.5/325/MG/15ML	PARTIAL LOSS TEETH UNS CAUSE UNSPECIFIED CLASS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCORTISONE Cream 1%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	HYOSYNE Elixir 0.125MG/5ML	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INCRUSE ELLIPTA Aero Pow Br Act 62.5MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INFLECTRA For Solution 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	INGREZZA Capsule 80MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	INGREZZA Capsule 80MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJ RIMABOTULINUMTOXINB 100 UNITS	DISTURBANCES OF SALIVARY SECRETION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics: Pediatric Hematology-Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION ABOBOTULINUMTOXINA 5 UNIT	CRAMP AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION AFLIBERCEPT AYYH PAVBLU 85 1 MG	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OD	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	POMPE DISEASE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Medical Genetics: Clinical Genetics (M.D.)	INJECTION AVALGLUCOSIDASE ALFA-NGPT 4 MG	POMPE DISEASE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG	DIFFUSE FOLLICLE CENTER LYM NODES HEAD FCE & NCK	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Family	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Gastroenterology	INJECTION GUSELKUMAB 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics	INJECTION INCOBOTULINUMTOXIN 1 UNIT	OTHER CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	DISTURBANCES OF SALIVARY SECRETION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INJECTION MOLUNABAM 1 MG	OTH CLASSICAL HODGKIN LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION OMADACYCLINE 1 MG	OTHER SPECIFIED DISEASES OF INTESTINE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Nurse Practitioner: Acute Care	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION RITUXIMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION RITUXIMAB 10 MG	DIFFUSE FOLLICLE CENTER LYM NODES HEAD FCE & NCK	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Allergy & Immunology	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG (ROCEPHIN)	OTHER SPECIFIED DISEASES OF INTESTINE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Nurse Practitioner: Family	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RELAPSING POLYCHONDRITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Family	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION, IRON SUCROSE, 1 MG	OTHER IRON DEFICIENCY ANEMIAS	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION, IRON SUCROSE, 1 MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Family	INJECTION, IRON SUCROSE, 1 MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	DIFFUSE FOLLICLE CENTER LYM NODES HEAD FCE & NCK	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital: Children	INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION,ONABOTULINUMTOXINA	ATHETOID CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	HEREDITARY SPASTIC PARAPLEGIA	Approved	N/A	1
AR Medicaid - Total Care	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	3
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Anesthesiology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics: Pediatric Endocrinology	INJECTION: LEUPROLIDE ACETATE	PRECOCIOUS PUBERTY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Medicaid - Total Care	N/A	INSULIN LISPRO (1 UNIT DIAL) Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA HAFYERA Susp Pref Syr 1092MG/3.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA HAFYERA Susp Pref Syr 1560MG/5ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM BROMIDE Solution 0.02%	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IVABRADINE HCL Tablet 5MG	Inappropriate sinus tachycardia, so stated	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TRIBUTARY RETINAL VEIN OCCL LT EYE MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	Insulin Degludec FlexTouch 100UNIT/ML SC SOPN	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	JANUVIA Tablet 100MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	JARDIANCE Tablet 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1

AR Medicaid - Total Care	N/A	JATENZO Capsule 158MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Medicaid - Total Care	N/A	JAVADIN Solution 0.02MG/ML	INSUFFICIENT SLEEP SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JAVADIN Solution 0.02MG/ML	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 80MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	JOURNAVX Tablet 50MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 10MG	CHRONIC KIDNEY DISEASE STAGE 1	Approved	N/A	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 20MG	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	TINEA CRURIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	PITYRIASIS VERSICOLOR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KRISTALOSE Packet 20GM	SLOW TRANSIT CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	L-METHYLFOLATE FORTE Capsule 7.5/90.314MG	METHYLENETETRAHYDROFOLATE REDUCTASE DEFICIENCY	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Solution 10MG/ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Solution 10MG/ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 100MG	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 100MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 50MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	IMPULSE DISORDER UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Disintegrating 200MG	LOC-REL SX EPILEPSY W/SPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 30MG	HEARTBURN	Approved	N/A	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 30MG	HEMATEMESIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LATUDA Tablet 20MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVALBUTEROL HCL Nebu Soln 0.63MG/3ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVALBUTEROL TARTRATE Aerosol 45MCG/ACT	COUGH VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVALBUTEROL TARTRATE Aerosol 45MCG/ACT	TACHYCARDIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVETIRACETAM Tablet 500MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	ALLERGIC RHINITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	PAIN IN UNSPECIFIED SHOULDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	CEREBRAL PALSY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	OTHER CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	MIXED IRRITABLE BOWEL SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 290MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 290MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	2
AR Medicaid - Total Care	N/A	LINZESS Capsule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-Inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-Inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-Inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-Inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISINOPRIL Tablet 2.5MG	CHRONIC NEPHRITIC SYND W/UNS MORPHOLOGIC CHANGES	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISINOPRIL Tablet 20MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LORAZEPAM Tablet 2MG	UNS LACK EXPECTED NORMAL PHYSIOLOG DEV IN CHILD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LORAZEPAM Tablet 2MG	UNS LACK EXPECTED NORMAL PHYSIOLOG DEV IN CHILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	OTHER CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 60MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LYBALVI Tablet 10/10/MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LYBALVI Tablet 5/10/MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	MECLIZINE HCL Tablet Chewable 25MG	DIZZINESS AND GIDDINESS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MEKINIST Tablet 2MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MELOCAM Capsule 5MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METFORMIN HCL Tablet 750MG	POLYCYSTIC OVARIAN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 45MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (XR) Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Solution 5MG/5ML	UNS BEHAVIOR & EMOTIONAL D/O ONSET CHILD & ADOL	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet Chewable 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METRONIDAZOLE Solution 500MG/100ML	TRICHOMONAL VULVOVAGINITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MIEBO Solution 1.338GM/ML	Meibomian gland dysfunction of unspecified eye, unspecified eyelid	Approved	N/A	1
AR Medicaid - Total Care	N/A	MINOCYCLINE HCL Tablet 100MG	FOLLICULAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MINOCYCLINE HCL Tablet 50MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MODAFINIL Tablet 200MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOMETASONE FUROATE Suspension 50MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MONTELUKAST SODIUM Tablet 10MG	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MONTELUKAST SODIUM Tablet 10MG	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN ULCER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	7
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOVANTIK Tablet 25MG	OTHER CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MULTIVITAMIN TPN COMPOUND	CHROMOSOMAL ABNORMALITY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	MYRBETRIQ Tablet ER 24HR 50MG	URGENCY OF URINATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	NA SULFATE-K SULFATE-MG SULF Solution 17.5/3.13/1.6/GM/177ML	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NA SULFATE-K SULFATE-MG SULF Solution 17.5/3.13/1.6/GM/177ML	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Medicaid - Total Care	N/A	NABUMETONE Tablet 750MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Medicaid - Total Care	N/A	NADOLOL Tablet 20MG	PALPITATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	EXCORIATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	EXCORIATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NALTREXONE HCL Tablet 50MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NATROBA Suspension 0.9%	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NATROBA Suspension 0.9%	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEBIVOLOL HCL Tablet 5MG	TACHYCARDIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEFFY Solution 1MG/0.1ML	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 1MG/0.1ML	Allergy to milk products, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 2MG/0.1ML	OTHER FISH POISONING ACCIDENTAL INITIAL ENCNTR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 2MG/0.1ML	ALLERGY TO PEANUTS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	3
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXTSTELLIS Tablet 3/14.2/MG	ENCOUNTER INITIAL PRESCRIPTION CONTRACEPT PLLS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-inj 10MG/1.5ML	GENETIC SUSCEPTIBILITY TO OTHER DISEASE	Approved	N/A	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-inj 10MG/1.5ML	Other genetic causes of short stature	Approved	N/A	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-inj 10MG/1.5ML	HYPOPITUITARISM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NOVOLIN N Suspension 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUCALA Soln Auto-inj 100MG/ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUCALA Soln Pref Syr 40MG/0.4ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NUZYRA For Solution 100MG	OTHER SPECIFIED DISORDERS OF URETHRA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUZYRA For Solution 100MG	UNS E COLI E. COLI AS CAUSE DZ CLASS ELSEWHERE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUZYRA For Solution 100MG	OTHER DISEASES OF STOMACH AND DUODENUM	Approved	N/A	1
AR Medicaid - Total Care	N/A	NUZYRA For Solution 100MG	OTHER DISEASES OF STOMACH AND DUODENUM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUZYRA Tablet 150MG	OTHER DISEASES OF STOMACH AND DUODENUM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	Pediatrics: Pediatric Rheumatology	OBINUTUZUMAB INJ	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	OTHER MUCOPURULENT CONJUNCTIVITIS RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	BIPOLAR II DISORDER	Approved	N/A	1

AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	5
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 7.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 20MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 5MG	IRRITABILITY AND ANGER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 LIBRE PODS Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONDANSETRON HCL Solution 4MG/5ML	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONDANSETRON HCL Tablet 4MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONDANSETRON Tablet Disintegrating 4MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONDANSETRON Tablet Disintegrating 4MG	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OPZELURA Cream 1.5%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ORENCIA CLICKJECT Soln Auto-inj 125MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Medicaid - Total Care	N/A	ORPHENADRINE CITRATE ER Tablet ER 12HR 100MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Suspension 300MG/5ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Tablet 300MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE Tablet 300MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXTELLAR XR Tablet ER 24HR 300MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXYCONTIN Tab 12HR Deter 10MG	PAIN IN UNSPECIFIED HIP	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 1.5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC Tablet 9MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PALIPERIDONE ER Tablet ER 24HR 3MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	PERAMPANEL Tablet 12MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	PERMETHRIN Liquid	PEDICULOSIS DUE TO PEDICULUS HUMANUS CAPITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	PREGABALIN Capsule 200MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Medicaid - Total Care	N/A	PREGABALIN Capsule 225MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	PREGABALIN Capsule 300MG	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PRILOSEC Packet 2.5MG	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PROMACTA Packet 25MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 75MG	BONE MARROW TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	PRUCALOPRIDE SUCCINATE Tablet 1MG	Other specified functional intestinal disorders	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PRUCALOPRIDE SUCCINATE Tablet 2MG	Pediatric feeding disorder, chronic	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PRUCALOPRIDE SUCCINATE Tablet 2MG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PULMICORT Inhalation Solution 2.5MG/2.5ML	OTHER DISORDERS OF LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PYRUKYND Tablet 50MG	Anemia due to pyruvate kinase deficiency	Approved	N/A	1
AR Medicaid - Total Care	N/A	Prozac 20 Mq Capsule	Major depressive disorder, single episode	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	6
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	5
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	INTERMITTENT EXPLOSIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	7
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	Major depressive disorder, single episode	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	STRANGE AND INEXPLICABLE BEHAVIOR	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	EDUCATIONAL MALADJUST DISCORD TEACHER CLASSMATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJOR DEPRESSIVE D/O SINGLE EPIS PART REMISSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	3
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 200MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	STRANGE AND INEXPLICABLE BEHAVIOR	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	STRANGE AND INEXPLICABLE BEHAVIOR	Approved	N/A	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 30MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Medicaid - Total Care	N/A	QVAR REDIHALER Aero Breath Act 80MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	RAMELTEON Tablet 8MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RAMELTEON Tablet 8MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RAMELTEON Tablet 8MG	AGORAPHOBIA WITH PANIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RANITIDINE HCL Tablet 150MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RECORLEV Tablet 150MG	CUSHINGS SYNDROME UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RELISTOR Soln Pref Syr 12MG/0.6ML	DRUG INDUCED CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	RELPAX Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REMICADE For Solution 100MG	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Familial hypercholesterolemia, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	PUNCTATE KERATITIS BILATERAL	Approved	N/A	1
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	2
AR Medicaid - Total Care	N/A	REXULTI Tablet 1MG	OTHER SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RINVOQ Tablet ER 24HR 15MG	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERDAL CONSTA For Susp ER 50MG	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	SANFILIPPO MUCOPOLYSACCHARIDOSES	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	POST-TRAUMATIC STRESS DISORDER ACUTE	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	POST-TRAUMATIC STRESS DISORDER ACUTE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	OTHER SYMPTOMS & SIGNS INVOLVING EMOTIONAL STATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	UNSPECIFIED EPISODIC MOOD DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	3
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	ADJUSTMENT DISORDER WITH DISTURBANCE OF CONDUCT	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RIVAROXABAN Tablet 2.5MG	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	RIZATRIPTAN BENZOATE Tablet Disintegrating 10MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ROZEREM Tablet 8MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	RUFINAMIDE Suspension 40MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	RUFINAMIDE Suspension 40MG/ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	RUXIENCE Solution 100MG/10ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SCEMBLIX Tablet 40MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1

AR Medicaid - Total Care	N/A	SERTRALINE HCL Capsule 150MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 25MG	Major depressive disorder, single episode	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 25MG	ATAXIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SKYRIZI Solution 600MG/10ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	SKYTROFA Cartridge 13.3MG	HYPOPITUITARISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYTROFA Cartridge 13.3MG	HYPOPITUITARISM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SLYND Tablet 4MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	SOD CITRATE-CITRIC ACID Solution 500/334/MG/5ML	UNS ADVERS EFFECT DRUG/MEDICAMENT INITIAL ENCNTR	Approved	N/A	1
AR Medicaid - Total Care	N/A	SODIUM CHLORIDE Nebu Soln 3%	CHRONIC RESPIRATORY FAIL UNS HYPOXIA/HYPERCAPNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SOGROYA Soln Pen-inj 10MG/1.5ML	Other congenital malformation syndromes predominantly associated with short stature	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	4
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	EMPHYSEMA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	OTHER EMPHYSEMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 2.5MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Medicaid - Total Care	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL INTESTINE W/OTH COMP	Approved	N/A	1
AR Medicaid - Total Care	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUBVENITE Suspension 10MG/ML	OTHER EPILEPSY NOT INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUCRALFATE Suspension 1GM/10ML	EPIGASTRIC PAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SULINDAC Tablet 150MG	CHONDROMALACIA UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUNOSI Tablet 75MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	Acute Cough	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	DYSPNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	UNSPECIFIED CHRONIC BRONCHITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYNIARDY XR Tablet ER 24HR 12.5/1000/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Orthopaedic Surgery	SYNVISC ONE SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TADLIQ Suspension 20MG/5ML	OTHER DISEASES OF PULMONARY VESSELS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TAFINLAR Capsule 75MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TALTZ Soln Auto-inj 80MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TALTZ Soln Auto-inj 80MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TEGRETOL-XR Tablet ER 12HR 200MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TELMISARTAN Tablet 80MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TEMAZEPAM Capsule 15MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	TEMAZEPAM Capsule 7.5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	KLINEFELTER SYNDROME MALE W/ > TWO X CHROMOSOMES	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TESTOSTERONE Gel 1.62%	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TIZANIDINE HCL Capsule 4MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	TOLTERODINE TARTRATE Tablet 2MG	URGE INCONTINENCE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRADJENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRAMADOL HCL ER Tablet ER 24HR 100MG	SCIATICA UNSPECIFIED SIDE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRAVOPROST (BAK FREE) Solution 0.004%	CHRONIC ANGLE-CLOSURE GLAUCOMA UNS EYE STAGE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	UNSPECIFIED CHRONIC BRONCHITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100/62.5/25/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	INDETERMINATE COUTIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.025%	ACNE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.025%	ACNE VULGARIS	Denied	Admin-Denied Excluded	2
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.05%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRETINOIN Gel 0.025%	OTHER ACNE	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.025%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.1%	IRRITANT CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMTERENE-HCTZ Tablet 37.5/25/MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 10MG	MOOD DISORDER KNOWN PHYSIOLOGICAL CONDITION UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 10MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TROSPIUM CHLORIDE ER Capsule ER 24HR 60MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRUE METRIX BLOOD GLUCOSE TEST Strip	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRUE METRIX BLOOD GLUCOSE TEST Strip	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	UBRELVY Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 50MG	OTHER HEADACHE SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	USTEKINUMAB INTRAVENOUS INJ 1 MG	CROHNS DISEASE SMALL INTESTINE W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UZEDY Susp Pref Syr 125MG/0.35ML	OTHER SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	VALSARTAN Tablet 160MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VARENICLINE TARTRATE (STARTER) Tab Ther Pack 0.5 MG X 11 &1 MG X 42	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 225MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 75MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	OTHER ASTHMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	OTHER DISORDERS OF LUNG	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	VIIBRYD Tablet 10MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VIJOICE Tab Ther Pack 50MG	CONGENITAL MALFORMATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 10MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 10MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 0.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 0.75MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 0.75MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 4.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1

AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVGART HYTRULO Solution 180/2000/MG-UNIT/ML	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WARFARIN SODIUM Tablet 7.5MG	PERSONAL HISTORY OTH VENOUS THROMBOSIS&EMBOLISM	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BMI ped >/= to 140 percent of the 95th percntl for age	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	BMI ped >/= to 140 percent of the 95th percntl for age	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 4MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	XARELTO Tablet 10MG	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	XDEMVY Solution 0.25%	UNSPECIFIED BLEPHARITIS RIGHT LOWER EYELID	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XIGDUO XR Tablet ER 24HR S/1000/MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Pref Syr 300MG/2ML	URTICARIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZALEPLON Capsule 10MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Medicaid - Total Care	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 2.5MG/0.6ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	PREDIABETES	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND KWIKPEN Soln Pen-inj 5MG/0.6ML	PREDIABETES	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Endocrinology	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Solution 2.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZORYVE Cream 0.15%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZORYVE Cream 0.15%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZORYVE Foam 0.3%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZURZUVAE Capsule 25MG	Postpartum depression	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZYMFENTRA (2 PEN) Auto-inj Kit 120MG/ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZYPREXA Tablet 2.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	2