

AR Medicaid - Total Care	N/A	COBENT Capsule 100/20MG	PARANOIA SCHIZOPHRENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENT Capsule 120/20MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 72MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 36MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 18MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONDYLOX Gel 0.5%	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNLS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	COINITYX UNORADY Soln Auto-inj 300MG/2ML	HORMONAL SUPPLEMENTATION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	COINITYX UNORADY Soln Auto-inj 200MG/2ML	HORMONAL SUPPLEMENTATION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CYL OMPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	D VITE MEDICAL Liquid 100MG/5ML	Duchenne or Becker muscular dystrophy	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	DAYTRANA Patch 30MG/24HR	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 1 DIABETES MELLITUS WITH HYPERCHEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERCHEMIA	Denied	Benefit/Other Coverage	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERCHEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEKCOM G7 SENSOR Mic	TYPE 2 DIABETES MELLITUS WITH HYPERCHEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DELIANGOPRAZOLE Capsule DR 60MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL ER Capsule ER 24HR 13MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL ER Capsule ER 24HR 40MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL ER Capsule ER 24HR 5MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEMETHYLPHENIDATE HCL Tablet 10MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIETOSAMINAMINE SULFATE Tablet 15MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIACOMT Packet 250MG	EPILEPSY UNLS INTRACTABLE W/STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIACOMT Packet 500MG	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EP	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIASEPAN Solution 5MG/5ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIASEPAN Solution 5MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIASEPAN Tablet 2MG	QUADRUPLET UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DICLOFENAC POTASSIUM Tablet 50MG	OSTEOARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DICLOFENAC POTASSIUM Tablet 50MG	SPONDYLOLISTHESIS W/O MYELOPATHY/RADICULOPATHY I/R	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DICLOFENAC POTASSIUM Tablet 75MG	RAUN IN BIGHT HP	Approved	N/A	1
AR Medicaid - Total Care	N/A	DLTIAZEM HCL ER COATED BEADS Capsule ER 24HR 300MG	TACHYCARDIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DLTIAZEM HCL ER COATED BEADS Capsule ER 24HR 300MG	TACHYCARDIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIPHENHYDRAMINE HCL Capsule 25MG	PRURITIC EXOSMANA	Admin Denied Excluded	1	
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM Cap DR Sprinkle 125MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM Cap DR Sprinkle 125MG	OTHER EPILEPSY NOT INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM ER Tablet ER 24HR 500MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM ER Tablet ER 24HR 500MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM ER Tablet ER 24HR 500MG	OPPOSITIONAL DEFiant DISORDER	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROX SODIUM ER Tablet ER 24HR 500MG	OTHER INSTANT MOOD AFFECTIVE DISORDERS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DOLACATE Tablet 250MG	PRACTIC QUADRUPLET CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	DOXEPIN HCL Tablet 6MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DOXOPOD Capsule 200MG	HEAVY METAL EXPOSURE ALFONOMIC NERVOUS SYSTEM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Capsule DR Part 60MG	ADHD DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Powder	ADHD DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DULOXETINE HCL Powder / STEVIA 90% Powder / SYNSPEND 5% Vehicles	CHRONIC PAIN SYNDROME	Approved	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	Compendex				
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 200MG/1.14ML	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 300MG/2ML	ENDONOMIC EPIDERMATITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Medicaid - Total Care	N/A	DURIPENT Soln Pref Soln 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DURIPENT Soln Pref Soln 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DYSPROT For Solution 300UNT	CRAMN AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	N/A	ELETRIPAN HYDROCHLORIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	ELIUS Tablet 2.5MG	PORTAL VEIN THROMBOSIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELIUS Tablet 2.5MG	PORTAL VEIN THROMBOSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMLAZE Tablet 30MG	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMLAZE Tablet 6MG	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALTY Soln Auto-inj 120MG/0.6ML	MIGRAINE UNLS NOT INTRACT W/O STATUS MIGRANOSUS	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALTY Soln Auto-inj 120MG/0.6ML	Chronic migraine with aura, not intractable, without status migranosus	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALTY Soln Auto-inj 120MG/0.6ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALTY Soln Pref Soln 120MG/0.6ML	Chronic migraine with aura, not intractable, without status migranosus	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENTIVO PEN Soln Auto-inj 100MG/0.6ML	CHRONIC DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ENTIVO PEN Soln Auto-inj 100MG/0.6ML	CHRONIC DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	LOC REL SX EPILEPSY W/INTRACT W/O STAT EP	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	GEN IDIOPATHIC EPILEPSY W/O STATUS EP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	EPILEPSY UNLS INTRACTABLE W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITH SE	Approved	N/A	3
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE WITH SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EPIPOLEX Solution 100MG/0.6ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTROESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Packet 20MG	ENDONOMIC EPIDERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESTRODOL Tablet 2MG	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ETODOLAC Tablet 400MG	LUMBAGO WITH SCALPTA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EUCRISA Ointment 2%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	EUCRISA Ointment 2%	INTRINSIC ALLERGIC ECZEMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EVIPRO For Solution 0.5MG/0.6ML	SPINAL MUSCULAR ATROPHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EVIPRO For Solution 0.5MG/0.6ML	SPINAL MUSCULAR ATROPHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	EZETIMIBE SALVATATIN Tablet 10/10MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	3
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	VOMITING UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FAROGA Tablet 20MG	GASTRO ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FAROGA Tablet 10MG	DISORDER OF KIDNEY AND URETER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAROGA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	FELBAMATE Tablet 400MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FERROCIET Tablet 124MG	IRON DEFICIENCY ANEMIA SECT TO BLOOD LOSS CHRONIC	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	FEXFENADINE HCL Tablet 180MG	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FEXFENADINE HCL Tablet 180MG	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FEXFENADINE HCL Tablet 180MG	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	FEXFENADINE HCL Tablet 180MG	ANDROGENIC ANDROPEGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FINASTERIDE Tablet 1MG	UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FINTEPIA Solution 2.2MG/0.6ML	ILNES UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FINTEPIA Solution 2.2MG/0.6ML	ILNES UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUCINONIDE Solution 0.05%	OTHER REDDIBRICH DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 10MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 10MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 10MG	OTH SYMPTOMS & SIGNS UNLIVE APPPEAR & BEHAVIOR	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 10MG	ADJUSTMENT DISORDER MIXED ANXIETY DEPRESSED MOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 20MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 20MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 20MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 60MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLOUOXETINE HCL Tablet 60MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FUPHMAZINE DECANOATE Solution 25MG/5ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FUPHMAZINE DECANOATE Solution 25MG/5ML	SCHIZOPHRENIA UNSPECIFIED	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 110MG/ACT	COLICUS VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 110MG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 110MG/ACT	DISEASES RESPIRATORY SYS COMP PREGNANCY UNLS TRI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 110MG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 110MG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 220MG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 44MG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 44MG/ACT	MODERATE PRESENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASON PROPIONATE HFA Aerosol 44MG/ACT	EXERCISE INDUCED BRONCHOSPASM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON SALMETEROL Aero Pow Act 250/50/NEC/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASON SALMETEROL Aerosol 45/21/NEC/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 10MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 13MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 20MG	ADHD DEFICIT HYPERACTIVITY D/O UNCOMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 20MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 30MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 5MG	ADHD DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LANCETS Mic	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	OTHER HYPERCHEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 1 DIABETES MELLITUS UNUSPAIN COMPLICATIONS	Approved	Benefit/Other Coverage	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Mic	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FREESTYLE TEST Strip	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 6MG	EPILEPSY UNLS INTRACTABLE W/STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 200MG/5ML	LOC REL SX EPILEPSY W/INTRACT W/O STAT EP	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 200MG/5ML	ILNES UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 200MG/5ML	UNSPECIFIED SIBLICATION OR LEFT HP SEQUELA	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 200MG/5ML	SPASTIC QUADRUPLET CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 200MG/5ML	REITS SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	GAMMAGARD LIQUID INJECTION	COMMON VARIABLE IMMUNodeficiency UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	GAMMAGARD LIQUID INJECTION	DOWN SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	Genentech				
AR Medicaid - Total Care	N/A	Psychiatry & Neurology: Neurology with Special				
AR Medicaid - Total Care	N/A	Illustrations in PSYCH NEUROLOGY				
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Denied	Benefit/Other Coverage	1
AR Medicaid - Total Care	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	OPPOSITIONAL DEFiant DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	ADHD DEFICIT HYPERACTIVITY D			

AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	INTERMITTENT EXPLOSIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	OTHER SPECIFIED RESISTANT MOOD DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LYRILU Tablet 200/100MG	EPIDIOLENE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MELDORON Tablet 75MG	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHFORMIN HCL ER (DSM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER (LA) Capsule ER 24HR 30MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER (LA) Capsule ER 24HR 40MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER (DSM) Tablet ER 36MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER (DSM) Tablet ER 36MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER (DSM) Tablet ER 36MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL ER Tablet ER 24HR 18MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Solution 10MG/5.5ML	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Solution 5MG/5.5ML	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Tablet 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Tablet 20MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Tablet 5MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	METHYPHENIDATE HCL Tablet Chewable 5MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METOPROLOL SUCCNATE ER Tablet ER 24HR 100MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METRONIDAZOLE Cream 0.75%	OTHER SPECIFIED EPIDERMAL THICKENING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MIFEPRESTONE Tablet 300MG	CUSHING SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MINOXYCLIN HCL Tablet 100MG	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MIRTAZAPINE Tablet Disintegrating 15MG	INSOMNIA DUE TO MEDICAL CONDITION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOCENIVIL Tablet 100MG	HYPERTONIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	MONTELUKAST SODIUM Tablet Chewable 5MG	RESPIRATORY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOTEGITY Tablet 2MG	BODY MASS INDEX BMI 24.0-24.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH POLYNEUROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	Otherw. class 8	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH WINS COMPLICATION	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	MOVANTIK Tablet 12.5MG	DRUG INDUCED CONSTIPATION	Denied	N/A	1
AR Medicaid - Total Care	N/A	MOVANTIK Tablet 12.5MG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOVANTIK Tablet 25MG	DRUG INDUCED CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MULTITAMIN TABLET	CHROMOSOMAL ABNORMALITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MULTITAMIN TABLET	CHROMOSOMAL ABNORMALITY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	MYCOPHENOLATE MOFETIL For Suspension 200MG/5ML	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MYBETROG Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NABRAFONE HCL Tablet 500MG	BIPOLAR DISORDER UNSPECIFIED	Benefit-Other Coverage	N/A	1
AR Medicaid - Total Care	N/A	NATROBIA Suspension 0.5%	CONTACT W EXPOSURE PEDICULOS ACARAS OTH INFEST	Approved	N/A	2
AR Medicaid - Total Care	N/A	NEFFY Suspension 2MG/0.1ML	ANAPHYLACTIC REACTION (FEBRILE) MILD SEVERE INC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 10MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	NEXIUM Packet 10MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NEXIUM Packet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	GASTROSTOMY STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	HYPERTHYRISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	HYPERTHYRISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	HYPERTHYRISM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	SEVERE PERSISTENT ASTHMA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE W/O AURA NOT INTRACT W/STATUS MIGRAN	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/STATUS MIGRAN	Approved	N/A	2
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE W/O AURA NOT INTRACT W/STATUS MIGRAN	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRANOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRANOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STATUS MIGRAN	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	MIGRAINE W/O AURA INTRACT W/STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	Headache unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/STATUS MIGRAN	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	OTH MIGRAINE NOT INTRACT W/STATUS MIGRANOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	LOCAL INF THE SKIN S SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 40MG	Small bowel syndrome with colon in continuity	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	POSTSURGICAL MALABSORPTION NEC	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	CANDIDIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	EPIDERMAL AND CONJUNCTIVITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	Other reactions to severe stress	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MALUNIONED HORN/AMNIO BONE ARTICULAR CARTILAGE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ANXIETY STATES	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	5
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BIPOLAR DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MILD INTELLECTUAL DISABILITIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	UNSPECIFIED ACUTE CONJUNCTIVITIS BILATERAL	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	GASTROINTESTINAL HEMORRHAGE UNLOCATED	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ESOPHAGOLIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ACUTE DUEODENAL ULCER WITH HEMORRHAGE	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ESOPHAGOLIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ACUTE DUEODENAL ULCER WITH HEMORRHAGE	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	GASTRO-ESOPH REFUX DISEASE WITHOUT ESOPHAGITIS	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MAJORS WITH CURRENT UNSTABLE	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	SLEEP DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	PROGRESS VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	LOC-REL-E EPILEPSY W/O STATUS INTRACT W/STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	UNSPECIFIED UNBORN INFECTENCE	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	CERVICALIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	RADIOLYTIC CEREBRAL REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	OTH SPONDYLOUS WR/CLDIPLOPHY LUMBAR REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ALTOIMMUNE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BODY MASS INDEX BMI 40.0-49.9 ADULT	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	HYPERTHYREOMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITH HYPERTHYREOMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	PREGNANTIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITH WINS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	OTHER CEREBRAL PALSY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ALCIBRATIC CHRONIC PANICULTOS WITH COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	ETHYLENE INTERTRIGO	Denied	Medical Necessity Not Met	1

AR Medicaid - Total Care	N/A	VIAZODONE HCL Tablet 10MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VIAZODONE HCL Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VIAZODONE HCL Tablet 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VIAZODONE HCL Tablet 40MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VITAMIN D3 Calcium 50 MC/2000 U/1	VITAMIN D DEFICIENCY UNSPECIFIED	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	VOQUEZINA Tablet 10MG	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VOQUEZINA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Medicaid - Total Care	N/A	VOQUEZINA Tablet 20MG	GASTRITIS UNSPECIFIED WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 0.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 0.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE LMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 0.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MLD	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAVILAR Capsule 1.5MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 1% 10MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 10MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 10MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 10MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	OPPOSITIONAL DEFiant DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	10
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	ADJUSTMENT DISORDER WITH ANXIETY	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 20MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	OPPOSITIONAL DEFiant DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	11
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 30MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	5
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	N/A	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 40MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 50MG	PERSONAL HISTORY OF MENTAL BEHAVIORAL DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 50MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 50MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 50MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 60MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 70MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Capsule 70MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Tablet Chewable 10MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Tablet Chewable 20MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Tablet Chewable 20MG	ATTN DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSSE Tablet Chewable 30MG	ATTN DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSSE Tablet Chewable 30MG	ATTN DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	BODY MASS INDEX BMI 35.0-39.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	Obesity, class 3	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	BODY MASS INDEX BMI 30.0-39.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 1.5MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	WEGOVY Tablet 4MG	Obesity, class 3	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	XARELTO Tablet 20MG	PERSONAL HISTORY OF VENOUS THROMBOEMBOLISM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XCOPIRI Tablet 100MG	LOC REL SE EPILEPSY W/SP NOT INTRACT W/O SE	Approved	N/A	4
AR Medicaid - Total Care	N/A	XCOPIRI Tablet 50MG	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	XIFAXAN Tablet 500MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	XOFIENZA 40 MG DOSE/ Tab Ther Pack 1 x 40MG	FLU D/T OTH ID FLU VIRUS OTH RESP MANIFESTATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Pref Syr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	XOLAIR Soln Pref Syr 300MG/2ML	OTHER URTICARIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	XZAL ALLEST 24HR Tablet 5MG	ALLERGIC RHINITIS DUE TO POLLEN	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	ZENATANE Capsule 40MG	ACNE VULGARIS	Denied	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 50.0-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Other obesity not elsewhere classified	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 20MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 60MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 80MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZOLMITRIPTAN Solution 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZOLPIDEM TARTRATE ER Tablet ER 12.5MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZOLPIDEM TARTRATE ER Tablet ER 6.25MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZYMFENTRA (Z PEN) Auto-inj KR 1200MG/ML	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Denied	Medical Necessity Not Met	1