

AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	4
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	3
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	6
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	3
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	6
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/STAT STATUS MIGRAINOSUS	Approved	N/A	13
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Eschacao - HM	N/A	AMOVIG Sohi Auto- Inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	WHEEZING	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	Acute Cough	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	Acute Cough	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	ACUTE BRONCHITIS UNP	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	5
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	Acute Cough	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	OTHER DISORDERS OF LUNG	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	PNEUMONIA UNSPECIFIED ORGANISM	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Eschacao - HM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O STAT	Approved	N/A	10
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O STAT	Approved	N/A	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAIN	Approved	N/A	3
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	CHronic migraine with aura, not irreducible, without status migrainosus	Approved	N/A	2
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	INTRINSIC HEALMINTHIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	ACUTE VAGINITIS	Approved	N/A	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	NAUSEA WITH VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	INTRINSIC PARASITISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AIOVY Sohi Auto- Inj 225MG/1.5ML	ENTEROBASIS	Denied	Medical Necessity Not Met	3
AR Eschacao - HM	N/A	AIBULETIC, SULFAT HFA Aerosol Soln 108 100 Basu/MCG/ACT	SHORTNESS OF BREATH	Approved	N/A	1
AR Eschacao - HM	N/A	AIBULETIC, SULFAT HFA Aerosol Soln 108 100 Basu/MCG/ACT	DIAPHRAGMIC GOUT UNSPECIFIED SITE	Approved	N/A	1
AR Eschacao - HM	N/A	ALLOPURINOL, Tablet 100MG	HYPERURICEMIA W/O SIGNS & TYPHACIOUS DISEASE	Approved	N/A	1
AR Eschacao - HM	N/A	ALLOPURINOL, Tablet 2MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ALITRENT, Tablet 0.50%	MALDIAGNOSIC NEURALGIC PAIN/ACUTE BRONCHITIS/LUNG	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ALIBRIKIN, Tablet 180MG	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ALVESCO Aerosol Soln 160MCG/ACT	CYSTIC FIBROSIS UNP	Approved	N/A	5
AR Eschacao - HM	N/A	ALYTRIN, Tablet 10/50/125 MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	PAROXYSMAL ATRIAL FIBRILLATION	Approved	N/A	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	Secondary pulmonary arterial hypertension	Approved	N/A	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Eschacao - HM	N/A	AMBRISSENTAN, Tablet 10MG	Secondary pulmonary arterial hypertension	Approved	N/A	1
AR Eschacao - HM	N/A	AMOVITA, Sohi Auto- Inj 40MG/0.4ML	CHRONIC DISEASE SMALL INTESTINE W/LONG COMP	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 10/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 10/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 10/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	Admin Denied Sino Therapy	1
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 10/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin Denied Sino Therapy	4
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 5/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 5/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Eschacao - HM	N/A	AMLODIPINE, OLMESARTAN, Tablet 5/20/5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Eschacao - HM	N/A	AMNETHEM, Capsule 20MG	ACNE VULGARIS	Approved	N/A	1
AR Eschacao - HM	N/A	AMNETHEM, Capsule 40MG	ACNE VULGARIS	Approved	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHET, DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 12.5MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHET, DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 12.5MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	First Claim	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Approved	N/A	2
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHET ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	Prescriber/Dispensing Pharmacy Processing Issue	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	DIAPHRAGMIC HYPERTENSION WITH LONG SLEEP TIME	Approved	First Claim	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	ATTN DEFICIT HYPERACTIVITY D/O NARRATIVE TYPE	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	DIAPHRAGMIC HYPERTENSION WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	AMPHETAMINE, DEXTROAMPHETAMINE, Tablet 20MG	DIAPHRAGMIC HYPERTENSION WITH LONG SLEEP TIME	Approved	N/A	1
AR Eschacao - HM	N/A	ANASTROZOLE, Tablet 1MG	MALEIC NEOPILAM UPPER QUADR RT FEMALE BREAST	Approved	N/A	1
AR Eschacao - HM	N/A	ANASTROZOLE, Tablet 1MG	INTRADUCTAL CARCINOMA IN SITU OF RIGHT BREAST	Approved	N/A	1
AR Eschacao - HM	N/A	ANASTROZOLE, Tablet 1MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Eschacao - HM	N/A	ANCREMAM, Cream 4%	PAIN RT RIGHT SHOULDER	Denied	Admin Denied Excluded	1
AR Eschacao - HM	N/A	ANROVESA, Inj 0.13/0.15/MG/0.4HR	ENDOCRINE OTH GENERAL COAGULOBLEEDING CONTRAIND	Approved	N/A	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANDRO, ELLIPTA Auro Pow Br Act 62.5/25/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANZUPRO, Cream 20MG/GM	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANZUPRO, Cream 20MG/GM	ILNEUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ANZUPRO, Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Eschacao - HM	N/A	ANZUPRO, Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Approved	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/LUNG COMPLICATIONS	Approved	N/A	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/HYPERTENSIVE COM	Approved	N/A	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Eschacao - HM	N/A	APIDRA, SOLOSTAR Soln Pen Inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/LUNG COMPLICATIONS	Approved	N/A	1
AR Eschacao - HM	N/A	APERTANT, Capsule 40MG	TYPE 2 DIABETES MELLITUS WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APERTANT, Capsule 40MG	MALIGNANT NEUROMA OF BRAIN UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APERTANT, Capsule 40MG	VOMITING FOLLOWING GASTROINTESTINAL SURGERY	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	APRILTIDE, Suspension ER 600MG/MG/ML	HIGH RISK HOMOSEXUAL BEHAVIOR	Approved	N/A	2
AR Eschacao - HM	N/A	APRILTIDE, Suspension ER 600MG/MG/ML	ENDOCRINE SCREEN INFECTIONS SSML NODE TRANSMISSION	Approved	N/A	1
AR Eschacao - HM	N/A	APRILTIDE, Suspension ER 600MG/MG/ML	Endocrine screen HIV risk reduction evaluation	Approved	N/A	1
AR Eschacao - HM	N/A	ARCAVIST, For Solution 220MG	PERIODIC FEVER SYNDROMES	Denied	Medical Necessity Not Met	1
AR Eschacao - HM	N/A	ARIPRAZOLE, Tablet 10MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschacao - HM	N/A	ARIPRAZOLE, Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Eschacao - HM	N/A	ARIPRAZOLE, Tablet 15MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschacao - HM	N/A	ARIPRAZOLE, Tablet 15MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1

AR Euclypsae - HIM	N/A	CEFRTRACONE SODIUM For Solution 100MG	OTHER CHRONIC OSTEOARTHRITIS RIGHT TIBIA & FIBULA	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CEFRTRACONE SODIUM For Solution 200MG	STREPTOCOCCAL INFECTION UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CEFRTRACONE SODIUM For Solution 200MG	BACTEREMIA	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CEFRTRACONE SODIUM For Solution 200MG	NEUTROPHILS UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CELEBREX Capsule 200MG	HAN IN RIGHT ANGLE	Approved	N/A	1
AR Euclypsae - HIM	N/A	CEQUA Solution 0.09%	KERATOCONJUNCTIVITIS SICCA NOT SUOGEN BIATERAL	Approved	N/A	1
AR Euclypsae - HIM	N/A	CEQUA Solution 0.09%	DRY EYE SYNDROME OF BIATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CETIRIZINE HCL Tablet 10MG	PURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CETIRIZINE HCL Tablet 10MG	AUTOMALINE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CETROPHIL ACETATE 10.025MG	STABE INFIBILITY OF TIBAL ORIGIN	Approved	N/A	1
AR Euclypsae - HIM	N/A	CHLORZOXAZONE Tablet 250MG	MUSCLE SPASM OF 2 BACK	Approved	N/A	1
AR Euclypsae - HIM	N/A	CHOLBAM Capsule 250MG	CHRONIC HEPATITIS UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CHOLBAM Capsule 250MG	CHRONIC HEPATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CHOLESTYRAMINE Powder 4GM/DOSE	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Euclypsae - HIM	N/A	CIBNODOL Tablet 100MG	EXTREME INTERSTIO	Approved	N/A	1
AR Euclypsae - HIM	N/A	CICLOPICOX CLAMINE Cream 0.7%	PSORIASIS UNPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CMZDA 11 SPRINGE Puffi 5ml KI 200MG/ML	PSORIASIS UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CMZDA 12 SPRINGE Puffi 5ml KI 200MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CMZDA 12 SPRINGE Puffi 5ml KI 200MG/ML	SA W/RHEUMATOID FCT MXE SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CMZDA 2 SPRINGE Puffi 5ml KI 200MG/ML	ANJLOSING SPONDYLOLITS LINS SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CMZDA 12 SPRINGE Puffi 5ml KI 200MG/ML	OTHER PSORIASIS ANTHROPOSI	Approved	N/A	1
AR Euclypsae - HIM	N/A	CMZDA KI 2 X 200MG	PSORIASIS ANTHROPOSI	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CMZDA KI 2 X 200MG	SECONDARY HYPERPARATHYROIDISM OF RENAL ORIGIN	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CINACACET HCL Tablet 30MG	HYPERPARATHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CINACACET HCL Tablet 30MG	HYPERCALCEMIA	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CIPRO HO Suspension 500 MG/50ML(10%)	TRICHOMONIASIS UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CIPRO HO Suspension 500.7%	DIFFUSE OTITIS EXTERNA RIGHT EAR	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CIPROFLOXACIN FLUCICLONOLONE PF Solution 0.3/0.025%	FOREIGN BODY IN LEFT EAR SUBSEQUENT ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CIPROFLOXACIN HYDROCORTISONE Suspension 0.2/1%	EAR ACUTE NONINFECTIVE OTITIS EXTERNA LEFT EAR	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CLAORINE E TABS Tab The Pack 10MG	Relacione remolito multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CLARAVIS Capsule 20MG	ACNE VULGARIS	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLARAVIS Capsule 40MG	ACNE VULGARIS	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	OTHER ACNE	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE VULGARIS	Approved	N/A	4
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE UNSPECIFIED	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	OTHER ACNE	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN PHOS-BENZOLV PEROX Gel 1.2/3.75/5%	ACNE VULGARIS	Approved	N/A	13
AR Euclypsae - HIM	N/A	CLINDAMYCIN TRETINONIN Gel 1.2/0.025/1%	HORMONALIS SUPPRATI	Denied	Medical Necessity Not Met	1
AR Euclypsae - HIM	N/A	CLINDAMYCIN TRETINONIN Gel 1.2/0.025/1%	ACNE VULGARIS	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLIOBAM Suspension 2.5MG/ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLIOBAM Suspension 2.5MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Euclypsae - HIM	N/A	CLIOBAM Suspension 2.5MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A </tr	

AR Eschwege - HIM	N/A	DEKON 67 SENSOR Mix	TYPE 1 DIABETES MELLITUS W/RETICULOCYTOSIS W/O COMA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DEKON 67 SENSOR Mix	TYPE 1 DIABETES MELLITUS WITH HYPERKALEMIA	Denied	Medical Necessity Not Met	15
AR Eschwege - HIM	N/A	DEKON 67 SENSOR Mix	TYPE 1 DIABETES MELLITUS WITH HYPERKALEMIA	Approved	N/A	1
AR Eschwege - HIM	Internal medicine	DEKON 67 SENSOR Mix	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DEKON 67 SENSOR Mix	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DDMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	DDMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	DDMETHYLPHENIDATE HCL Tablet 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DDMETHYLPHENIDATE HCL Tablet 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	DIAWITVE VITAMIN D3 MAX Tablet 1.25 MG/50000 IUT	VITAMIN DEFICIENCY UNSPECIFIED	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	DICLOFENAC POLYMER Patch 1%	PAIN RELIEF HP	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC POTASSIUM Tablet 25MG	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	Approved	N/A	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 1%	OTHER ACUTE POSTTRAUMATIC PAIN	Approved	N/A	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 1%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 1%	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN RIGHT HANDE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	UNILATERAL PRIMARY OSTEOARTHRITIS UNS	Approved	N/A	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PRIMARY GENERALIZED OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	ACTIVE KIBRATZSS	Approved	N/A	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DICLOFENAC SODIUM Gel 3%	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DFLUPRENATE Emulsion 0.05%	RECURRENT ACUTE INDOXYCITUS LEFT EYE	Approved	N/A	1
AR Eschwege - HIM	N/A	DFLUPRENATE Emulsion 0.05%	PRIMARY OPEN ANGLE GLAUCOMA BILATERAL MILD STAGE	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	DFLUPRENATE Emulsion 0.05%	OTHER CHOROIDAL IRE ANATOMOUS BLATEA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DFLUPRENATE Emulsion 0.05%	PRIMARY INDOXYCITUS RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOPPELT Tablet 2MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Eschwege - HIM	N/A	DOTTI Patch TW 0.1MG/24HR	ASYMPTOMATIC MENOPAUSE STATE	Approved	N/A	2
AR Eschwege - HIM	N/A	DOTTI Patch TW 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOTTI Patch TW 0.1MG/24HR	GENETIC IDENTITY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 3MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	2
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	OTHER INSOMNIA	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	CYCLOTHIMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	8
AR Eschwege - HIM	N/A	DOORUBICIN HCL LIPOSOMAL Suspension 2MG/ML	MALE NEOPLASM LOWER UOWER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXYCYCLINE HYCLATE Tablet 100MG	INSECT BITT NONVENOMOUS SCLP SUBSIST ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DOXYCYCLINE MONOHYDRATE Fc Suspension 25MG/5ML	HYPEREMESIS GRAVIDARUM W/ABTUBIC DISTURBANCE	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXYLAMINE PYRIDOXINE Tablet DR 10/10MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXYLAMINE PYRIDOXINE Tablet DR 10/10MG	SUPERVISION HIGH RISK PREG UNS TRIMESTER	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXYLAMINE PYRIDOXINE Tablet DR 10/10MG	EMOTIONAL OF PREGNANCY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DOXYLAMINE PYRIDOXINE Tablet DR 10/10MG	MILD HYPEREMESIS GRAVIDARUM	Approved	N/A	2
AR Eschwege - HIM	N/A	DRYSOL Solution 20%	GENERALIZED HYPERHIDROSIS	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 200MG/1.14ML	NASAL POLYP UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DD W/EXACERBATION	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	POLYP OF NASAL CAVITY	Approved	N/A	3
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	PURITIG NODULARIS	Approved	N/A	4
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	25
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	OTHER URTICARIA	Approved	N/A	2
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	9
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	PURITIG NODULARIS	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	11
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	4
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	OTHER POLYP OF SINUS	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	ATOPIC DERMATITIS	Approved	N/A	3
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	ESOPHAGITIS ESOPHAGITIS	Approved	N/A	4
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	5
AR Eschwege - HIM	N/A	DURIPENT Soln Auto-III 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 200MG/1.14ML/DURIPENT Soln Pref 5yr 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 200MG/1.14ML/DURIPENT Soln Pref 5yr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	OTHER POLYP OF SINUS	Approved	N/A	7
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	2
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	DURIPENT Soln Pref 5yr 300MG/2ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	ATOPIC DERMATITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	ATOPIC DERMATITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	7
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	5
AR Eschwege - HIM	N/A	EBGLVSS Soln Auto-III 200MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EDABYCLOR Tablet 40/25/AG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Eschwege - HIM	N/A	EFER R Tablet 2MG 20MG	HYPOMAGNEMIA	Approved	N/A	1
AR Eschwege - HIM	N/A	ELEPSIA XR Tablet ER 24HR 1000MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 20MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRANOSUS	Approved	N/A	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 20MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRANOSUS	Approved	Admin Denied Sto Therapy	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAN	Approved	N/A	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	Chronic migraine with aura, not intractable, without status migranosus	Approved	Admin Denied Sto Therapy	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRANOSUS	Approved	N/A	2
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Admin Denied Sto Therapy	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRANOSUS	Approved	N/A	2
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRANOSUS	Approved	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGRAN	Approved	N/A	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	Chronic migraine with aura, not intractable, without status migranosus	Approved	N/A	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAN	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELETTRIFAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAN	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELOCUS Tablet 5MG	PORTAL VEIN THROMBOSIS	Approved	N/A	1
AR Eschwege - HIM	N/A	ELOCUS Tablet 5MG	ACUTE EMBOI THROMB UNS DEEP VEIN LT LOWER EXTREM	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 50MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Eschwege - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 50MG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 50MG	MALIGNANT HYPERTENSION OF HEAD FACE AND NECK	Approved	N/A	1
AR Eschwege - HIM	N/A	ELYXIS Solusio 120MG/48ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGR	Approved	N/A	1
AR Eschwege - HIM	N/A	EMBECTA PEN NEEDLE NANO 7.0Hx 1.5x 330.2 X 4MM	TYPE 1 DIABETES MELLITUS W/RETICULOCYTOSIS W/O COMA	Approved	N/A	1
AR Eschwege - HIM	N/A	EMFLAZA Suspension 22.75MG/ML	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY (300 MG DODG) Soln Pref 5yr 100MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAN	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY STARTER Soln Auto-III 120MG/ML/EMGALTY Soln Auto-III 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAN	Approved	N/A	2
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	Chronic migraine with aura, not intractable, without status migranosus	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	OTHER MIGRAINE INTRACTABLE W/STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRANOSUS	Approved	N/A	4
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	HEMIPLEGIC MIGRAINE INTRACT W/STATUS MIGRANOSUS	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE UNS INTRACT W/STATUS MIGRANOSUS	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	Chronic migraine with aura, not intractable, without status migranosus	Approved	N/A	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRANOSUS	Approved	N/A	37
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	Chronic migraine with aura, not intractable, without status migranosus	Denied	N/A	6
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRANOSUS	Approved	N/A	3
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGRAN	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	5
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	EMGALTY Soln Auto-III 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAN	Approved		

AR Exchange - HM	N/A	FAENNA PEN Solo Auto-ii 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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AR Exchange - HM	Family Medicine	FECLA MICROCRYLS LING - 1.01M 1 ML	Enoxacin due to Clostridium difficile, not specified as recurrent	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FENOFIBRATE Capsule 150MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FENOFIBRATE Tablet 120MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FENTANYL Patch 2.0HR 50MG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FENTANYL Patch 2.0HR 75MG/HR	IRON DEFICIENCY ANEMIA SEC TO ALCOHOL LOSS CHRONIC	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FERRECT Solution 12.5MG/5ML	Major depressive disorder, single episode	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FETZEMA Capsule ER 24HR 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT/MODERATE	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FETZEMA Capsule ER 24HR 40MG	OTHER SPECIFIED DEPRESSIVE	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
AR Exchange - HM	N/A	FETZEMA Capsule ER 24HR 40MG	MAN DEPRESSIVE DISORDER RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A </tr <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FETZEMA Capsule ER 24HR 40MG</td> <td>ALLERGIC RHINITIS UNPRECISED</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FEXFENADINE HCL Tablet 180MG</td> <td>ALLERGIC RHINITIS UNPRECISED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FEXFENADINE HCL Tablet 180MG</td> <td>ALLERGIC RHINITIS UNPRECISED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FIAP FLUOXOUCHE Solo Pen in 100UNITS/ML</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FIAP FLUOXOUCHE Solo Pen in 100UNITS/ML</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FIAP Solution 100UNITS/ML</td> <td>TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FIAP Solution 200MG</td> <td>Other recurrent and persistent immunoglobulin A nephropathy</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUPHRIN Tablet 400MG</td> <td>Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINACEA Foam 15%</td> <td>OTHER ROSACEA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINACEA Foam 15%</td> <td>ACNE VULGARIS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINACEA Foam 15%</td> <td>OTHER ROSACEA</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINASTERIDE Tablet 1MG</td> <td>OTHER ALPECIA AREATA</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINASTERIDE Tablet 1MG</td> <td>OTHER ANDROGENIC ALPECIA</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINASTERIDE Tablet 1MG</td> <td>TESTICULAR HYPOFUNCTION</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FINASTERIDE Tablet 1MG</td> <td>ANDROGENIC ALPECIA UNPRECISED</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUPHNAZINE DECANOATE Solution 25MG/5ML</td> <td>OTHER SPECIFIED TYPE OF SCHIZOPHRENIA, SUBCHRONIC</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUPHNAZINE DECANOATE Solution 25MG/5ML</td> <td>SCHIZOPHRENIA UNPRECISED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON FURICATE VILANTEROL Aero Pow Bt Act 100/25/10MG/ACT</td> <td>ASTHMA</td> <td>Approved</td> <td>N/A</td> <td>2</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON FURICATE VILANTEROL Aero Pow Bt Act 200/25/10MG/ACT</td> <td>MILD PERSISTENT ASTHMA UNCOMPLICATED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON PROPIONATE Suspension 50MG/CG/ACT</td> <td>UNSPECIFIED ASTHMA UNCOMPLICATED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON SALMETEROL Aero Pow Bt Act 100/10/5MG/ACT</td> <td>ALLERGIC RHINITIS UNPRECISED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT</td> <td>MILD INTERMITTENT ASTHMA UNCOMPLICATED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT</td> <td>MODERATE PERSISTENT ASTHMA UNCOMPLICATED</td> <td>Approved</td> <td>N/A</td> <td>3</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT</td> <td>MILD PERSISTENT ASTHMA UNCOMPLICATED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FLUOXAMINE MALATE ER Capsule 24HR 100MG</td> <td>CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FOLINATE 9F Capsule 3.75/3.14/25/MS</td> <td>ANEMIA UNPRECISED</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FOLINATE 9F Capsule 3.75/3.14/25/MS</td> <td>Abnormal findings of blood amino-acid level</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FOMCICLOL BLOOD GLUCOSE MONITOR Kit w/Device</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Denied</td> <td>Admin Denied Excluded</td> <td>1</td> </tr> <tr> <td>AR Exchange - 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HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 PLUS SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>9</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 PLUS SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 PLUS SENSOR Mic</td> <td>GESTATIONAL DM IN PREGNANCY UNPRECISED CONTROL</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 PLUS SENSOR Mic</td> <td>OTHER HYPOGLYCEMIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 PLUS SENSOR Mic</td> <td>LOW TEND CURRANT USE OF NEULIN</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>GESTATIONAL DM PREGNANCY CONTROLLED ORAL HG RX</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> <td>5</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Approved</td> <td>N/A</td> <td>5</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>Medical Necessity Not Met</td> <td>2</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>2</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 READER Device</td> <td>TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>DM OTH UNDERLYING COND W/HYPOGLYCEMIA W/O COMA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> <td>12</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>PRE-EXISTING DM TYPE 2, PREGNANCY UNS TRIMESTER</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> <td>10</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 1 DIABETES MELLITUS W/OAB NEUROPATHY UNS</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 1 DIABETES MELLITUS W/OAB POLYNEUROPATHY</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>HYPOGLYCEMIA UNPRECISED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 1 DIABETES MELLITUS W/RETINOPATHOSIS W/O COMA</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED</td> <td>Approved</td> <td>N/A</td> <td>2</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE LIBRE 3 SENSOR Mic</td> <td>TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS</td> <td>Approved</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE PRECISION NEO SYSTEM Kit w/Device</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE PRECISION NEO TEST Strip</td> <td>TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY</td> <td>Approved</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FREESTYLE TEST Strip</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FROVATRIPTAN Succinate Tablet 2.5MG</td> <td>MIGRAINE UNS NOT INTRACT W/ STATUS MIGRAINOSUS</td> <td>Denied</td> <td>Admin Denied Step Therapy</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FROVATRIPTAN Succinate Tablet 2.5MG</td> <td>MIGRAINE W/O AURA NOT INTRACT W/ STAT MIGRAIN</td> <td>Denied</td> <td>Medical Necessity Not Met</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FRUZILICAD Capsule 5MG</td> <td>MALIGNANT NEOPLASM OF RECTUM</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FULVESTANT Solo Pen 5cc 250MG/5ML</td> <td>MALIGNANT NEOPLASM UPPER OUTER QUADRANT FEMALE BREAST</td> <td>Approved</td> <td>N/A</td> <td>1</td> </tr> <tr> <td>AR Exchange - HM</td> <td>N/A</td> <td>FULVESTANT Solo Pen 5cc 250MG/5ML</td> <td>MALIGNANT NEOPLASM UPPER OUTER QUADRANT FEMALE</td></tr>	AR Exchange - HM	N/A	FETZEMA Capsule ER 24HR 40MG	ALLERGIC RHINITIS UNPRECISED	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FEXFENADINE HCL Tablet 180MG	ALLERGIC RHINITIS UNPRECISED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FEXFENADINE HCL Tablet 180MG	ALLERGIC RHINITIS UNPRECISED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FIAP FLUOXOUCHE Solo Pen in 100UNITS/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FIAP FLUOXOUCHE Solo Pen in 100UNITS/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FIAP Solution 100UNITS/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FIAP Solution 200MG	Other recurrent and persistent immunoglobulin A nephropathy	Approved	N/A	1	AR Exchange - HM	N/A	FLUPHRIN Tablet 400MG	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion	Approved	N/A	1	AR Exchange - HM	N/A	FINACEA Foam 15%	OTHER ROSACEA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FINACEA Foam 15%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FINACEA Foam 15%	OTHER ROSACEA	Approved	N/A	1	AR Exchange - HM	N/A	FINASTERIDE Tablet 1MG	OTHER ALPECIA AREATA	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FINASTERIDE Tablet 1MG	OTHER ANDROGENIC ALPECIA	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FINASTERIDE Tablet 1MG	TESTICULAR HYPOFUNCTION	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FINASTERIDE Tablet 1MG	ANDROGENIC ALPECIA UNPRECISED	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FLUPHNAZINE DECANOATE Solution 25MG/5ML	OTHER SPECIFIED TYPE OF SCHIZOPHRENIA, SUBCHRONIC	Approved	N/A	1	AR Exchange - HM	N/A	FLUPHNAZINE DECANOATE Solution 25MG/5ML	SCHIZOPHRENIA UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FLUTICASON FURICATE VILANTEROL Aero Pow Bt Act 100/25/10MG/ACT	ASTHMA	Approved	N/A	2	AR Exchange - HM	N/A	FLUTICASON FURICATE VILANTEROL Aero Pow Bt Act 200/25/10MG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1	AR Exchange - HM	N/A	FLUTICASON PROPIONATE Suspension 50MG/CG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FLUTICASON SALMETEROL Aero Pow Bt Act 100/10/5MG/ACT	ALLERGIC RHINITIS UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1	AR Exchange - HM	N/A	FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3	AR Exchange - HM	N/A	FLUTICASON SALMETEROL Aero Pow Bt Act 250/10/5MG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1	AR Exchange - HM	N/A	FLUOXAMINE MALATE ER Capsule 24HR 100MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FOLINATE 9F Capsule 3.75/3.14/25/MS	ANEMIA UNPRECISED	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FOLINATE 9F Capsule 3.75/3.14/25/MS	Abnormal findings of blood amino-acid level	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FOMCICLOL BLOOD GLUCOSE MONITOR Kit w/Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin Denied Excluded	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY READER Device	PRE-EXISTING DM TYPE 2, PREGNANCY FIRST TRIMESTER	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 1 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Mic	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	6	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 1 DM W/OTH DIABETIC NEUROLOGICAL COMP	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Approved	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	HYPERGLYCEMIA UNPRECISED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 READER Device	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	GESTATIONAL DM IN PREGNANCY UNPRECISED CONTROL	Approved	N/A	18	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	GESTATIONAL DM IN PREGNANCY UNPRECISED CONTROL	Denied	Medical Necessity Not Met	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	OTHER FORMS OF SYSTEMIC HYPERTHATOSUS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1	AR Exchange - HM	Endocrinology	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DM W/ANS DAB RETINOPATHY W/ MACULAR EDEMA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	PREDIABETES	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	OTHER IRON DEFICIENCY ANEMIAS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	HYPERGLYCEMIA UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	4	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Denied	Medical Necessity Not Met	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	HYPERGLYCEMIA UNPRECISED	Denied	Medical Necessity Not Met	5	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS W/RETINOPATHOSIS W/O COMA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	20	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	17	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Approved	N/A	17	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Approved	N/A	4	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	4	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Approved	N/A	4	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	DM OTH UNDERLYING COND W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB CHRON KIDNEY DZ	Approved	N/A	5	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	GESTATIONAL DM IN PREGNANCY DZ CONTROLLED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH OTHER COMPLICATIONS	Approved	N/A	3	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH DAB KIDNEY COMP	Approved	N/A	4	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DM W/OAB RETINOPATHY W/ VASCULAR	Approved	N/A	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DM W/WHYPOGLYCEMIA W/O KHHC	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH DAB NEURO COMP	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH DAB NEUROPATHY	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	9	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	GESTATIONAL DM IN PREGNANCY UNPRECISED CONTROL	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	LOW TEND CURRANT USE OF NEULIN	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	GESTATIONAL DM PREGNANCY CONTROLLED ORAL HG RX	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	DM OTH UNDERLYING COND W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 2 DIABETES MELLITUS W/ANSPEC COMPLICATIONS	Approved	N/A	12	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	PRE-EXISTING DM TYPE 2, PREGNANCY UNS TRIMESTER	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	10	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 1 DIABETES MELLITUS W/OAB NEUROPATHY UNS	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 1 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	HYPOGLYCEMIA UNPRECISED	Denied	Medical Necessity Not Met	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 1 DIABETES MELLITUS W/RETINOPATHOSIS W/O COMA	Approved	N/A	1	AR Exchange - HM	N/A	FREESTYLE LIBRE 3 SENSOR Mic	TYPE 2 DM WITH DIABETIC NEUROPATHY UNPRECISED	Approved	N/A	2	AR Exchange - 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HM	N/A	FRUZILICAD Capsule 5MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1	AR Exchange - HM	N/A	FULVESTANT Solo Pen 5cc 250MG/5ML	MALIGNANT NEOPLASM UPPER OUTER QUADRANT FEMALE BREAST	Approved	N/A	1	AR Exchange - HM	N/A	FULVESTANT Solo Pen 5cc 250MG/5ML	MALIGNANT NEOPLASM UPPER OUTER QUADRANT FEMALE
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AR Exchange - HM	Orthopaedic Surgery- Sports Medicine	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA ARTICULAR INJ 1MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HM	Orthopaedic Surgery	HYALURONAN/DERIV HYALGANS/SPARTZ IA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HM	Nurse Practitioner- Family	HYALURONAN/DERIV HYALGANS/SPARTZ IA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HM	Nurse Practitioner- Family	HYALURONAN/DERIV HYALGANS/SPARTZ IA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	3
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER SPECIFIC ANODYN DISORDERS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	INTERVERTEBRAL DISC D/D W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	HEADACHES SUPRACRANIAL	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region with discoic pain and lower extremity pain	Approved	N/A	4
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH CONGEN MALFORM SPINE NOT ASSOC W/SCOLIOSIS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Approved	N/A	10
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Headache unspecified	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT LOWER LEG	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	BENIGN INTRACRANIAL HYPERTENSION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	THORACIC/GENIC SCOLIOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHEST PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	IS WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Approved	N/A	35
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Low back pain, unspecified	Approved	N/A	14
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CERV RGN	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region with discoic back pain only	Approved	N/A	3
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LONG TERM CURRENT USE OF OPIAT ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SACROCCYCLICAL DISORDERS NEC	Approved	N/A	4
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CERVICAL DISC DISORDER C6-C7 LEVEL RADICULOPATHY	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SECONDARY MALTRAL ARTHRITIS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	NONDENTACE TRAUMS ICLT PATELLA INJ CLOS FX	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	3
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LUMBARIG WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	MALUNION NEURALGM OF OVERLAPPING SITES LUMB/RN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT KNEE	Approved	N/A	3
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	WEDGE COMPRX FX T10-T11 VERT SALS ENX FX RTN KLING	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SICCA SYNDROME UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LONG TERM CURRENT USE OF OPIAT ANALGESIC	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER INTERVERTEBRAL DISC DISORDER LUMBAR REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	5
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	MALUNION NEURALGM OF RECTUM	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC POSTPROCEURAL PAIN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Approved	N/A	23
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LUMBARIG WITH SCIATICA LEFT SIDE	Approved	N/A	4
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	UNSPECIFIED LOWER BACK SUBSEQUENT ENCHTER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PLANTAR FASCIA FIBROSITIS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CERVICAL DISC DISORDER LUMB CERVICAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	TRAUMAS RELATED PAIN IN LEFT CERVICAL	Approved	N/A	6
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OSTEOARTHRITIS OF KNEE UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CERVICALGIA	Approved	N/A	4
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	ARTHROPSIS STATUS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT LEG	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OSTEOARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Spinal stenosis, lumbar region without neurologic qualification	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	MALUNION NEURALGM UPPER EXT LIMBS BIL UNL	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	MALIS NEURALGM UPPER EXTRE QUAD FT FEMAL BREST	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY THORACIC REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	POSTHERNETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PRESNCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	11
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	INTERVERTEBRAL DISC D/D W/RADICULOPATHY L5 RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LUMBARIG WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	INFLAMMATORY POLYARTHRITIS	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	COMPLEX REGIONAL PAIN SYNDROME LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT KNEE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN UNSPECIFIED JOINT	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	POLYOSTEOARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN KNEE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region with discoic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LUMBARIG WITH SCIATICA LEFT SIDE	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Vasomotoric low back pain	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	UNS DISC/D FX LUMB/NECK UNS HUMERUS INJ CLOS FX	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Approved	N/A	29
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	UNS FL LOWER END FT RADUL INTAL ENX CLOSSE FX	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Low back pain, unspecified	Approved	N/A	11
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Approved	N/A	42
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RIGHT LOWER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	FIBROSIS/DIA	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY THOR RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CHEST PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	LUMBARIG WITH SCIATICA RIGHT SIDE	Approved	N/A	5
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC RGN	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	ACUTE PAIN DUE TO TRAUMA	Denied	Medical Necessity Not Met	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Malaria, other site	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	ARTHROPSIS STATUS	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	10
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region with lower extremity pain only	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER SPECIFIC POSTPROCEURAL STATES	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY THOR RGN	Approved	N/A	3
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	GANGRION NOT FULSIVERE CLASSIFIED	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CERVICAL DISC DISORDER LUMB CERVICAL REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	OTHER ACUTE POSTPROCEURAL PAIN	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	CERVICAL DISC D/D W/RADICULOPATHY UNS CERV REGION	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	Other low back pain	Approved	N/A	2
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	PAIN UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	TREMOR, NEURALGIA	Approved	N/A	1
AR Exchange - HM	N/A	HYDROCODONE ACETAMINOPHEN Tablet 10/325MG	SP			

AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RESIDUAL HEMORRHOIDAL SKIN TAGS	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INFLAMMATORY POLYARTHROPATHY	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN UNSPECIFIED JOINT	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	8
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISC DISK PATH ET TIBIA WITH ENL OF CN V III/IX	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED FRACTURE LEFT FEMUR SEQUELA	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS THORACIC REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT LEG	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Spiral stenosis, lumbar region without neurogenic claudication	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLITIS	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS WRADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY L5/R6N	Approved	N/A	5
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INTERVERTEBRAL DISC D/O W/WELOPATHY LUMB REGION	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbosacral region with discocentric back pain only	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRESIDENCE OF LEFT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MIRALGA PARVETHTALIC LEFT LOWER LIMB	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LUMBAGO WITH SCALOTA RIGHT SIDE	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED OSTEOARTHRITIS UNPECIFIED SITE	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CORSAKGA UNPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	COMPLEX REGIONAL PAIN SYNDROME II LOWER LIMB	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	BILATERAL POST-TRAUMATIC OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY CERV RGN	Approved	N/A	4
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LUMBAGO WITH SCALOTA UNPECIFIED SIDE	Approved	N/A	11
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Low back pain, unspecified	Approved	N/A	11
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	5
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	5
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INTERVERTEBRAL DISC D/O W/WELOPATHY THOR REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LONG TERM CURRENT USE OF ORAL ANALGESIC	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CRUSHING INJURY OF RIGHT KNEE SUBCORACOID BUNCTR	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICAL DISC D/O W/WELOPATHY CERV REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CENTRAL PAIN SYNDROME	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS CERVICAL REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISPLACED FX T3 METATARSAL RT FT INT CLOS FX	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNS FX STERNAL SUBSEQUENT ENL OF WIDELAY HANG	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN LEFT KNEE	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LUMBAGO WITH SCALOTA LEFT SIDE	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INTERVERTEBRAL DISC D/O/RADICULOPATHY LUMB RGN	Approved	N/A	26
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discocentric back pain only	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INDICENTERS FOR OTHER ORTHOPEDIC APPETCARE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CORSAKGA UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH INTERVERTEBRAL DISC DISPLACEMENT L5/R6N	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NEURALGIA AND NEURITIS UNPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISC NOT FURTHER SPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIC DORSOPATHY	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNS FX S/P T1 UINA SUBSEQUENT ENL CLOS FX RTN	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIED POSTTRAUMATIC STATES	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS WRADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CERVICALGIA	Approved	N/A	3
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	36
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Flank pain, left side	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	FIBROMYALGIA	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY LUMB RGN	Approved	N/A	12
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN MEDIANC SPINE	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH CERVICAL DISC DISPLACEMENT UNL CERV REGION	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MAX FX PELV W/O DISRUPT PELV RINGS INITIAL CLOS FX	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS WRADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	4
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRIMARY OSTEOARTHRITIS UNPECIFIED ANKLE & FOOT	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNS FX LOWER END FT KNOCKED METAL CLOSURE FX	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	DISP FX DIST PHAL 1 RING FINGER INT CLOS FX	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADICULOPATHY THOR RGN	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	THREE DEGREE HEMORRHOIDS	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	INTERSTITIAL CYSTITIS CHRONIC WITHOUT HEMATURIA	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MALIGNANT NEUROMA OF ASCENDING COLON	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY SITE UNPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	ANKILO-CHIASI 2MG	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NEURALGIA RELATED PAN ACUTE CHRONIC	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	LUMBAGO WITH SCALOTA UNPECIFIED SIDE	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NEURALGIA RELATED PAN ACUTE CHRONIC	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER INTERVERTEBRAL DISC DISORDER LUMBOSACRAL REGION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHICKENSA	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER ABDOMINAL PAIN UNPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	GASTRO-ESOPH REFLEX DYSKIN WITH OUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRREGULAR PRESTATE W/O LOWER URINARY TRACT SX	Approved	N/A	2
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CALCULUS OF KIDNEY	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED ABDOMINAL PAIN	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPECIFIED DYSPLASIA OF PANCREAS	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MALIGNANT NEURALGIA OF PRIMARY ORGAN UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CALCULUS OF KIDNEY	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC DYSPLASIA SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	HYPERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	BLADDER PRESTATE WITH OUT URETERAL STRICT SYMPTOMS	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MALE WITH UOINATING UNPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NONFAMILIAL HYPERGAMMAGLOBULINEMIA	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER COMMON VARIABLE IMMUNODEFICIENCY	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	NONFAMILIAL HYPERGAMMAGLOBULINEMIA	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	HEREDITARY SUPRATENTORIAL	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	HYDROGIA IN Tab 34HR Dose 20MG	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Humate P For Solution 250-600 500-1200 and 1000-2400 Unit	Approved	N/A	1
AR Eschwege - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Hyvira Kit 2.5g/26.25mL, 5g/52.5mL, 10g/105mL, 20g/210mL, and 30g/315mL	Approved	N/A	1
AR Eschwege - HIM	N/A	IBRANCE Capsule 125MG	MALIGNANT NEURALGIA UNS SITE LEFT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	IBRANCE Tablet 100MG	MALIG NEURALGIA UPPER OUTER QUADR RT			

AR Eschano - HM	Ophthalmology	Injection, alferacet hd, 1 mg	TYPE 2 DIABETES MELLITUS FOR MACULAR EDEMA OS	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS AND OTHER MACULAR ID OS	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TERTIARY RETINAL VEN OCCL LT EYE MACULAR EDEMA	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS FOR MACULAR EDEMA OD	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS FOR MACULAR EDEMA OS	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS SVR NIPR MACULAR ID BIL	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS FOR MACULAR EDEMA BILAT	Approved	N/A	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Ophthalmology	Injection, faricimab-veoa 0.1 mg	TYPE 2 DIABETES MELLITUS AND OTHER MACULAR ID OS	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	Internal Medicine: Pulmonary Disease	Injection, mepolizumab, 1mg	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	Injection, insulin 100UNIT/ML U500	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	Insulin Aspart FlexPen 100UNIT/ML SC SDPN	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	Insulin For Solution 250U/1000U/1500U/1000U/2000U and 300U Unit	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JAKAVI Tablet 15MG	POLYCYTHEMIA VERA	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JAKAVI Tablet 5MG	POLYCYTHEMIA VERA	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JANMETI Tablet 50/1000MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JARDANCE Tablet 50MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JASCAVO Tablet 18MG	IDIOPATHIC PULMONARY FIBROSIS	Denied	Medical Necessity Not Met	3																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JASCAVO Tablet 18MG	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JASCAVO Tablet 9MG	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JATENZO Capsule 18MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JATENZO Capsule 18MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JORNAY PM Capsula ER 24HR 20MG	ATTN DEFICIT HYPERACTIVITY O/D COMBINED TYPE	Denied	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JORNAY PM Capsula ER 24HR 20MG	ATTN DEFICIT HYPERACTIVITY O/D COMBINED TYPE	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JORNAY PM Capsula ER 24HR 40MG	ATTN DEFICIT HYPERACTIVITY O/D COMBINED TYPE	Approved	Medical Necessity Not Met	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JORNAY PM Capsula ER 24HR 60MG	ATTN DEFICIT HYPERACTIVITY O/D INATTENTIVE TYPE	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
AR Eschano - HM	N/A	JORNAY PM Capsula ER 24HR 60MG	ATTN DEFICIT HYPERACTIVITY O/D UNSPECIFIED TYPE	Approved	N/A	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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HM</td> <td>N/A</td> <td>KISQALI 400 MG DOSE Tablet Ther Pack 200MG</td> <td>MALIGNANT NEORASM UPPER LOBE RT BRONCHUS/LUNG</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>KRYSTEXXA Solution 80MG/ML</td> <td>GLUT UNSPECIFIED</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>KRYSTEXXA Solution 80MG/ML</td> <td>ENCOUNTERS INITIAL PRESCRIPTION U CONTRACEPT DEV</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>KRYSTEXXA Solution 80MG/ML</td> <td>ENCOUNTERS FOR CONTRACEPTIVE MANAGEMENT UNLS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>KRYSTEXXA Solution 80MG/ML</td> <td>CHRONIC DIABETIC COMPLICATION</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LACTULOSE Packet 100G</td> <td>BIPOLAR DISORDER</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 100MG</td> <td>BIPOLAR DISORDER UNSPECIFIED</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 100MG</td> <td>BIPOLAR DISORDER CURRENT EPISODE HYPMANIC</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 200MG</td> <td>EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 200MG</td> <td>OTHER SEIZURES</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 200MG</td> <td>TRIGEMINAL NEURALGIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE ER Tablet ER 24HR 200MG</td> <td>BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - 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HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>NEURASM UNCERTAIN BEHAVIOR DIGESTIVE ORGAN UNLS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>GASTRO ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>REFR ACTIVE ERROR TYPE 1 PRESENTING W/O TRANSFER</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS W/OAB CHRONIC KIDNEY DZ</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2DM WITH DIABETIC NEUROPATHY UNSPECIFIED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>GESTATIONAL DM IN PRECONCEPTION UNCONTROLLED</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS W/HYPOTGLYCEMIA W/O COMA</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS W/OAB CHRONIC KIDNEY DZ</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PRIMARY ALZHEIMAN HYPERTENSION</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIG NEOPLASM UPPER OUTER QUADR RT FEMALE BREAST</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>DEFICIENCY OF OTHER SPECIFIC B GROUP VITAMINS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIGNANT NEORASM OF ASCENDING COLON</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIGNANT NEORASM OF PROSTATE</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIGNANT NEORASM OF PANCREAS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIGNANT NEORASM OF PROSTATE</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MODERATE PERSISTENT ASTHMA UNCOMPLICATED</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>UNSPECIFIED CONVULSIONS</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>LOC REL SE EPILEPSY W/O PS NOT INTRACT W/O SE</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>UNSPECIFIED CONVULSIONS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EP</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MEDIUM CHAIN ACHL COA DEHYDROGENASE DEFICIENCY</td> <td>Denied</td> <td>Admin Denied Excluded</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>ALLERGIC RHINITIS UNSPECIFIED</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>RASH AND OTHER NONSPECIFIC SKIN ERUPTION</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>HYPOTHYROIDISM UNSPECIFIED</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>POSTPROCEEDURAL HYPOTHYROIDISM</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>GASTRO-ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>HERPESVIRAL VULVOVAGINITIS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>CHRONIC PANK SYNDROME</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>ZOSTER WITHOUT COMPLICATIONS</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>OTHER DISORDERS OF TRIGEMINAL NERVE</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIG NEOPLASM LOWER OUTER QUADR RT FEMALE BREAST</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PAIN IN THORACIC REGION</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>OTHER CHEST PAIN</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>ERUPTION RIGHT KNEE</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>STRAIN MUSCLE/FASCIA & TENDON LOW BACK SUBSOT</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PHANTOM LIMBS SYNDROME WITH PAIN</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>MALIG NEOPLASM UPPER INNER QUADR RT FEMALE BREAST</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PAIN IN RIGHT HIP</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>POSTHERPETIC POLYNEUROPATHY</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>LUMBAGO WITH SCATICA LEFT SIDE</td> <td>Approved</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>OTHER CHRONIC PAIN</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PERSON INJURED UNLS MOTOR VEH ACC TRAF INT ENC</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>CERVICALGIA</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>RADICULOPATHY LUMBAR REGION</td> <td>Denied</td> <td>Medical Necessity Not Met</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAMOTRIGINE Tablet 200MG</td> <td>PAIN IN LEFT HIP</td> <td>Approved</td> <td>N/A</td> </tr> <tr> <td>AR Eschano - HM</td> <td>N/A</td> <td>LAM</td></tr>	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIG NEOPLASM UPPER OUTER QUADR RT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIG NEOPLASM UPPER OUTER QUADR RT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIGNANT NEORASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	KISQALI 400 MG DOSE Tablet Ther Pack 200MG	MALIGNANT NEORASM UPPER LOBE RT BRONCHUS/LUNG	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	KRYSTEXXA Solution 80MG/ML	GLUT UNSPECIFIED	Approved	N/A	AR Eschano - HM	N/A	KRYSTEXXA Solution 80MG/ML	ENCOUNTERS INITIAL PRESCRIPTION U CONTRACEPT DEV	Approved	N/A	AR Eschano - HM	N/A	KRYSTEXXA Solution 80MG/ML	ENCOUNTERS FOR CONTRACEPTIVE MANAGEMENT UNLS	Approved	N/A	AR Eschano - HM	N/A	KRYSTEXXA Solution 80MG/ML	CHRONIC DIABETIC COMPLICATION	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LACTULOSE Packet 100G	BIPOLAR DISORDER	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	BIPOLAR DISORDER CURRENT EPISODE HYPMANIC	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	OTHER SEIZURES	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	TRIGEMINAL NEURALGIA	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	ASSISTE EPL SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNLS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	UNSPECIFIED CONVULSIONS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	BIPOLAR DISORDER UNSPECIFIED	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 150MG	LOC REL SE EPILEPSY W/O PS NOT INTRACT W/O SE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 150MG	LOC REL SE EPILEPSY W/O PS NOT INTRACT W/O SE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	NEURASM UNCERTAIN BEHAVIOR DIGESTIVE ORGAN UNLS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GASTRO ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	REFR ACTIVE ERROR TYPE 1 PRESENTING W/O TRANSFER	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS W/OAB CHRONIC KIDNEY DZ	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GESTATIONAL DM IN PRECONCEPTION UNCONTROLLED	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS W/HYPOTGLYCEMIA W/O COMA	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS W/OAB CHRONIC KIDNEY DZ	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITH SP COMPLICATION	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PRIMARY ALZHEIMAN HYPERTENSION	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIG NEOPLASM UPPER OUTER QUADR RT FEMALE BREAST	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	DEFICIENCY OF OTHER SPECIFIC B GROUP VITAMINS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIGNANT NEORASM OF ASCENDING COLON	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIGNANT NEORASM OF PROSTATE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIGNANT NEORASM OF PANCREAS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIGNANT NEORASM OF PROSTATE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	UNSPECIFIED CONVULSIONS	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	LOC REL SE EPILEPSY W/O PS NOT INTRACT W/O SE	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	UNSPECIFIED CONVULSIONS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EP	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MEDIUM CHAIN ACHL COA DEHYDROGENASE DEFICIENCY	Denied	Admin Denied Excluded	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	POSTPROCEEDURAL HYPOTHYROIDISM	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GASTRO-ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	HERPESVIRAL VULVOVAGINITIS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	CHRONIC PANK SYNDROME	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ZOSTER WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER DISORDERS OF TRIGEMINAL NERVE	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIG NEOPLASM LOWER OUTER QUADR RT FEMALE BREAST	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PAIN IN THORACIC REGION	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER CHEST PAIN	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ERUPTION RIGHT KNEE	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	STRAIN MUSCLE/FASCIA & TENDON LOW BACK SUBSOT	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PHANTOM LIMBS SYNDROME WITH PAIN	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIG NEOPLASM UPPER INNER QUADR RT FEMALE BREAST	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PAIN IN RIGHT HIP	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	LUMBAGO WITH SCATICA LEFT SIDE	Approved	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER CHRONIC PAIN	Approved	N/A	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PERSON INJURED UNLS MOTOR VEH ACC TRAF INT ENC	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	CERVICALGIA	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PAIN IN LEFT HIP	Approved	N/A	AR Eschano - HM	N/A	LAM
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AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EP	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MEDIUM CHAIN ACHL COA DEHYDROGENASE DEFICIENCY	Denied	Admin Denied Excluded																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	POSTPROCEEDURAL HYPOTHYROIDISM	Approved	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	GASTRO-ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	HERPESVIRAL VULVOVAGINITIS	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	CHRONIC PANK SYNDROME	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ZOSTER WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER DISORDERS OF TRIGEMINAL NERVE	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIG NEOPLASM LOWER OUTER QUADR RT FEMALE BREAST	Approved	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PAIN IN THORACIC REGION	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER CHEST PAIN	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	ERUPTION RIGHT KNEE	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	STRAIN MUSCLE/FASCIA & TENDON LOW BACK SUBSOT	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PHANTOM LIMBS SYNDROME WITH PAIN	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	MALIG NEOPLASM UPPER INNER QUADR RT FEMALE BREAST	Approved	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	POSTHERPETIC POLYNEUROPATHY	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	LUMBAGO WITH SCATICA LEFT SIDE	Approved	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	OTHER CHRONIC PAIN	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PERSON INJURED UNLS MOTOR VEH ACC TRAF INT ENC	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	CERVICALGIA	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
AR Eschano - HM	N/A	LAMOTRIGINE Tablet 200MG	PAIN IN LEFT HIP	Approved	N/A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	HERPESITIS AND DYSPLASIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	SPRAIN UNSPECIFIED SITE RT KNEE INITIAL ENCTR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PAIN IN RIGHT ARM	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH/OUT DAB NEURO COMP	N/A	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Low back pain, unspecified	Denied	Admin Denied Unspecified	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PAIN ON LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	DM DT UNDRYING CONDITION W/DAB NEUROPATHY UNG	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	SPONDYLOSIS W/O METOPATHY/RACIOLUTHERY LUMB RIGN	N/A	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Low back pain, unspecified	Denied	Medical Necessity Not Met	11
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	INDICULOTRACHY CERVICAL DISORDR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTHER CHRONIC PAN	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM LUNG PART UNLS BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIC NEOPLASM UPPER INNER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	DISCONTINUED ANTINEOPLASTIC CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	UNG OPEN WOUND RT GREAT TOE W/D DAMAGE NAIL INT	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	SPRST DT METHYLLIN SUSCEPTIBLE STAPH	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENCTR	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTHER CHRONIC SNAUSTIS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	UNSPECIFIED OPEN WOUND UNLS FOOT INITIAL ENCTR	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ANESICS OF BLUSA RIGHT KNEE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CCELLULITIS OF LEFT UPPER LIMB	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CUTANEOUS ABSCESS OF BUTTOCK	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	INTEROCOCCUS CAUSE OF DZ CLASSIFIED ELSEWHERE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	RESISTANCE TO VANCOMYCIN	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CONSTRICTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	IRREGULAR BOWLS SYNCHROME WITH CONSTRICTION	Approved	N/A	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CHRONIC COMBINED SPYLOTIC AND DIASTOLIC CHF	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH/OUT DAB NEURO COMP	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH/OUT DAB NEURO COMP	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	long term (current) use of injectable non-insulin antidiabetic drugs	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Obesity, class 3	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OBESITY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin Denied Step Therapy	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	18
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	11
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	16
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, severe	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	13
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	GASTRO ESOPH REFLEX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PERSONAL HISTORY OTH MENTAL BEHAVIORAL DISORDERS	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, moderate	Approved	N/A	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	18
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, unspecified	Approved	N/A	6
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, mild	Approved	N/A	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin Denied Step Therapy	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	13
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	16
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	18
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	9
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, moderate	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	17
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	BIPOLAR DISORDER CURRENT EPISODE MIXED UNLS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	11
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	9
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, moderate	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	10
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	12
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Binge eating disorder, moderate	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ILLNES UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	Admin Denied Step Therapy	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ATN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	OTHER ALCOHOLA ARYATA	Denied	Admin Denied Excluded	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PRIMARY BILIRUBINURIA	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PSORIASIS VULGARIS	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ACTUE PNEUMONITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	HYPERALBEMIA	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF SIMOION COLON	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	UNSPECIFIED CONJUGALIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CATANTIC SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	8
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ALLERGIC DERMATITIS UNLS EYE UNLS EYE/LEID	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CORNIAL TRANSPLANT STATUS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CORNIAL TRANSPLANT STATUS	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CHRONIC IDIOPATHIC CONSTRICTION	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PRIMARY OPEN-ANG GLAUCOMA BILATERAL SEVERE STAGE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TRANSSEXUALISM	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Endometriosis of pelvic peritoneum, unspecified	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIC NEOPLASM UPPER INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIC NEOPLASM UPPER INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Endometriosis of pelvic peritoneum, unspecified	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	LEIOMYOMA OF UTERUS UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	LEIOMYOMA OF UTERUS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF PROSTATE	Approved	N/A	5
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF PROSTATE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	LEIOMYOMA OF UTERUS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	ILLNES UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	SCHIZOPHRENIC DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	4
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIC NEOPLASM UPPER INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MALIGNANT NEORASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	PAIN UNLS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	TYPE 2 DIABETES MELLITUS W/DAB CHRONIC KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	HYPERMAGNESEMIA	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CHRONIC VIRAL HEPATITIS C	Approved	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	URGENCY OF URINATION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	EXCESS & FREQUENT MENSTRUATION W/IRREGULAR CYCLE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	EXCESS & FREQUENT MENSTRUATION W/IRREGULAR CYCLE	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Eschwege - HIM	N/A	LIDOCANE Patch 5%	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1

AR Eschwege - HIM	N/A	MEFENAMIC ACID Capsule 250MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Suspension 40MG/ML	ABNORMAL WEIGHT LOSS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Suspension 40MG/ML	ANEMIA	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Suspension 42.5MG/5ML	UNDERWEIGHT	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Suspension 42.5MG/5ML	UNDERWEIGHT	Approved	N/A	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Tablet 20MG	UNDERWEIGHT	Approved	N/A	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Tablet 20MG	OTHER CHRONIC PANORRITIS	Approved	N/A	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Tablet 40MG	ALCOHOL ABUSE UNCOMPLICATED	Approved	N/A	1
AR Eschwege - HIM	N/A	MEGESTROL ACETATE Tablet 40MG	MAJORITARY MELANOMA LEFT UP LIMB INCL SHOULDER	Approved	N/A	1
AR Eschwege - HIM	N/A	MERKOST Tablet 2MG	MAJORITARY MELANOMA OF LP	Approved	N/A	1
AR Eschwege - HIM	N/A	MERTOY Tablet 15MG	SEC & LINE NALUS MED LYMPH NODES HEAD FACE & NECK	Approved	N/A	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 15MG	LUMBARWID WITH SCAPULA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	Muscle, other	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	PAIN IN LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	ILIOBIAL BAND SYNDROME RIGHT LEG	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	POLYOSTEOARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 7.5MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	MICROSCOPIC COLITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	SECRETORIC COLITIS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	CHRONIC DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	OTHER ILLICITATIVE COLITIS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschwege - HIM	N/A	MELDIXCAM Tablet 10MG	MICROSCOPIC COLITIS UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	METFORMIN HCL ER (MADO) Tablet ER 24HR 500MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METFORMIN HCL ER (OM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METFORMIN HCL ER (OM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METFORMIN HCL ER (OM) Tablet ER 24HR 500MG	CHRONIC PAN SYNDROME	Approved	N/A	1
AR Eschwege - HIM	N/A	METHOCLOPRAMIDE Tablet 1000MG	MUSCLE SPASM OF BACK	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METHYHPHENIDATE HCL ER (DSM) Tablet ER 30MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	METHYHPHENIDATE HCL ER (DSM) Tablet ER 45MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Eschwege - HIM	N/A	METHYHPHENIDATE HCL ER (DSM) Tablet ER 72MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	METHYHPHENIDATE HCL Tablet 100MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METHYHPHENIDATE Pabst 15MG/HR	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	METRONIDAZOLE Tablet 500MG	DRY EYE SYNDROME OF BIATERAL LACRIMAL GLANDS	Denied	Stability	1
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	KERATOCONJUNCTIVITIS SICCA NOT SIOGREN BIATERAL	Approved	N/A	1
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	IRREGULAR ASTIGMATISM UNSPECIFIED	Approved	N/A	7
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	Unspecified blepharitis right eye, upper and lower eyelids	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	KERATOCONJUNCTIVITIS SICCA NOT SIOGREN BIATERAL	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	Malignant orbital dermopathy right eye, upper and lower eyelids	Approved	N/A	2
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	DRY EYE SYNDROME OF BIATERAL LACRIMAL GLANDS	Approved	N/A	3
AR Eschwege - HIM	N/A	MIBIO Solution 1.338G/ML	Malignant orbital dermopathy right eye, upper and lower eyelids	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIMEMO RECTINYL GELIC SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIMEMO MID ADVANCE INFUSE SET Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER SPECIFIED URINARY INCONTINENCE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGENCY OF URINATION	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	8
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	NOCTURIA	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	14
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	STRESS INCONTINENCE FEMALES MALE	Approved	N/A	3
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	FREQUENCY OF MICTURITION	Approved	N/A	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER SPECIFIED DISORDERS OF BLADDER	Approved	N/A	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGE INCONTINENCE	Approved	N/A	3
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	FREQUENCY OF MICTURITION	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	13
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGE INCONTINENCE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER SPECIFIED DISORDERS OF BLADDER	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	SPURC INDUCED CONSTIPATION	Approved	Admin Denied Excluded	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT US	Approved	N/A	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ENCOUNTER INPAT PRESCRIPTION U CONTRACEPT DEV	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ENCOUNTER INPATIENT WITH CONTRACEPT DEV	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	EXCESS & FREQUENT MENSTRUATION IRREGULAR CYCLE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAROLPHY WITH CATAPALEXY	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	3
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAROLPHY WITHOUT CATAPALEXY	Approved	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Other post infection and related tissue syndromes	Denied	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER FATIGUE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIF WORK TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	SOMNOLENCE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	IDIOPATHIC HYPERTENSION WITHOUT LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAROLPHY WITH CATAPALEXY	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER HYPERTENSION	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIF WORK TYPE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAROLPHY WITHOUT CATAPALEXY	Denied	Medical Necessity Not Met	4
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Post COVID-19 condition, unspecified	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	IDIOPATHIC HYPERTENSION WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	INFORMA UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	BIPOAR II DISORDER	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Alcohol, chronic, unspecified	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CRUICID REMISSION	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIF WORK TYPE	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER FATIGUE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MAROLPHY WITHOUT CATAPALEXY	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER HYPERTENSION	Approved	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIF WORK TYPE	Approved	N/A	4
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	4
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	POST-TRAUMATIC STRESS DISORDER ACUTE	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT NECK	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CHRONIC PAN SYNDROME	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	NEURALGIA RELATED PAN ACUTE CHRONIC	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CORAGALIA UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	CHRONIC PAN SYNDROME	Approved	N/A	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Social stenois, lumbar region with neurogenic claudication	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	Neuralgia, localized, unspecified	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Denied	Medical Necessity Not Met	3
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	N/A	5
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Denied	Medical Necessity Not Met	10
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH DAB NERVO COMP	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	16
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH DAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	Medical Necessity Not Met	6
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH DAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	Medical Necessity Not Met	5
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	N/A	6
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	6
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	8
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	7
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	DAB MELLITUS D/T UNDERLY COND WITH SION COMP	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	111
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS POW W/O MACULAR ED OS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS W/OAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	4
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERTENSION	Approved	Medical Necessity Not Met	6
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ESSENCE MASC INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	PREDIABETS	Denied	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	Medical Necessity Not Met	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	ESSENCE MASC INDEX BMI 35.0-39.9 ADULT	Approved	Medical Necessity Not Met	2
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	TYPE 2 DM WITH DIABETIC NEPHROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschwege - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	Medical Necessity	

AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	35
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM W/HYPERTENSION WITH W/HEMIC BODY MASS INDEX BMI 30.0-33.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	Insulin resistance unspecified	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEPHROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	Internal medicine	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DM W/INS DAB RETINOPATHY W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	3
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Denied	Medical Necessity Not Met	9
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	32
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/O MAC ED BL	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS MILD NFOR W/O MAC ED BL	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Benefit Coverage Terminated	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	15
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	16
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH DAB ARTERIOPATHY	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OAB CHRONIC KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	BODY MASS INDEX BMI 30.0-33.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	10
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DM W/INS DAB RETINOPATHY W/O MACULAR EDEMA	Approved	N/A	1
AR Eschazo - HIM	N/A	MOUNIARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MOVANTIK Tablet 12.5MG	DRUG INDUCED CONSTIPATION	Approved	N/A	1
AR Eschazo - HIM	N/A	MOVANTIK Tablet 12.5MG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	MOVANTIK Tablet 25MG	ADVERSE EFFECT OTHER OPICIDS INITIAL ENCOUNTER	Approved	N/A	1
AR Eschazo - HIM	N/A	MOVANTIK Tablet 25MG	DRUG INDUCED CONSTIPATION	Approved	N/A	7
AR Eschazo - HIM	N/A	MULTAQ Tablet 400MG	UNSPECIFIED OTHER DISEASE	Approved	Advised Denied Excluded	7
AR Eschazo - HIM	N/A	MULTAQ Tablet 400MG	PARVOVIRAL ATRIAL FIBRILLATION	Approved	N/A	1
AR Eschazo - HIM	N/A	MULTAQ Tablet 400MG	Other cardiovascular disorders	Approved	N/A	2
AR Eschazo - HIM	N/A	MULTAQ Tablet 400MG	PARVOVIRAL ATRIAL FIBRILLATION	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	MVAD Solution 400MG/100ML	MALIGNANT NEOPLOASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	OTHER SPEC. ABNORMAL UTERINE & VAGINAL BLEEDING	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	ENDOMETRIOSIS UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	SUBMUCOSAL ENDOMETRIAL POLYPSY	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	Endometriosis of the uterus, unspecified	Approved	N/A	1
AR Eschazo - HIM	N/A	MYEMBREE Tablet 40/0/0.5/5MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	MYORCOLD Tablet 5MG	OBSTRUCTIVE HYPERTROPIC CARDIOMYOPATHY	Approved	N/A	2
AR Eschazo - HIM	N/A	MYRBEHQO Tablet ER 24HR 25MG	HYPERTENSIVE WITHOUT SENSORY AWARENESS	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYRBEHQO Tablet ER 24HR 25MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	MYRBEHQO Tablet ER 24HR 25MG	URGE INCONTINENCE	Approved	N/A	1
AR Eschazo - HIM	N/A	MYRBEHQO Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	2
AR Eschazo - HIM	N/A	NALTRIX Capsule 4.5 MG	Malaise, encephalomyelitis/chronic fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NAPROXEN Diclofenac ER Tablet ER 24HR 500MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NASATRAPAN HCL Tablet 2.5MG	MIGRAINE W/ Aura NOT INTRACT W/0 STAT MIRGABN	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	EPILEPSY UNS INTRACTABLE W/0 STATUS PLEPHTICUS	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	OTH GEN EPILEPSY NOT INTRACTABLE W/0 STATUS EP	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/0 STATUS PLEPHTICUS	Approved	N/A	4
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/0 STAT EP	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	CONVERSION DISORDER WITH SEIZURE COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	LOC-REL IED ER W/SEIZ LOC ONSET INTRACT W/SE	Approved	N/A	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/SPNO NOT INTRACT W/0 SE	Approved	N/A	2
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/0 STATUS PLEPHTICUS	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NATZILAM Solution 5MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NEBIVOLOL Tablet 10MG	Insulin resistance without diabetes, not stated	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NEFFY Solution 2MG/0.1ML	FEAR OF INJECTIONS AND TRANSFUSIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NEFFY Solution 2MG/0.1ML	PERSONAL HISTORY OF ANAPHYLAXIS	Approved	N/A	2
AR Eschazo - HIM	N/A	NEFFY Solution 2MG/0.1ML	PERSONAL HISTORY OF ANAPHYLAXIS	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NEMLIVAO Auto-injector 30MG	PRURIGO NODULARIS	Approved	N/A	2
AR Eschazo - HIM	N/A	NEMLIVAO Auto-injector 30MG	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NEMLIVAO Auto-injector 30MG	OTOPIC DERMATITIS	Approved	N/A	1
AR Eschazo - HIM	N/A	NEMLIVAO Auto-injector 30MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	3
AR Eschazo - HIM	N/A	NEMLIX 24HR Capsule DR 200MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Eschazo - HIM	N/A	NEMLIX 24HR Tablet DR 200MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NIDELLET Tablet 100MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NIDELPLAN In tablet 68MG	CONTRACEPT NOT PREC-IMP, SUBCUTANEOUS CONTRACEPT	Approved	N/A	2
AR Eschazo - HIM	N/A	NIDELPLAN In tablet 68MG	EXCESS & FREQUENT MENTRICATION W/REGULAR CYCLE	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDELSTYLUS Tablet 374/23MG	ENCOUNTER INITIAL PRESCRIPTION TO CONTRACEPTIVE DEVICE	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDESTINE HCL Capsule 200MG	CHRONIC MYELOID LEUKEMIA BCR-ABL POSITIVE NOT REMISS	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDOTHOPRO FLEPRO Soln Pen-inj 100MG/1.5ML	HYPERTROPIC	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NIDETHYDRONIC ACETATE Tablet 5MG	EXCESS & FREQUENT MENTRICATION W/IRREGULAR CYCLE	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDETHYDRONIC ACETATE Tablet 5MG	POLYCYSTIC OVARIAN SYNDROME	Approved	N/A	1
AR Eschazo - HIM	N/A	NIDETHYDRONIC ACETATE Tablet 5MG	AMENORRHEA UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEPHROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/INSPEC COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DAB ARTERIOPATHY	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DAB ARTERIOPATHY	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/INS DAB RETINOPATHY W/O MACULAR EDEMA	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG FLEPSEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH DAB ARTERIOPATHY	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG Mx 70/30 FLEPSEN Susp-Pen-inj (70/30) 100UNIT/ML	TYPE 2 DM W/HYPERTENSION WITH W/HEMIC COMP	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG Mx 70/30 FLEPSEN Susp-Pen-inj (70/30) 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Eschazo - HIM	N/A	NOVOLOG Mx 70/30 Suspension (70/30) 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/INSPEC COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Eschazo - HIM	N/A	NOVOLOG Solution 100UNIT/ML	HYPOCHROMIDISM UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	Internal medicine	NURTEC Tablet 300MG	MALIGNANT NEOPLOASM OF PROSTATE	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC Tablet 300MG	MALIGNANT NEOPLOASM OF PROSTATE	Approved	N/A	4
AR Eschazo - HIM	N/A	NURTEC For Solution 100MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC For Solution 100MG	Emphysema in disease classified elsewhere	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC For Solution 100MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	Hyperosmotic syndrome [HES], unspecified	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	POLYARTERITIS W/INSPEC INNOVATULGULAR CHRONIC STRABUS	Approved	N/A	2
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	Hyperosmotic syndrome [HES], unspecified	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	NASAL POLYP UNSPECIFIED	Approved	Medical Necessity Not Met	2
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	3
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	NASAL POLYP UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	NURTEC Soln Auto-inj 100MG/0.5ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Eschazo - HIM	N/A	NURCYNTA ER Tablet ER 12HR 100MG	TYPE 2 DM WITH DIABETIC NEPHROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschazo - HIM	N/A	NURCYNTA ER Tablet ER 12HR 50MG	DM D/ UNDERLYING COBD W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Eschazo - HIM	N/A	NURCYNTA Tablet 100MG	HYPOCHROMIDISM	Approved	N/A	1
AR Eschazo - HIM	N/A	NURCYNTA Tablet 50MG	OTHER CHRONIC PAN	Approved	N/A	1
AR Eschazo - HIM	N/A	NURDEXA Capsule 20/100MG	PSYDROBARBITAL AFFECT	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTH MIGRAINE NOT INTRACT W/0 STAT MIRGABNUS	Denied	Medical Necessity Not Met	4
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/ Aura NOT INTRACT W/0 STAT MIRGABNUS	Denied	Medical Necessity Not Met	8
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Headache unspecified	Approved	N/A	4
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	OTH MIGRAINE NOT INTRACT W/0 STAT MIRGABNUS	Approved	N/A	2
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/ Aura NOT INTRACT W/0 SM	Denied	Medical Necessity Not Met	10
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Eschazo - HIM	N/A	NURTEC Tablet Disintegrating 75MG	MIGRA			

AR Eschano - HM	N/A	OXYCODONE HCL Tablet 20MG	DORSALGA UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	Low back pain, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	SPRCLD TRNS FX SHAFT HUM LT ARM INT ENC CLOS FX	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	OTHER ACUTE OSTEOARTHRITIS RIGHT FEMUR	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	LUMBAGO WITH SCALTA UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	OTHER ACUTE POSTPROCDURAL PAIN	Approved	N/A	3
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	RADIULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEUROMA OF ANTERIOR UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	CHRONIC TRACHEA UNDEFNPT LT PROX LOW EXTREM	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	BURN UNDEFINED BODY REGION UNDEFINED DEGREE	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	CHRONIC PAIN SYNDROME	Approved	N/A	6
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	NEURAMA RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	ABCESS OF MEDIASTINUM	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	OTHER ACUTE POSTPROCDURAL PAIN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	RADIULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEUROMA OF SIGMOID COLON	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	MX FX PELV W/O DISRUPT PELV RING INITIAL CLOS FX	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE HCL Tablet 5MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Solution 5/325/MG/5ML	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	INTERVERTEBRAL DISC DIS W/O RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	FUSION OF SPINE LUMBAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OSTEOARTHRITIS UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Other low back pain	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER HEMORRHOIDS	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT LEG	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	4
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CERVICAL DISC DISORDER UNDEFINED CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEUROMA OF PANCREAS UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	16
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ARTHROOSIS STATUS	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY LUMBAL REGION	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADIULOPATHY L5/S6	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MALIG NEUROMA LOWER INTRACRIBIT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Headache, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	4
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MALIGNANT NEUROMA OF SIGMOID COLON	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADIULOPATHY LUMB RGN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SACROCCOCCYAL DISORDERS NEC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER INTERVERTEBRAL DISC DISORDER LUMBAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OSTEOARTHRITIS OF VERTEBRA THORACOLUMBAR	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ACUTE PAIN DUE TO TRAUMA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PRESNCE OF RIGHT ARTIFICIAL HIP JOINT	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAL RGN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	DORSALGA UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	NEURADENITIS SUPRATITARIA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	DISCIC TARDONETARSAL JOINT FT FOOT INITIAL ENC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	BURSITIS OF RIGHT SHOULDER	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADIULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY LUMBAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTH CERVICAL DISC DEGENERATION UNDEFN CERV REGION	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	FX LT SHLD GHID PRT UN FT ENC CLOS FRACTURE	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	POSTLAMBRECTOMY SYNDROME NEC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ARTHROOSIS STATUS	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SUPERIOR GLENOID LABRUM LESION LT SHOULDER SUB	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PRESNCE OF UNDEFINED PROTHETIC JOINT IMPLANT	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPRAIN ANT CRUCIAT LIGAMEN LT KNEE INITIAL ENC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Veterotronic low back pain	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PRESNCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MIGRAINE W/O AURA INT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	UNDEFINED OSTEOARTHRITIS UNDEFINED SITE	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	UNTS THOR THORACOLUMBAR LUMBOSACRAL IV DISC DIV	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	9
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER ACUTE POSTPROCDURAL PAIN	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	DISPL BICONDYLAR FX RT TIBIA INT ENC CLOS FX	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADIULOPATHY L5/R6	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	WEIDE COMPLEX FX LT LUMBAL VERT INT ENC CLOS FX	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADIULOPATHY LUMBAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATHY/RADIULOPATHY LUMB RGN	Approved	N/A	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	UNTS ROT CLIFF TRAPRTURT LT SHDIN NOT SPEC TRAUMAT	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ARTHROOSIS STATUS	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	12
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOLISTHESIS LUMBAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	6
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	RADIULOPATHY LUMBAL REGION	Approved	N/A	4
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	COMPLEX REGIONAL PAIN SYNDROME I UNDEFINED	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT SPINE	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT HAND	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	NEURAMA RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ACUTE PANCREATITIS W/O NECROSIS/INFECION UNPREC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	NEURAMA RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Other low back pain	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OVERWEIGHT	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER OVARIAN DYSFUNCTION	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus without complications	Denied	Benefit Coverage Terminated	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus without complications	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus without complications	Approved	N/A	377
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Other native coronary artery without angina pectoris	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Metabolic syndrome	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with complication	Denied	Benefit Coverage Terminated	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 dm w/diabetic autonomic polyneuropathy	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ADRENAL SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	14
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	POLYCYSTIC OVARIAN SYNDROME	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus w/diab chron kidney dz	Approved	N/A	11
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTH MUSCULAR SYNDROMES AND CBERNAC DISEASES	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PREDIABETS	Denied	Medical Necessity Not Met	21
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with hypoglycemia w/diabetic	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus w/unspecific complications	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OBESITY UNDEFINED	Approved	N/A	6
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	158
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus w/diab polyneuropathy	Approved	N/A	18
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	UNDEFINED MENOPAUSE AND PERMENOPAUSAL DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MONOCLONAL GLOBULINOPATHIES	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	SLEEP APNEA UNDEFINED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	MOROSE SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OBESITY UNDEFINED	Approved	N/A	2
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	DM OT UNDERLYING COND W/DIABETIC CHRN KIDNEY DZ	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with hyperglycemia	Denied	Benefit Coverage Terminated	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Obesity, class 3	Denied	Medical Necessity Not Met	6
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Insulin resistance, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	PREDIABETS	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus w/oth spec complication	Approved	N/A	76
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with complication	Approved	N/A	34
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with skin comp	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 dm w/diabetic neuropathy unundefined	Approved	N/A	13
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 dm w/hypercholesterolemia w/o mhrc	Approved	N/A	3
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ABNORMAL WEIGHT LOSS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	OTHER ABNORMAL CALORIES	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with diab honey comb	Approved	N/A	6
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus with hyperglycemia	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 dm w/diabetic neuropathic arthropathy	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	ANOREXIA NERVOSA	Approved	N/A	1
AR Eschano - HM	N/A	OXYCODONE ACETAMINOPHEN Tablet 10/325/MG	Type 2 diabetes mellitus w/diabetic nephropathy	Approved	N/A	1
AR Eschano - HM						

AR Eschanoa - HM	N/A	OZEMPIC 0.25 OR 0.5 MGD/OSI Soln Pen-in 2MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	2
AR Eschanoa - HM	N/A	OZEMPIC 0.25 OR 0.5 MGD/OSI Soln Pen-in 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Approved	N/A	8
AR Eschanoa - HM	N/A	OZEMPIC 0.25 OR 0.5 MGD/OSI Soln Pen-in 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 0.25 OR 0.5 MGD/OSI Soln Pen-in 2MG/3ML	CEREBRAL INFARCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	ILLNESS UNSPECIFIED	Approved	N/A	3
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS MOD NPOH MACULAR ED O2	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC NEPHROPATHY	Approved	N/A	4
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH OABIC NEPHROPATHY	Approved	N/A	19
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 diabetes mellitus without complications in emersion	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC NEPHROPATHY	Approved	N/A	14
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH DAB KIDNEY COMP	Approved	N/A	2
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	ESOPHAGEAL STRICTURE	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS FOR W/O MAC ED EYE	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	212
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	GENE NATIVE CORONARY ARTERY W/O ANGIAL PECTORIS	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	12
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	CREDITLY UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	2
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC CHRON KIDNEY DZ	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC CHRON KIDNEY DZ	Approved	N/A	6
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DM W/INS DAB RETINOPATHY W/O MACULAR EDEMA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 diabetes mellitus with ketonuria without coma	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Approved	N/A	8
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC NEPHROPATHY	Approved	N/A	9
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	249
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DM W/HYPERTENSION	Approved	N/A	2
AR Eschanoa - HM	N/A	OZEMPIC 1 MGD/OSI Soln Pen-in 4MG/3ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Approved	N/A	2
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS FOR W/O MACULAR ED OS	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DM W/HYPERTENSION W/O KIDNEY	Approved	N/A	5
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	DIETARY CONCERNING ANGER/SURVEILLANCE	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS W/HYPOTGLYCEMIA W/O COMA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	182
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	ILLNESS UNSPECIFIED	Approved	N/A	3
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC DERMATITIS	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC POLYNEUROPATHY	Approved	N/A	14
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC CHRON KIDNEY DZ	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DM W/INS DAB RETINOPATHY W/O MACULAR EDEMA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	Obesity, class 3	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	OTHER ABNORMAL GLUCOSE	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	9
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	222
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	OTH SPEC DIAB MELLITUS W/HYPOTGLYCEMIA W/O COMA	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	OBESITY UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Approved	N/A	5
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH COMPLICATIONS	Approved	N/A	16
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OABIC NEPHROPATHY	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH OABIC NEUROPATHY	Approved	N/A	41
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	BODY MASS INDEX BMI 40.0-49.4 ADULT	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH OTHER SKIN LESION	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	Benefit Coverage Terminated	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH DAB NEURO COMP	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	PREDIABETES	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	Insulin resistance, unspecified	Approved	N/A	1
AR Eschanoa - HM	N/A	OZEMPIC 2 MGD/OSI Soln Pen-in 8MG/3ML	Abcess of mediastinum	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CLASSICAL PHARYNGITIS	Approved	N/A	2
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	UNSPECIFIED ACROMEGALY	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CHRONIC GASTRIC ULCER WITH OR WITHOUT HEMORR OR PERF	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	5
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ERUPTION	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	EPICARDIC PAIN	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HEARTBURN	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	UNSPECIFIED MENOPAUSE, B, PERMENOPAUSEL DISORDER	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CORONAVIRUS INFECTION UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	COVID-19	Approved	N/A	6
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	COVID-19	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MALIGNANT NEOPASM OF RETROPERITONEUM	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OTHER CONSTIPATION	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	PRIMARY TRACT RESECTION SITE NOT SPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 2	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	BODY MASS INDEX BMI 30.0-39.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 3	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	BODY MASS INDEX BMI 30.0-39.9 ADULT	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	BODY MASS INDEX BMI 30.0-39.9 ADULT	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ABNORMAL WEIGHT GAIN	Approved	N/A	2
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 2	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	BODY MASS INDEX BMI 32.0-32.9 ADULT	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 1	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OBESITY UNSPECIFIED	Approved	N/A	4
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	BODY MASS INDEX BMI 30.0-39.9 ADULT	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Esophageal disorder, mild	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 2	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OBESITY UNSPECIFIED	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OVERWEIGHT	Denied	Admin Denied Excluded	2
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	Admin Denied Excluded	2
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	Obesity, class 1	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ABNORMAL WEIGHT GAIN	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HERATOCCIOUS UNSTABLE BIATERAL	Denied	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HEPATIC ACUTE CHRONIC EDEMA	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	IRRITANT CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CELLULITIS OF RIGHT LOWER LIMB	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	IDIOPATHIC PULMONARY FIBROSIS	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	OTHER CONSTIPATION	Approved	Admin Denied Excluded	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ACUTE MYELOBLASTIC LEUKEMIA IN RECHIVED REMISS	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HYPERKALEMIA	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	HYPOKALEMIA	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	DIABETES INSIDUOUS	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	CHRONIC DYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	MIXED HYPERLIPIDEMIA	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	GENE NATIVE CORONARY ARTERY W/O ANGIANG PECTORIS	Approved	N/A	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A	PANTOPRAZOLE SOLN Pen-in 20MG/30MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschanoa - HM	N/A					

AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	ALCOHOLIC POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	5
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DM DT UNDERLYING COVID W/DIABETIC NEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Denied	Admin Denied Step Therapy	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	MONONEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	INFLAMMATORY POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	SPONDYLOSIS W/O W/NEUROPATHY/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Admin Denied Excluded	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	IMPERFECTA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	10
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	MENOPAUSAL AND FEMAL CLIMACTERIC STATES	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OSTEOGENESIS IMPERFECTA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DRUG-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	UNSPECIFIED MONONEUROPATHY LUMB UPPER LIMB	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RESTLESS LEGS SYNDROME	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 1 DIABETES MELLITUS WITH HYPERKALEMIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY SITE UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	7
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SPEC DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Melalgia involving multiple dermatomes	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER SPEC MENOPAUSAL & PERIMENOPAUSAL DISORDERS	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	SCATICA RIGHT SIDE	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Approved	N/A	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 1 DIABETES MELLITUS W/OAB MONONEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OCULAR NEURALGIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 1 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	LESION OF SCATIC NERVE RIGHT LOWER LIMB	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DRUG-INDUCED POLYNEUROPATHY	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DRUG-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DRUG-INDUCED POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	MALIGNANT NEUROMA OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	SPINAL STENOSIS, CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	SPONDYLOSIS W/O W/NEUROPATHY/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	MALIGNANT NEUROMA OF CERVIX UTERI UNSPECIFIED	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH INTERVERTEBRAL DISC DISPLACEMENT L1 REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY CERVICAL REGION	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	DRUG-INDUCED POLYNEUROPATHY	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Other low back pain	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY THORACIC REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	LUMBAGO WITH SCATICA UNSPECIFIED SIDE	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER SPECIFIED POLYNEUROPATHIES	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Approved	N/A	8
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	SCATICA RIGHT SIDE	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	MALIGNANT NEUROMA OF THYROID GLAND	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PAIN IN LEFT SHOULDER	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEUROMA RELATED PAIN ACUTE CHRONIC	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PAIN IN LEFT ANGLE	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	FIBROMYALGIA	Approved	N/A	8
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Approved	N/A	5
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PATHOLOGICAL FX FEMUR/SUBJECT ENX FX RTH HEAL	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 1 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER CHRONIC PAIN	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	6
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY CERVICAL REGION	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER SPECIFIED POLYNEUROPATHIES	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CERVICALGIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Admin Denied Step Therapy	3
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	ENX F/U EXAM AFTR CMPX TX OTH THAN MALGN NEOPDM	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER SPONDYLOSIS, CERVICAL REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER ACUTE POSTPROCEEDURAL PAIN	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB SPEC COMPLICATION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Admin Denied Step Therapy	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Mvalgia, other site	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	LUMBAGO WITH SCATICA RIGHT SIDE	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	Low back pain, unspecified	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	CHRONIC PAN SYNDROME	Approved	N/A	4
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Eschano - HM	N/A	PREGABALIN Capsula 100MG	TYPE 2 DIABETES MELLITUS W/OAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Eschano - HM</						

AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	CROHN'S DISEASE LARGE INTESTINE W/O COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	CROHN'S DISEASE SMALL INTESTINE W/O COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	2
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	Non-inflammatory and non-spondyloarthritides of unspecified sites in colon	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	CROHN'S DISEASE SMALL & LARGE INTESTINE W/IFST	Denied	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	CROHN'S DISEASE SMALL & LARGE INTESTINE W/IFST	Medical Necessity Not Met	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	OTHER ATOPIC DERMATITIS	Medical Necessity Not Met	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 30MG	OTHER SPECIFIC DERMATITIS	Approved	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 45MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	2
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 45MG	CROHN'S DISEASE SMALL INTESTINE W/INTST OBT	Approved	N/A	1
AR Eschanao - HIM	N/A	RINVOO Tablet ER 24HR 45MG	CROHN'S DISEASE SMALL INTESTINE W/O COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RITUXAN Solution 500MG/50ML	OTHER MYOSITIS MULTIFOCUS	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RITUXAN Solution 500MG/50ML	OTHER MYOSITIS MULTIFOCUS	Approved	N/A	2
AR Eschanao - HIM	N/A	RIVAROXABAN Tablet 25MG	ATHEROSCL NATV ART LT LEG WILCKER OTH PART FT	Approved	N/A	1
AR Eschanao - HIM	N/A	RIVAROXABAN Tablet 25MG	PERIPHERAL VASCULAR DISEASE UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RIVAROXABAN Tablet 25MG	PRESENCE OF AORTOCORONARY BYPASS GRAFT	Approved	N/A	1
AR Eschanao - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Distributor 10MG	CHRONIC MIGRAINE W/O AURA INTERACT W/O DM	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Distributor 10MG	Chronic migraine with aura intractable with status migrainosus	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	ROMYVIZCA Capsule 20MG	Other specified neoplasm of uncertain behavior of connective and other soft tissue	Approved	N/A	1
AR Eschanao - HIM	N/A	ROMYVIZCA Capsule 20MG	RESTLESS LEGS SYNDROME	Denied	Admin Denied Stop Therapy	1
AR Eschanao - HIM	N/A	ROPINIDOLE HCL ER Tablet ER 24HR 2MG	RESTLESS LEGS SYNDROME	Approved	N/A	1
AR Eschanao - HIM	N/A	ROPINIDOLE HCL ER Tablet ER 24HR 2MG	RESTLESS LEGS SYNDROME	Medical Necessity Not Met	N/A	1
AR Eschanao - HIM	N/A	ROXIVASTATIN CALCIUM Tablet 20MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	RA W/HEALTHY TO DCT MAX SITE W/O ORGAN/SYS INVOLV	Approved	N/A	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	OTHER ENOPHTHALMIA AND ENOPHTHALMELITIS	Approved	N/A	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	WEGENER'S GRANULOMATOSIS W/O RENAL INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	RA W/HEALTHY TO DCT MAX SITE W/O ORGAN/SYS INVOLV	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	NEPHROTIC SYNDROME W/MINOR GLOMERULAR ABNORM	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RUFINEX Solution 500MG/50ML	HYPERLIPIDEMIA UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYALTES Suspension 65G/50CM/CACT	ACUTE UPPER RESPIRATORY INFECTION UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS W/O ABN CHRON KIDNEY DZ	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	7
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIC COMPLICATION	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS W/O ABN MONONUCLEOPATHY	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 14MG	HIRSUTISM	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	DM DT UNDIAGNOSIS COMB W/HYPOLYCEMIA W/O COMA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OBESITY UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH OAB KIDNEY COMP	Approved	N/A	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TOXICITY OVARIAN SYNDROME	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH OTHER COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DM WITH DIABETIC NEPHROPATHY UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	BINGE EATING DISORDER	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OBSTRUCTIVE SLEEP APNEA-ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DM W/HYPERTENSION W/O KIDNEY	Approved	N/A	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	10
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	14
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/O ABN POLYNEUROPATHY	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DM W/O ABN REPR AND/OR W/ W/GANGRINE	Approved	N/A	10
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH OTHER SPECIFIC COMPLICATION	Approved	N/A	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DM W/HYPERTENSION	Approved	N/A	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	8
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/O ABN POLYNEUROPATHY	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	Parkinson's disease with orthostatic hypotension	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MIGRAINE W/O AURA NOT INTERACT W/O STAT MIBGAN	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MIGRAINE W/O AURA NOT INTERACT W/O STAT MIBGAN	Medical Necessity Not Met	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	CHRONIC DYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	DILATED CARDIOMYOPATHY	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	HEART FAILURE UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	NAUSEA WITH VOMITING UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALIG NEOPLASM COWDER INNER GLIAD FT BRIALI BRASIT	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	NON-PROST CHELUSC OTH PR FT COOT LTD BRIDOWN SIN	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ENCOUNTER OPTHOREPIC ARTIFICIAL FLW SURGICAL AMP	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	CELLULITIS UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER LOCAL LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER LOCAL LUPUS ERYTHEMATOSUS	Medical Necessity Not Met	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER HYPERPHENYLAANINEMIAS	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER HYPERPHENYLAANINEMIAS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	SAVELLA TITRATION PACK Max: 12.5 & 25 & 50MG	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	SAVELLA TITRATION PACK Max: 12.5 & 25 & 50MG	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	FIBROMYALGIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	FIBROMYALGIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	FIBROMYALGIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	FIBROMYALGIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Admin Denied Excluded	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	BODY MASS INDEX BMI 30.0-34.9 ADULT	Admin Denied Excluded	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ABNORMAL WEIGHT GAIN	Admin Denied Excluded	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Medical Necessity Not Met	N/A	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/O ABN CHRON KIDNEY DZ	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER LOCAL LUPUS ERYTHEMATOSUS	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	CHRONIC SCLELROSIS FT ATROPHICUS	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ANXIETY DISORDER UNPECIFIED	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MAJ DEPRESS D/O SINGLE EPS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ANXIETY DISORDER UNPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER SPECIFIC DISEASE HARD TISSUES OF TEETH	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTH CERUAL DYSF NOT DENTIN ABNOR PHYSIOLOG	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER MALE ERECTILE DYSFUNCTION	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER POST-SURGICAL ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALE ERECTILE DISORDER	Approved	N/A	4
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	OTHER MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	3
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	ELEVATED PROSTATE SPECIFIC ANTIGEN	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALE ERECTILE DYSFUNCTION UNPECIFIED	Denied	Medical Necessity Not Met	16
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALE ERECTILE DYSFUNCTION UNPECIFIED	Approved	N/A	4
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALE ERECTILE DYSFUNCTION UNPECIFIED	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	2
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Denied	Medical Necessity Not Met	4
AR Eschanao - HIM	N/A	RYELUS Tablet 3MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Approved	N/A	2
AR Eschanao - HIM	N/A </tr					

AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	1
AR Eschango - HIM	Emergency Room	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	EDM/MASS INDEX; MAJ/MAJ/MAJ/MAJ	Approved	N/A	1
AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	CHRONIC HEPATITIS UNSPECIFIED	Approved	N/A	2
AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	12
AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	Denied	Medical Necessity Not Met	12
AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	71
AR Eschango - HIM	N/A	SOFOSBUVIR VELPATASVIR Tablet 400/100MG	CHRONIC VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	7
AR Eschango - HIM	N/A	SOLOQUIN Soln Pen-Inject 100/33/UNT/MC/M/L	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Eschango - HIM	N/A	SOLOQUIN Soln Pen-Inject 100/33/UNT/MC/M/L	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Approved	N/A	2
AR Eschango - HIM	N/A	SOLOQUIN Soln Pen-Inject 100/33/UNT/MC/M/L	ACUTE VAGINITIS	Approved	N/A	1
AR Eschango - HIM	N/A	SOLOQUIN Soln Pen-Inject 100/33/UNT/MC/M/L	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SOTIKTU Tablet 8MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SPINOGAD Suspension 0.9%	SCABIES	Approved	N/A	1
AR Eschango - HIM	N/A	SPINOGAD Suspension 0.9%	FECDULOSIS DUE TO PEDICULUS HUMANUS CAPTUS	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SPINOGAD Suspension 0.9%	PERICULOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SPINOGAD Suspension 0.9%	CHRONIC OBSTRUCTIVE PULMONARY DISEASE LUNG	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESS DIS/ RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	1
AR Eschango - HIM	Psychiatriy N Neurologov - Psychiatriy	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	14
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE LUNG	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE LUNG	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	3
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	12
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	51
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ SINGLE EPIS SEV W/ PSYCH FEATUR	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE LUNG	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS DIS/ RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	OPROID ABUSE UNCOMPLICATED	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DIS/ RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE LUNG	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	CHRONIC URECIDO/LEUKEMIA/BCV/HAU/PO5/NOT REMISS	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	HIDRANITIS SUPPURATIVA	Approved	N/A	1
AR Eschango - HIM	N/A	SPRAVATO 56 MG DOSEI Soln Ther Pack 28MG/DEVICE	PSORIASIS VULGARIS	Approved	N/A	5
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE LARGE INTESTINE W/ O COMP	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE SMALL INTESTINE W/ O COMP	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE SMALL & LARGE INTESTINE W/ O COMP	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE LRG WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE LRG WITHOUT COMPLICATIONS	Approved	N/A	4
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE SMALL INTESTINE W/ O COMP	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	ULCERATIVE CHRONIC PROCTITIS W/ RECTAL BLEEDING	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	CHRONIC DISEASE SMALL & LARGE INTESTINE W/PSY	Approved	N/A	1
AR Eschango - HIM	N/A	STELARA Soln Pref Svr 90MG/0.5ML	OPROID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID USE IN W/INJUDICATED PRODUCE DISORDER	Approved	N/A	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID ABUSE UNCOMPLICATED	Approved	N/A	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID DEPENDENCE UNCOMPLICATED	Denied	Benefit-Coverage Terminated	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID DEPENDENCE UNCOMPLICATED	Approved	N/A	16
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID DEPENDENCE IN REMISSION	Approved	N/A	1
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID USE UNSPECIFIED UNCOMPLICATED	Approved	N/A	2
AR Eschango - HIM	N/A	SUBILOCADE Soln Pref Svr 300MG/1.5ML	OPROID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	11
AR Eschango - HIM	N/A	SUBOXONE Film 12.5/3MG	OTHER CHRONIC PAIN	Approved	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SUBOXONE Film 8/32MG	OPROID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Eschango - HIM	N/A	SUCRALFATE Tablet 1GM	ACUTE GASTRITIS WITHOUT BLEEDING	Approved	N/A	1
AR Eschango - HIM	N/A	SUCROGEL Tablet 15MG	ACUTE SINUSITIS UNSPECIFIED	Approved	Admin Denied Excluded	1
AR Eschango - HIM	N/A	SUFILAVE For Solution 178.7GM	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRANA	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	Headache, unspecified	Approved	N/A	1
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE LUNG NOT INTRACT W/O STATUS MIGRANOSUS	Denied	Paid Claim	2
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	OTHER MIGRAINE NOT INTRACT W/O STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE LUNG NOT INTRACT W/O STATUS MIGRANOSUS	Approved	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	3
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	SUNOSI Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	SUTAB Tablet 1479/225/188MG	TYPE 2 DIABETES MELLITUS WITH LABORATORY ABNORMALITIES	Approved	N/A	1
AR Eschango - HIM	N/A	SUTAB Tablet 1479/225/188MG	FAMILY HISTORY OF MALIGNANT NEOPLASM UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	SYNCRONIF Injunct 800/150/200/10MG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE LUNG	Approved	N/A	1
AR Eschango - HIM	N/A	SYNCRONIF Injunct 800/150/200/10MG/ACT	ASYMPTOMATIC HIV INFECTION STATUS	Approved	N/A	1
AR Eschango - HIM	N/A	SYNCRONIF Injunct 800/150/200/10MG/ACT	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Approved	N/A	1
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	Medical Necessity Not Met	1
AR Eschango - HIM	Physician Assistant; Surgical	SYNCRONIF Injunct 800/150/200/10MG/ACT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	Orthopaedic Surgery; Sports Medicine	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	2
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	2
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	BILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	Medical Necessity Not Met	2
AR Eschango - HIM	Orthopaedic Surgery; Sports Medicine	SYNCRONIF Injunct 800/150/200/10MG/ACT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Eschango - HIM	Orthopaedic Surgery; Sports Medicine	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	Clinical Nurse Specialist	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Eschango - HIM	Physical Medicine & Rehabilitation; Sports Medicine	SYNCRONIF Injunct 800/150/200/10MG/ACT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Eschango - HIM	Physician Assistant	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Eschango - HIM	Orthopaedic Surgery	SYNCRONIF Injunct 800/150/200/10MG/ACT	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	INFANTILE ACUTE CHRONIC ECZEMA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	IRITANT CONTACT DERMATITIS D/1 OTH CHEM PROD	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	PARVOCIOSIS OF SKIN	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	5
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS VULGARIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER SEBORRHOIC DERMATITIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	Other scabies	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER ALPECIA AREATA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	ALLERGIC CONTACT DERMATITIS D/1 OTH CHEM PRODUCT	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	ATOPIC NEURODERMATITIS	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ALPECIA AREATA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	Other scabies	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	GEN SKIN RUPTURE D/1 EX & MED TAKEN INTERNALLY	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	CHANGES IN SKIN TEXTURE	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ADISEASES OF SKIN	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS VULGARIS	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SEBORRHOIC DERMATITIS	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	IDIOPATHIC URTICARIA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPECIFIC DERMATITIS	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ATLECIDO	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC NEURODERMATITIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	PERIORAL DERMATITIS	Approved	N/A	4
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	PERIUNGUEAL ECZEMA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS HERPETIFORMIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	HASH AND OTHER NONICHRONIC SKIN RUPTURE	Approved	N/A	2
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Approved	N/A	18
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	ALPECIA AREATA UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	DYSBACTERIOSIS POMPHOLIX	Approved	N/A	3
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	NERVOSIS CUTIS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	PURIFIED VACCINARIUS	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	TACROLIMUS Ointment 0.1%	POMPHOLIX PUPURULE DERMATITIS	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	4
AR Eschango - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	MALE ERECTILE DISORDER	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	Secondary pulmonary arterial hypertension	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	Secondary pulmonary arterial hypertension	Approved	N/A	2
AR Eschango - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	Pulmonary hypertension, unspecified	Approved	N/A	4
AR Eschango - HIM	N/A	TADALAFIL Tablet 1.5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	ERECTILE DYSFUNCTION DUE TO DISEASE CLASS ELSW	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DISORDER	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Denied	Admin Denied Excluded	2
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin Denied Excluded	3
AR Eschango - HIM	N/A	TADALAFIL Tablet 20MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Admin Denied Excluded	2
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	ERECTILE DYSF FOLLOWING RADICAL PROSTATECTOMY	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	Medical Necessity Not Met	5
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	CHRONIC PROSTATITIS	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	4
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	FREQUENCY OF MICTURITION	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	Unspecified epithelial dysplasia, unspecified site	Approved	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	OTHER SPEC. ANORMAL FINDINGS BLOOD CHEMISTRY	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	Medical Necessity Not Met	12
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALE ERECTILE DISORDER	Approved	N/A	4
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	INDURATION PINKIS PLASTICA	Denied	Admin Denied Excluded	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	UREG SYMPTOMS & SIGNS INVOLVING THE GU SYSTEM	Approved	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALE ERECTILE DISORDER	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG	MALIGNANT MELANOMA LEFT UP LIMB INCL SHOULDER	Approved	N/A	1
AR Eschango - HIM	N/A	TADALAFIL Tablet 15MG				

AR Eschano - HM	N/A	VEOZAH Tablet 45MG	FLUSHING	Approved	N/A	1
AR Eschano - HM	N/A	VEOZAH Tablet 45MG	AMORPHOEIA UNRESORBED	Approved	N/A	1
AR Eschano - HM	N/A	VEOZAH Tablet 45MG	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VEOZAH Tablet 45MG	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VERKAZA Emulsion 0.1%	VERNAL KERATOCONJUNCTIVITIS UNILATERAL CORNEAL LESAT	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VERKAZA Emulsion 0.1%	VERNAL KERATOCONJUNCTIVITIS UNILATERAL CORNEAL LESAT	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER OUTER QUAD RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VERZENO Tablet 100MG	MALIG NEOPLASM UPPER OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Eschano - HM	N/A	VEVE Solution 0.1%	KERATOCONJUNCTIVITIS DICCA NOT SIGOREN BIATERAL	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VEVE Solution 0.1%	ERYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VIBERI Tablet 100MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VIBERI Tablet 75MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Eschano - HM	N/A	VIBERI Tablet 75MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VIBERI Tablet 75MG	MIXED INCONTINENCE	Approved	N/A	1
AR Eschano - HM	N/A	VICTOZA Soln Pen-Hi 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VICTOZA Soln Pen-Hi 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERLYCEMIA	Approved	N/A	1
AR Eschano - HM	N/A	VICTOZA Soln Pen-Hi 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VICTOZA Soln Pen-Hi 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Eschano - HM	N/A	VICTOZA Soln Pen-Hi 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VIMPAT Tablet 50MG	LOC-REL SX EPILEPSY W/PCS NOT INTRACT W/O SE	Approved	N/A	1
AR Eschano - HM	N/A	VISTA GONIO DRY EYE RELIEF Solution 3.5%	DRY EYE SYNDROME OF BILATERAL EYES WITHOUT SIG	Admin Denied Excluded		1
AR Eschano - HM	N/A	VIVELLE DOT Patch TW 0.075MG/24HR	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VIVIDIF Capsule DR	ENCOUNTER FOR RIMUNIZATION	Denied	Admin Denied Excluded	1
AR Eschano - HM	N/A	VOQUELINA TABLET PAK Therasp Pack 500/500/20MG	RECURRENT EPISODE CAUSE OF CLASSIFIED ESLW	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	HEARTBURN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	6
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	13
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	CHRONIC GASTRITIS WITHOUT BLEEDING	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	HEARTBURN	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	2
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	HEARTBURN	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	SARITIS ESOPHAGIS WITH DYSPLASIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	ESOPHAGIC ESOPHAGITIS	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	EPIGASTRIC PAIN	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	12
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	GENERALIZED ABOGONAL PAIN	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	2
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	GASTRITIS UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VOQUELINA Tablet 20MG	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	BIPOLAR D/O CURRENT EPISODE DERESSED MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	BIPOLAR DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 0.75MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	OTHER BIPOLAR DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/ PSYCH FEATURES	Denied	Medical Necessity Not Met	6
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	Major depressive disorder - mixed episode	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURR MIXED SEV W/ PSYCH FEATURES	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	DYSTHYMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	28
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	4
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	4
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	17
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	8
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MILD	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/ PSYCH FEATUR	Approved	N/A	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNDIFFERENTIATED SCHIZOPHRENIA	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DERESSED MODERATE	Approved	N/A	9
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/ PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MILD	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOO	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR I DISORDER	Approved	N/A	7
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/ PSYCH FEATUR	Approved	N/A	6
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/ PSYCH FEATUR	Approved	N/A	7
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	21
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	ALCOHOL DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNG PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	DYSTHYMIC DISORDER	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DERESSED MILD	Approved	N/A	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/ PSYCH FEATUR	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOUSIS	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	3
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOO	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MILD	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	4
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR I DISORDER	Approved	N/A	4
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	Major depressive disorder - irate episode	Approved	N/A	7
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MILD	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR D/O CURR MIXED SEVERE W/ PSYCH FEATURES	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/ PSYCH FEATURES	Approved	N/A	2
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	4
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNG PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	17
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Eschano - HM	N/A	VRANLAR Capsule 1.5MG				

