2025 Preauthorization Statistics for AR Exchange Quarter 4

CARRIER NAME	PROVIDER SPECIALTY	DRUG NAME	INDICATION	CASE STATUS	DENIAL REASON	PA COUNT
AR Exchange - HIM	N/A	1ST MEDX-PATCH/ LIDOCAINE Patch 4-0.025:5.20%	Low back pain, unspecified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	Internal Medicine: Rheumatology	ABATACEPT INJECTION	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	ABATACEPT INJECTION	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	ABATACEPT INJECTION	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	ABATACEPT INJECTION	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ABATACEPT INJECTION	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ABATACEPT INJECTION	JUVENILE ARTHRITIS UNSPECIFIED MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	ABATACEPT INJECTION	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	ABIGALE LO Tablet 0.5/0.1/MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 720MG/2.4ML	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA For Susp ER 400MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MANIC	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 300MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD	Approved	N/A	2
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	2
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ABILIFY MAINTENA Prefilled Syr 400MG	CANNABIS DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ABIRATERONE ACETATE Tablet 250MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	ABIRATERONE ACETATE Tablet 500MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ABIRATERONE ACETATE Tablet 500MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	5
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	OTHER IRON DEFICIENCY ANEMIAS	Approved	N/A	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	ANEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACCRUFER Capsule 30MG	ANEMIA COMPLICATING PREGNANCY THIRD TRIMESTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACCU-CHEK GUIDE TEST Strip	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/30/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300/60/MG	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:15MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	CHRONIC PAIN SYNDROME	Approved	N/A	11
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	UNSPECIFIED OTITIS EXTERNA RIGHT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	OTHER CHRONIC PAIN	Approved	N/A	3
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	CELLULITIS AND ABSCESS OF MOUTH	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	NON-PRSS CHR ULCR OTH PRT RT FOOT FAT LAY EXPOS	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PAIN IN UNSPECIFIED FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PAIN IN RIGHT SHOULDER	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PERSONAL HX OTH MALIG NEOPLASM LARGE INTESTINE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	OTHER SPECIFIED DISORDERS OF TEETH SUPPORT STRCT	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	NONTRAUMATIC ACUTE SUBDURAL HEMORRHAGE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PAIN IN LEFT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	MALIGNANT NEOPLASM PELVIC BONES SACRUM & COCCYX	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	CERVICALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:30MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;30MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	ANKYLOSING SPONDYLITIS UNS SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	PAIN IN LEFT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	OTHER SPECIFIED CONGENITAL DEFORMITIES OF FEET	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	PAIN IN RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	Low back pain, unspecified	Approved	N/A	3
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	PAIN IN JOINTS OF RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LS RGN	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300;60MG	PAIN IN LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	UNI OSTEOARTHRITIS RSLT HIP DYSPLASIA RT HIP	Approved	N/A	3
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	ACETAMINOPHEN-CODEINE Tablet 300:60MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	ACETAZOLAMIDE ER Capsule ER 12HR 500MG	BENIGN INTRACRANIAL HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-ini 162MG/0.9ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	2
AR Exchange - HIM	N/A	ACTEMRA ACTPEN Soln Auto-inj 162MG/0.9ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ACTEMRA Soln Pref Syr 162MG/0.9ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACTEMRA Soln Pref Syr 162MG/0.9ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ACTHAR GEL Pen-injector 80UNIT/ML	SARCOIDOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ACTHAR GEL Pen-injector 80UNIT/ML	UNS NEPHRITIC SYND W/FOCL & SEG GLOMERULAR LES	Approved	N/A	1
AR Exchange - HIM	N/A	ACTHAR Gel 80UNIT/ML	CHRONIC NEPHRITIC SYNDROME DIFFUSE MEMBRANOUS GN	Approved	N/A	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-ini 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADALIMUMAB-ADAZ Soln Auto-ini 40MG/0.4ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADAPALENE-BENZOYL PEROXIDE Gel 0.1-2.5%	OTHER ACNE	Approved	N/A	1
AR Exchange - HIM	N/A	ADAPALENE-BENZOYL PEROXIDE Gel 0.3/2.5/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADBRY Soln Auto-ini 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	ADDERALL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ADDERALL XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	EMERGENCY MEDICINE	ADDYI Tablet 100MG	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	DECREASED LIBIDO	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ADDYI Tablet 100MG	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	ADEMPAS Tablet 2.5MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	ADEMPAS Tablet 2.5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	ADVAIR DISKUS Aero Pow Br Act 250/50/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ADVAIR HFA Aerosol 115:21MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ADVATE For Solution 2000UNIT	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	ADVATE For Solution 3000UNIT	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	AEROCHAMBER MV Misc	SHORTNESS OF BREATH	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	8
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	OTHER HEADACHE SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/ SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	19
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	9
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	10
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	5
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 140MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	7
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	Chronic migraine with aura, not intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	4
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	Headache, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	6
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	3
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	5
AR Exchange - HIM	N/A	AIMOVIG Soln Auto-ini 70MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	Chronic cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	OTHER ASTHMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90/80/MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Acute Couah	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Couqh, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	OTHER EMPHYSEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	SIMPLE CHRONIC BRONCHITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Other specified chronic obstructive pulmonary disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	OTHER FORMS OF DYSPNEA	Denied	Admin-Denied Alternatives	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Acute Couah	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	UNSPECIFIED CHRONIC BRONCHITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	COUGH VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MODERATE PERSISTENT ASTHMA W/ACUTE EXACERBATION	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Chronic couqh	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	SHORTNESS OF BREATH	Approved	N/A	2
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	AIRSUPRA Aerosol 90.80MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	5
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	3
AR Exchange - HIM	N/A	AIVOVY Soln Auto-inj 225MG/1.5ML	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AIVOVY Soln Pref Syr 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	AIVOVY Soln Pref Syr 225MG/1.5ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	AKLIEF Cream 0.005%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	PARESTHESIA OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	PRURITUS ANI	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	INTESTINAL PARASITISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	TRICHINELLOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	INTESTINAL HELMINTHIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	UNSPECIFIED PARASITIC DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	GIARDIASIS LAMBLIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	HELMINTHIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	ENTEROBIASIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	UNSPECIFIED PARASITIC DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	CYSTICERCOSIS OF CENTRAL NERVOUS SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	ALBENDAZOLE Tablet 200MG	CONTACT W/ AND EXPOSURE OTH INTESTINAL INFECT DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT		Denied	Paid Claim	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE Nebu Soln (2.5 MG/3ML)0.083%	EMPHYSEMA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALBUTEROL SULFATE Nebu Soln (2.5 MG/3ML)0.083%	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALECENSA Capsule 150MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	ALENDRONATE SODIUM Tablet 35MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALLERGY RELIEF CETIRIZINE Tablet 10MG	URTICARIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALLOPURINOL Tablet 200MG	GOUT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ALMOTRIPTAN MALATE Tablet 12.5MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	ALMOTRIPTAN MALATE Tablet 12.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ALPRAZOLAM Tablet 0.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ALTUVIIIO For Solution 250(UNIT/500UNIT/750UNIT/1000UNIT/2000UNIT/3000UNIT	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ALTUVIIIO For Solution 4000UNIT	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 100MG/4ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 400MG/16ML	MALIGNANT NEOPLASM OF CECUM	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 400MG/16ML	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	ALYMSYS Solution 400MG/16ML	MALIGNANT NEOPLASM OF SIGMOID COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	AMBRISENTAN Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10-20MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Step Therapy	4
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10;40MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 10;40MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 5;20MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	2
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 5;20MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AMLODIPINE-OLMESARTAN Tablet 5;40MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	AMNESTEEM Capsule 20MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	AMNESTEEM Capsule 40MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	AMNESTEEM Capsule 40MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 12.5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 50MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHET-DEXTROAMPHET 3-BEAD ER Capsule ER 24HR 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHET ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AMZEEO Foam 4%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANALPRAM HC Lotion 2.5;1%	RESIDUAL HEMORRHOIDAL SKIN TAGS	Denied	Admin-Denied Alternatives	1
AR Exchange - HIM	N/A	ANNOVERA Ring 0.013;0.15/MG/24HR	SYMPTOMATIC PREMATURE MENOPAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ANZUPGO Cream 20MG/GM	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	APIDRA SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	APLENZIN Tablet ER 24HR 174MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	APRETUDE Suspension ER 600MG/3ML	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	2
AR Exchange - HIM	N/A	ARAKODA Tablet 100MG	Babesiosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ARBLU Suspension 10MG/ML	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 10MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 10MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 2MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	ARIPIPRAZOLE Tablet 5MG	AUTISTIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 1064MG/3.9ML	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARISTADA Prefilled Syr 882MG/3.2ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	UNS ADVERS EFFECT DRUG/MEDICAMENT INITIAL ENCNTR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	HYPERSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	4
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 150MG	OTHER HYPERSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 200MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 200MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	2
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	Myalgic encephalomyelitis/chronic fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 250MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	3
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 50MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 50MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	ARMODAFINIL Tablet 50MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ASMANEX (120 METERED DOSES) Aero Pow Br Act 220MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ASMANEX (30 METERED DOSES) Aero Pow Br Act 110MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ASMANEX HFA Aerosol 200MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ASPERFLEX LIDOCAINE Cream 4%	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ATOMOXETINE HCL Capsule 18MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	ATOMOXETINE HCL Capsule 25MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	ATORVASTATIN CALCIUM Tablet 10MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ATORVASTATIN CALCIUM Tablet 20MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ATORVASTATIN CALCIUM Tablet 80MG	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	ATROPINE SULFATE Solution 1%	CHRONIC IRIDOCYCLITIS RIGHT EYE	Approved	N/A	1
AR Exchange - HIM	N/A	ATROPINE SULFATE Solution 1%	TYPE 2 DIABETES MELLITUS PDR TRD INVLV MACULA OS	Approved	N/A	1
AR Exchange - HIM	N/A	ATROPINE SULFATE Solution 1%	CHRONIC ANG-CLOS GLAUCOMA BILATERAL SEVERE STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ATROVENT HFA Aerosol Soln 17MCG/ACT	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO Tablet 6MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUSTEDO Tablet 6MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO Tablet 9MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO XR Tablet ER 24HR 18MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUSTEDO XR Tablet ER 24HR 42MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE D/O SINGLE EPIS FULL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1

AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105/MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	REACTION TO SEVERE STRESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	4
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	18
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	8
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	Major depressive disorder, single episode	Approved	N/A	4
AR Exchange - HIM	N/A	AUVELITY Tablet ER 45/105MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	2
AR Exchange - HIM	N/A	AVONEX PEN Auto-inj Kit 30MCG/0.5ML	Relapsing-remitting multiple sclerosis	Approved	N/A	2
AR Exchange - HIM	N/A	AYVAKIT Tablet 25MG	Systemic mastocytosis	Approved	N/A	1
AR Exchange - HIM	N/A	AZATHIOPRINE Tablet 50MG	DEHYDRATION	Approved	N/A	1
AR Exchange - HIM	N/A	AZELASTINE-FLUTICASONE Suspension 137/50/MCG/ACT		Denied	Formulary/Plan Benefit	1
AR Exchange - HIM	N/A	AZELASTINE-FLUTICASONE Suspension 137.50MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZELEX Cream 20%	UNSPECIFIED CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZELEX Cream 20%	ACNE VULGARIS	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	ACUTE PANSINUSITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 250MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 500MG	DISSEMIN MYCOBACTERUM AVIUM-INTRACELLULARE CMPLX	Approved	N/A	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 500MG	MYCOPLASMA INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZITHROMYCIN Tablet 500MG	ACUTE RECURRENT STREPTOCOCCAL TONSILLITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 26.1/5.2/MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 39.2/7.8MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 52.3/10.4MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	AZSTARYS Capsule 52.3/10.4MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	Advate For Solution (250UNIT/500UNIT/1000UNIT/1500UNIT/2000UNIT/3000UNIT/4000UNIT)	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	DM D/T UNDERLY COND W/OTH DIABETIC KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI ONE PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BAQSIMI TWO PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	BAQSIMI TWO PACK Powder 3MG/DOSE	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BAQSIMI TWO PACK Powder 3MG/DOSE	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIAB MELLITUS W/HYPEROSMOLARITY W/COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BASAGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Nurse Practitioner	BCG LIVE INTRAVESICAL INSTILLATION 1 MG	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BD PEN NEEDLE MINI ULTRAFINE Misc 31G X 5 MM	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	BD TB SYRINGE Misc 27G X 1/2 1 ML	ALLERGIC RHINITIS DUE TO POLLEN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	BELBUCA Film 150MCG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 150MCG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 300MCG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 450MCG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 750MCG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 75MCG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	BELBUCA Film 75MCG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	INSOMNIA UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PRIMARY INSOMNIA	Approved	N/A	7
AR Exchange - HIM	N/A	BELSOMRA Tablet 10MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BELSOMRA Tablet 15MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 15MG	OTHER INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	INSOMNIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	BELSOMRA Tablet 20MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	OTHER INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	ALCOHOL ABUSE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BELSOMRA Tablet 5MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BENLYSTA For Solution 120MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BENLYSTA For Solution 400MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	BENLYSTA Soln Auto-ini 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BENLYSTA Soln Auto-ini 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	BENZOYL PEROXIDE-ERYTHROMYCIN Gel 5/3/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BEPOTASTINE BESILATE Solution 1.5%	ALLERGIC RHINITIS DUE TO POLLEN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BESREMI Soln Pref Syr 500MCG/ML	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BESREMI Soln Pref Syr 500MCG/ML	POLYCYTHEMIA VERA	Approved	N/A	1
AR Exchange - HIM	N/A	BETAMETHASONE DIPROPIONATE Ointment 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecologic Oncology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	3
AR Exchange - HIM	Obstetrics & Gynecology	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF CECUM	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	BEVACIZUMAB-AWWB Injection, 10 mg	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	BEVACIZUMAB-AWWB Injection, 10 mg	OTHER CEREBROVASCULAR DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	BEXAROTENE Gel 1%	MYCOSIS FUNGOIDES UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BICALUTAMIDE Tablet 50MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-ini 160MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-ini 160MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Auto-ini 160MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Auto-ini 320MG/2ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Auto-ini 320MG/2ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	OTHER PSORIATIC ARTHROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Auto-inj 320MG/2ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Pref Syr 160MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BIMZELX Soln Pref Syr 320MG/2ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BIMZELX Soln Pref Syr 320MG/2ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	BLOOD GLUCOSE MONITOR SYSTEM Kit w/Device	ABNORMAL GLUCOSE COMPLICATING PREGNANCY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	BONJESTA Tablet ER 20/20MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BONJESTA Tablet ER 20/20MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BOSULIF Tablet 400MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	BOTOX For Solution 100UNIT	OTHER DYSTONIA	Approved	N/A	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	CHRONIC MIGRAINE WITHOUT AURA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	4
AR Exchange - HIM	N/A	BOTOX For Solution 200UNIT	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	3
AR Exchange - HIM	N/A	BRAFTOVI Caosule 75MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BRAFTOVI Caosule 75MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	BREO ELLIPTA Aero Pow Br Act 100/25/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BREO ELLIPTA Aero Pow Br Act 100.25MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BREO ELLIPTA Aero Pow Br Act 200.25MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	BRONCHIECTASIS UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRINSUPRI Tablet 25MG	BRONCHIECTASIS WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	BRIUMVI Solution 150MG/6ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVIACT Solution 10MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVIACT Tablet 100MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	2
AR Exchange - HIM	N/A	BRIVIACT Tablet 100MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVIACT Tablet 25MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	BRIVIACT Tablet 50MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 16MG/0.32ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 24MG/0.48ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 24MG/0.48ML	OPIOID ABUSE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 32MG/0.64ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	5
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 32MG/0.64ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI (WEEKLY) Soln Pref Syr 8MG/0.16ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 128MG/0.36ML	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 128MG/0.36ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	8
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 128MG/0.36ML	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 64MG/0.18ML	OPIOID DEPENDENCE IN REMISSION	Approved	N/A	2
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 64MG/0.18ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	8
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BRIXADI Soln Pref Syr 96MG/0.27ML	OPIOID DEPENDENCE IN REMISSION	Approved	N/A	2
AR Exchange - HIM	N/A	BRUKINSA Capsule 80MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	BRUKINSA Capsule 80MG	CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL TYPE RELAPSE	Approved	N/A	1
AR Exchange - HIM	N/A	BRUKINSA Tablet 160MG	CHRONIC LYMPHOCYTIC LEUKEMIA B-CELL TYPE RELAPSE	Approved	N/A	1
AR Exchange - HIM	N/A	BRUKINSA Tablet 160MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	4
AR Exchange - HIM	N/A	BRUKINSA Tablet 160MG	Waldenstrm macroglobulinemia not having achieved remission	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE ER Tablet ER 24HR 9MG	DIARRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	BUDESONIDE Foam 2MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	CHRONIC RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	ACUTE RECURRENT MAXILLARY SINUSITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.25MG/2ML	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC PANSINUSITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	RESPIRATORY FAILURE UNSPECIFIED WITH HYPOXIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	Other exsophaolitis without bleeding	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BUDESONIDE Suspension 0.5MG/2ML	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	NASAL POLYP UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE Suspension 1MG/2ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5/MCG/ACT	EMPHYSEMA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 160/4.5MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUDESONIDE-FORMOTEROL FUMARATE Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL Tab Sublingual 2MG	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL Tab Sublingual 8MG	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE HCL Tab Sublingual 8MG	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 4;1MG	OPIOID USE UNSPECIFIED WITH WITHDRAWAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 8/2/MG	OPIOID USE UNSPECIFIED UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 8/2/MG	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Film 8/2/MG	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE HCL-NALOXONE HCL Tab Sublingual 8:2MG	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	PAIN IN LEG UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	PAIN IN RIGHT ELBOW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 10MCG/HR	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 15MCG/HR	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 15MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	6
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 20MCG/HR	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 20MCG/HR	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	9
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 5MCG/HR	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	PAIN IN LEFT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	ANKYLOSING SPONDYLITIS OF CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUPRENORPHINE Patch Weekly 7.5MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	BUPROPION HCL ER XL Tablet ER 24HR 450MG	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50;325;40;30MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTALBITAL-APAP-CAFF-COD Capsule 50;325;40;30MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	BUTORPHANOL TARTRATE Solution 10MG/ML	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	BUTRANS Patch Weekly 10MCG/HR	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	ASYMPTOMATIC HIV INFECTION STATUS	Approved	N/A	3
AR Exchange - HIM	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Approved	N/A	3
AR Exchange - HIM	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CABENUVA Suspension ER 600 & 900MG/3ML	ASYMPTOMATIC HIV INFECTION STATUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 40MG	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 40MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 60MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 60MG	MALIGNANT NEOPLASM OVERLAP SITES URINARY ORGANS	Approved	N/A	1
AR Exchange - HIM	N/A	CABOMETYX Tablet 60MG	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS & LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Cream 0.005%	PSORIASIS VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	CELLULITIS OF LEFT FINGER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE Ointment 0.005%	PSORIASIS VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	CALCIPOTRIENE Solution 0.005%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CALCIPOTRIENE-BETAMETH DIPROP Suspension 0.005;0.064%	PSORIASIS VULGARIS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CAMZYOS Capsule 10MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	CAMZYOS Capsule 5MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	CAMZYOS Capsule 5MG	OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CANASA Suppository 1000MG	ULCERATIVE CHRONIC PROCTITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 150MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 150MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF HEPATIC FLEXURE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	4
AR Exchange - HIM	N/A	CAPECITABINE Tablet 500MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	BIPOLAR D/O CURRENT DEPRESS MILD/MOD SEVERITY UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 10.5MG	OTHER BIPOLAR DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	OTH PSYCHOACTIVE SUBSTANCE DEPEND UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 21MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR II DISORDER	Approved	N/A	11
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	4
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT DEPRESS MILD/MOD SEVERITY UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	8
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	5
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED	Approved	N/A	1
AR Exchange - HIM	Family practice	CAPLYTA Capsule 42MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CAPLYTA Capsule 42MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CARVEDILOL Tablet 12.5MG		Approved	N/A	1
AR Exchange - HIM	N/A	CEFTRIAXONE SODIUM For Solution 10GM	NON-PRES CHR ULCR OTH PART LT FOOT NECROS BONE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CELECOXIB Capsule 200MG	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	CEPHALEXIN Tablet 250MG	URINARY TRACT INFECTION SITE NOT SPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CEQUA Solution 0.09%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CEQUA Solution 0.09%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CETIRIZINE HCL Solution 1MG/ML	DERMATITIS DUE TO UNS SUBSTANCE TAKEN INTERNALLY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CETIRIZINE HCL Tablet 10MG		Denied	Paid Claim	1
AR Exchange - HIM	N/A	CHORIONIC GONADOTROPIN For Solution 10000UNIT	FEMALE INFERTILITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIBINQO Tablet 200MG	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CIMZIA-STARTER Prefill Syr Kit 200MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIPRO For Suspension 250 MG/5ML(5%)	INFECTIOUS GASTROENTERITIS AND COLITIS UNSPEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1/%	UNSPECIFIED OTITITS EXTERNA LEFT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1/%		Denied	Formulary/Plan Benefit	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1/%	UNSPECIFIED OTITIS EXTERNA RIGHT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	OTHER OTITIS EXTERNA LEFT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	UNS ACUTE NONINFECTIVE OTITIS EXTERNA RIGHT EAR	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	OTITIS MEDIA UNSPECIFIED UNSPECIFIED EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	OTITIS MEDIA UNSPECIFIED BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	UNSPECIFIED OTITIS EXTERNA BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	GRANULOMATOUS DISORDER THE SKIN & SUBQ TISS UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3/0.1%	OTHER INFECTIVE OTITIS EXTERNA LEFT EAR	Approved	N/A	1

AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	ACUTE & SUBACUTE ALLERGIC OTITS MEDIA RIGHT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	UNS ACUTE NONINFECTIVE OTITIS EXTERNA LEFT EAR	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTALGIA RIGHT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	PAIN IN THROAT	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTORRHEA LEFT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	UNSPECIFIED OTITIS EXTERNA RIGHT EAR	Approved	N/A	3
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTITIS MEDIA UNSPECIFIED LEFT EAR	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	UNSPECIFIED OTITIS EXTERNA LEFT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTHER INFECTIVE OTITIS EXTERNA RIGHT EAR	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	NASAL CONGESTION	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTHER SPEC DISORDERS OF TYMPANIC MEMBRANE RT EAR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	CENTRAL PERFORATION OF TYMPANIC MEMBRANE UNS EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	DIFFUSE OTITIS EXTERNA BILATERAL	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTHER INFECTIVE OTITIS EXTERNA UNSPECIFIED EAR	Approved	N/A	2
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	DIFFUSE OTITIS EXTERNA RIGHT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTHER CHRONIC NONSUPPURATIVE OTITIS MEDIA LT EAR	Approved	N/A	1
AR Exchange - HIM	N/A	CIPROFLOXACIN-DEXAMETHASONE Suspension 0.3:0.1%	OTHER INFECTIVE OTITIS EXTERNA BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CLARAVIS Capsule 20MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLARAVIS Capsule 20MG	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLARAVIS Capsule 30MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLARAVIS Capsule 40MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLEOCIN Suppository 100MG	ACUTE VAGINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/2.5/%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2/5/%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2:2.5%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2:5%	ACNE VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1.2:5%	ACNE VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1:5%	OTH FOLLICULAR CYSTS THE SKIN & SUBO TISSUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1:5%	ACNE VULGARIS	Approved	N/A	6
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1:5%	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1:5%	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOS-BENZOYL PEROX Gel 1:5%	ACNE VULGARIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLINDAMYCIN PHOSPHATE Foam 1%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN PHOSPHATE Foam 1%	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLINDAMYCIN-TRETINOIN Gel 1.2:0.025%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBAZAM Tablet 10MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.025%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALOPECIA AREATA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	GRANULOMA ANNULARE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	VITILIGO	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INSECT BITE ABDOMINAL WALL INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	FOLLICULAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SEBORRHEIC KERATOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	SUPERFICIAL MYCOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS VULGARIS	Approved	N/A	13
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN PLANUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	INTRINSIC ALLERGIC ECZEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS D/T OTH CHEM PRODUCT	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPECIFIED DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	URTICARIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SIMPLEX CHRONICUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	TOXIC EFF VENOM OTH ARTHROPOD ASSAULT SUBSOT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	POSTINFLAMMATORY HYPERPIGMENTATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	NUMMULAR DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	FLEXURAL ECZEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	OTHER SPEC DISORDERS SKIN & SUBCUTANEOUS TISSUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	DYSHIDROSIS POMPHOLYX	Approved	N/A	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Cream 0.05%	EXCORIATION DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE E Cream 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE E Cream 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE EMULSION Foam 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	PRURITUS UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Foam 0.05%	PSORIASIS VULGARIS	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Gel 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Gel 0.05%	RECURRENT ORAL APHTHAE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Gel 0.05%	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Gel 0.05%	PSORIASIS VULGARIS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Gel 0.05%	PRURITUS UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Liquid 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Liquid 0.05%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SPECIFIED DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LICHEN SIMPLEX CHRONICUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	INSECT BITE NONVENOMOUS LEFT FOOT INITIAL ENCNTR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	HYPERTROPHIC SCAR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER ATOPIC DERMATITIS	Denied	Admin-Denied Alternatives	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	NAIL DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LICHEN SCLEROSUS ET ATROPHICUS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURITUS VULVAE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ACQ KERATOSIS KERATODERMA PALMARIS ET PLANTARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURITIC URTICARIAL PAPULES & PLAQUES PREGNANCY	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PHIMOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ATOPIC NEURODERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER BENIGN NEOPLASM SKIN RT LOW LIMB INCL HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS VULGARIS	Approved	N/A	14
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURITUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTH SPEC NONINFLAMMATORY D/O VULVA & PERINEUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	GRANULOMA ANNULARE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	OTHER SPEC DISORDERS SKIN & SUBCUTANEOUS TISSUE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LEUKOPLAKIA OF VULVA	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	Other pruritus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Ointment 0.05%	LEUKOPLAKIA OF VULVA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	PSORIASIS UNSPECIFIED	Denied	Admin-Denied Alternatives	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Shampoo 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER ALOPECIA AREATA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DISCOID LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	GUTTATE PSORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	FOLLICULAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SPECIFIED NONSCARRING HAIR LOSS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ALOPECIA AREATA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ACNE KELOID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	7
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	FOLLICULAR DISORDER UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	SEBORRHEIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DYSHIDROSIS POMPHOLYX	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS VULGARIS	Approved	N/A	9
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	FURUNCLE OF HEAD ANY PART EXCEPT FACE	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	TELOGEN EFFLUVIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER SPECIFIED NONSCARRING HAIR LOSS	Denied	Admin-Denied Excluded	1

AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER PSORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLOBETASOL PROPIONATE Solution 0.05%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLOMID Tablet 50MG	TESTICULAR HYPOFUNCTION	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	CLOMID Tablet 50MG	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	CLOMIPHENE CITRATE Tablet 50MG	RECURRENT PREGNANCY LOSS	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegratino 0.25MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegratino 0.5MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegratino 0.5MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegratino 0.5MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegratino 0.5MG	OTHER SEIZURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 1MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CLONAZEPAM Tablet Disintegrating 1MG	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COBENFY Capsule 100/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 125;30MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Capsule 125;30MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COBENFY Capsule 50;20MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COBENFY Caosule 50:20MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY Caosule 50:20MG	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY STARTER PACK Cao Ther Pack 50/20 & 100/20/MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	COBENFY STARTER PACK Cao Ther Pack 50/20 & 100/20/MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	BEHCETS DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	OTHER LESIONS OF ORAL MUCOSA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	CALCANEAL SPUR UNSPECIFIED FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	IDIOPATHIC CHRONIC GOUT MULTIPL SITES W/O TOPHUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	OTHER LESIONS OF ORAL MUCOSA	Approved	N/A	1
AR Exchange - HIM	N/A	COLCHICINE Tablet 0.6MG	OTH SPEC DISORDER INVOLVING IMMUNE MECHANISM NEC	Approved	N/A	1
AR Exchange - HIM	N/A	COMBIPATCH Patch TW 0.05/0.14MG/DAY	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COMBIPATCH Patch TW 0.05/0.14MG/DAY	PELVIC AND PERINEAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COMBIPATCH Patch TW 0.05/0.25MG/DAY	SYMPTOMATIC PREMATURE MENOPAUSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTOUR NEXT TEST Strio	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	Obesity. class 2	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	BODY MASS INDEX BMI 25.0-25.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	Obesity. class 3	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OBESITY, UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	4
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OBESITY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	Obesity, class 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90/MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OVERWEIGHT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OVERWEIGHT	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OBESITY UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	BODY MASS INDEX BMI 70 OR GREATER ADULT	Approved	N/A	1
AR Exchange - HIM	Internal medicine	CONTRAVE Tablet ER 12HR 8/90MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal medicine	CONTRAVE Tablet ER 12HR 8/90MG	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	DRUG-INDUCED OBESITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity, class 1	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity. class 1	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity. class 2	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity. class 2	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	10
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OTHER PSYCHOACTIVE SUBSTANCE ABUSE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity, class 3	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	CONTRAVE Tablet ER 12HR 8/90MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	3
AR Exchange - HIM	N/A	CORLANOR Tablet 5MG	Inappropriate sinus tachycardia. so stated	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CORLANOR Tablet 5MG	Postural orthostatic tachycardia syndrome (POTS)	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX (300 MG DOSE) Soln Pref Svr 150MG/ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX (300 MG DOSE) Soln Pref Svr 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-ini 150MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-ini 150MG/ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-inj 150MG/ML	PSORIATIC SPONDYLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY (300 MG) Soln Auto-inj 150MG/ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX SENSOREADY PEN Soln Auto-inj 150MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX Soln Pref Svr 150MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX Soln Pref Svr 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	9
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	PSORIASIS VULGARIS	Approved	N/A	11
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-ini 300MG/2ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000/114000/UNIT	ABDOMINAL DISTENSION GASEOUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000;114000UNIT	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000;114000UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	4
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000;114000UNIT	ABDOMINAL DISTENSION GASEOUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CREON Capsule DR Part 36000;114000UNIT	OTH SPEC SX & SIGNS INVLV THE DIGESTV SYS & ABD	Approved	N/A	1
AR Exchange - HIM	N/A	CREON Caosule DR Part 6000:19000UNIT	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	COCCIDIOIDOMYCOSIS MENINGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	STEM CELLS TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	MENINGITIS OTH INFECT & PARASITIC DZ CLASS ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CRESEMBA Caosule 186MG	COCCIDIOIDOMYCOSIS MENINGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CREXONT Capsule ER 52.5;210MG	Parkinson s disease with dyskinesia, with fluctuations	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	GENERALIZED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	ALLERGY TO OTHER FOODS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	MAST CELL ACTIVATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CROMOLYN SODIUM Concentrate 100MG/5ML	DIARRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CRYSVITA Solution 30MG/ML	FAMILIAL HYPOPHOSPHATEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	CRYSVITA Solution 30MG/ML	FAMILIAL HYPOPHOSPHATEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CUVITRU Solution (1 GM/5ML/ 2 GM/10ML/ 4 GM/20ML/ 8GM/40ML/ 10 GM/50ML)	COMBINED IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOBENZAPRINE HCL Tablet 7.5MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOBENZAPRINE HCL Tablet 7.5MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOPENTOLATE HCL Solution 1%	HERPESVIRAL INFECTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	UNSPECIFIED ACUTE CONJUNCTIVITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	OCULAR PAIN LEFT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	VERNAL CONJUNCTIVITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	SICCA SYNDROME UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	18
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	5
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	MYOPIA BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	UNSPECIFIED CORNEAL ULCER LEFT EYE	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	PUNCTATE KERATITIS BILATERAL	Denied	Admin-Missing Information	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	Meibomian eland dysfunction right upoer evelid	Approved	N/A	1
AR Exchange - HIM	N/A	CYCLOSPORINE Emulsion 0.05%	MADAROSIS RIGHT UPPER EYELID & PERIOCULAR AREA	Approved	N/A	1
AR Exchange - HIM	N/A	CYLTEZO (2 PEN) Auto-ini Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	CYLTEZO (2 PEN) Auto-ini Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	CYLTEZO (2 PEN) Auto-ini Kit 40MG/0.8ML	PANUVEITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DABIGATRAN ETEXILATE MESYLATE Capsule 150MG	PERSONAL HISTORY OTH VENOUS THROMBOSIS&EMBOLISM	Approved	N/A	1
AR Exchange - HIM	N/A	DALFAMPRIDINE ER Tablet ER 12HR 10MG	MULTIPLE SCLEROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	DALVANCE For Solution 500MG	OTH SPEC LOCAL INFECTIONS THE SKIN & SUBQ TISSUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAPAGLIFLOZIN PROPANEDIOL Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIABETIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	DAPSONE Gel 7.5%	ACNE VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DASATINIB Tablet 100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DASATINIB Tablet 100MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	DASATINIB Tablet 20MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	DASATINIB Tablet 50MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	DASATINIB Tablet 70MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS IN REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 10MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 10MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 5MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DAYVIGO Tablet 5MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESCOVY Tablet 200/25/MG	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	2
AR Exchange - HIM	N/A	DESCOVY Tablet 200/25/MG	HIGH RISK HOMOSEXUAL BEHAVIOR	Approved	N/A	1
AR Exchange - HIM	N/A	DESCOVY Tablet 200/25/MG	CONTACT WITH AND SUSPECTED EXPOSURE TO HIV	Approved	N/A	3
AR Exchange - HIM	N/A	DESCOVY Tablet 200;25MG	ASYMPTOMATIC HIV INFECTION STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	DESCOVY Tablet 200;25MG	HIGH RISK HETEROSEXUAL BEHAVIOR	Approved	N/A	3
AR Exchange - HIM	N/A	DESCOVY Tablet 200:25MG	Encounter for HIV ore-exposure proohvlaxis	Approved	N/A	5
AR Exchange - HIM	N/A	DESCOVY Tablet 200:25MG	CONTACT WITH AND SUSPECTED EXPOSURE TO HIV	Approved	N/A	7
AR Exchange - HIM	N/A	DESLORATADINE Tablet 5MG	ALLERGIC RHINITIS DUE TO POLLEN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESOXIMETASONE Ointment 0.05%	ALLERGIC CONTACT DERMATITIS DUE TO OTHER AGENTS	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 100MG	ENCOUNTER FOR IMMUNIZATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE ER Tablet ER 24HR 50MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DESVENLAFAXINE SUCCINATE ER Tablet ER 24HR 100MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	DESVENLAFAXINE SUCCINATE ER Tablet ER 24HR 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 TRANSMITTER Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1

AR Exchange - HIM	N/A	DEXCOM G6 TRANSMITTER Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G6 TRANSMITTER Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 15 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	PRE-EXISTING DM TYPE 2 PREGNANCY FIRST TRIMESTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 RECEIVER Device	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	20
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	PRE-EXISTING DM TYPE 2 PREGNANCY FIRST TRIMESTER	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	6
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal medicine	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	DEXCOM G7 SENSOR Misc	PREDIABETES	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	DEXCOM G7 SENSOR Misc	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DEXMETHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DICLOFENAC EPOLAMINE Patch 1.3%	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC POTASSIUM Caosule 25MG	PERSONAL HISTORY OF HEALED TRAUMATIC FRACTURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC POTASSIUM Tablet 25MG	OTHER CHEST PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 1%	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 1%	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 1%	PRIMARY GENERALIZED OSTEOARTHRITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	BILATERAL PRIMARY OSTEOARTHRITIS 1ST CMC JOINTS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	CARPAL TUNNEL SYNDROME BILATERAL UPPER LIMBS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	POLYOSTEOARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DICLOFENAC SODIUM Gel 3%	OTHER SECONDARY SCOLIOSIS SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DIETHYLPROPION HCL ER Tablet ER 24HR 75MG	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DIETHYLPROPION HCL ER Tablet ER 24HR 75MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DIETHYLPROPION HCL ER Tablet ER 24HR 75MG	OTHER MALAISE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DIFICID Tablet 200MG	Enterocolitis due to Clostridium difficile, not specified as recurrent	Approved	N/A	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	GLAUCOMA SEC OTH EYE D/O BILATERAL SEVERE STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	GLAUCOMA SEC OTH EYE D/O BILATERAL SEVERE STAGE	Approved	N/A	1
AR Exchange - HIM	N/A	DIFLUPREDNATE Emulsion 0.05%	CYSTOID MACULAR DEGENERATION RIGHT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DONEPEZIL HCL Tablet 10MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DONEPEZIL HCL Tablet 5MG	OTHER AMNESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOPTELET Tablet 20MG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	MAJOR DEPRESSIVE D/O SINGLE EPIS PART REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	OTHER STIMULANT DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	ADJUSTMENT INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Approved	N/A	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	DOXEPIN HCL Tablet 6MG	INSOMNIA DUE TO MEDICAL CONDITION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYCYCLINE Capsule DR 40MG	OTHER ROSACEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYCYCLINE Capsule DR 40MG	ROSACEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DOXYCYCLINE HYCLATE Tablet 100MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	NAUSEA WITH VOMITING UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10/10/MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10:10MG	HYPEREMESIS GRAVIDARUM W/METABOLIC DISTURBANCE	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10:10MG	OTHER VOMITING COMPLICATING PREGNANCY	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10:10MG	VOMITING OF PREGNANCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DOXYLAMINE-PYRIDOXINE Tablet DR 10:10MG	VOMITING OF PREGNANCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DRIZALMA SPRINKLE Cap DR Sprinkle 30MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DROXIDOPA Capsule 100MG	ORTHOSTATIC HYPOTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	DROXIDOPA Capsule 100MG	Postural orthostatic tachycardia syndrome [POTS]	Approved	N/A	1
AR Exchange - HIM	N/A	DRYSOL Solution 20%	PRIMARY FOCAL HYPERHIDROSIS AXILLA	Approved	N/A	1
AR Exchange - HIM	N/A	DUAVEE Tablet 0.45;20MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT STARTER Soln Auto-inj 300MG/2ML;DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC NEURODERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	Eosinophilic asthma	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER URTICARIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC PANSINUSITIS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	POLYP OF NASAL CAVITY	Approved	N/A	4
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	26
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	4
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	LICHEN SIMPLEX CHRONICUS AND PRURIGO	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	10
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	PRURIGO NODULARIS	Approved	N/A	4
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	Other specified chronic obstructive pulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	11
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	Other specified chronic obstructive pulmonary disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	6
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	POLYP OF NASAL CAVITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	NASAL POLYP UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	COUGH VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Syr 300MG/2ML	NASAL POLYP UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Svr 300MG/2ML	POLYP OF NASAL CAVITY	Approved	N/A	1
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Svr 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	DUPIXENT Soln Pref Svr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	DUROLANE Prefilled Svr 60MG/3ML	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DYANAVEL XR Tablet ER 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	DYMISTA Suspension 137:50MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	Datopotamab Deruxtecan-dlnk	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-inj 250MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	EBGLYSS Soln Auto-ini 250MG/2ML	INTRINSIC ALLERGIC ECZEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EBGLYSS Soln Pref Svr 250MG/2ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EDARBYCLOR Tablet 40:25MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	EDARBYCLOR Tablet 40:25MG	HYPERTENSION SECONDARY TO ENDOCRINE DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EKTERLY Tablet 300MG	DEFECTS IN THE COMPLEMENT SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	5
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ELETRIPTAN HYDROBROMIDE Tablet 40MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ELIGARD Kit 22.5MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	ELIQUIS Tablet 5MG	ACUTE EMBO THROMB UNS DEEP VEINS LT LOWER EXTREM	Approved	N/A	1

AR Exchange - HIM	N/A	ELIQUIS Tablet 5MG	UNSPECIFIED ATRIAL FIBRILLATION	Approved	N/A	1
AR Exchange - HIM	N/A	ELIQUIS Tablet 5MG	COAGULATION DEFECT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ELTROMBOPAG OLAMINE Tablet 50MG	THROMBOCYTOPENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY (300 MG DOSE) Soln Pref Svr 100MG/ML	CHRONIC CLUSTER HEADACHE NOT INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY (300 MG DOSE) Soln Pref Svr 100MG/ML	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY (300 MG DOSE) Soln Pref Svr 100MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, with status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	5
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Headache, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	5
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	40
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	Chronic migraine with aura, intractable, without status migrainosus	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	4
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	36
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	5
AR Exchange - HIM	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	11
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	46
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	7
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	EMGALITY Soln Auto-ini 120MG/ML-starter	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	7
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	7
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	5
AR Exchange - HIM	N/A	EMGALITY Soln Pref Svr 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EMGALITY Soln Pref Syr 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL MINI Soln Cartridge 50MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL MINI Soln Cartridge 50MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	8
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	OTHER SPECIFIED ARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-inj 50MG/ML	RHEUMATOID LUNG DISEASE WITH RA UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	ANKYLOSING SPONDYLITIS OF LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL SURECLICK Soln Auto-ini 50MG/ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	ENBREL Soln Pref Svr 50MG/ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Svr 50MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Svr 50MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Svr 50MG/ML	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Svr 50MG/ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENBREL Soln Pref Syr 50MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Approved	N/A	3
AR Exchange - HIM	N/A	ENTECAVIR Tablet 0.5MG	UNS VIRAL HEPATITIS B WITHOUT HEPATIC COMA	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Cap Sprinkle 15.16MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24/26/MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24/26/MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	DILATED CARDIOMYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	4
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	HEART FAILURE UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	DILATED CARDIOMYOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	ACUTE COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	3
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	OTHER CARDIOMYOPATHIES	Approved	N/A	3
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ENTRESTO Tablet 24:26MG	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 49/51/MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49/51/MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49/51/MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49:51MG	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49:51MG	ISCHEMIC CARDIOMYOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49:51MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 49;51MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	4
AR Exchange - HIM	N/A	ENTRESTO Tablet 49;51MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 49;51MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 97/103/MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 97;103MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	2
AR Exchange - HIM	N/A	ENTRESTO Tablet 97:103MG	ACUTE CHRON SYSTOLIC HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	ENTRESTO Tablet 97:103MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ENTYVIO For Solution 300MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ENTYVIO For Solution 300MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	ENTYVIO PEN Soln Auto-ini 108MG/0.68ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	ENTYVIO PEN Soln Auto-ini 108MG/0.68ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ENVARSUS XR Tablet ER 24HR 1MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	2
AR Exchange - HIM	N/A	ENVARSUS XR Tablet ER 24HR 4MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	Emergency Room	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	EOHILIA Suspension 2MG/10ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	2
AR Exchange - HIM	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-inj 0.3MG/0.3ML	PERSONAL HISTORY OF ANAPHYLAXIS	Approved	N/A	1
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-ini 0.3MG/0.3ML	ANAPHYLACTIC SHOCK UNSPECIFIED INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-ini 0.3MG/0.3ML	ANAPHYLACTIC SHOCK UNSPECIFIED SUBSEQUENT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EPINEPHRINE Soln Auto-ini 0.3MG/0.3ML	OTHER SEASONAL ALLERGIC RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	EPOGEN Solution 20000UNIT/ML	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EQ NICOTINE Lozenge 4MG	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	ERLEADA Tablet 60MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	N/A	ERYTHROMYCIN Gel 2%	ERYTHRASMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	3
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	OTHER DISEASES OF VOCAL CORDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	EST ESTROGENS-METHYLTEST HS Tablet 0.625/1.25MG	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 1/0.5MG	PREMENSTRUAL TENSION SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 1:0.5MG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRADIOL-NORETHINDRONE ACET Tablet 1:0.5MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESTRING Ring 7.5MCG/24HR	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA UNSPECIFIED	Approved	N/A	7
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	OTHER INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	SLEEP DISORDER UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	SLEEP DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	OTHER INSOMNIA	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	INSOMNIA UNSPECIFIED	Denied	Admin-Denied Step Therapy	5
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PRIMARY INSOMNIA	Approved	N/A	4
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 1MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY CENTRAL SLEEP APNEA	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OTHER INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA UNSPECIFIED	Denied	Admin-Denied Step Therapy	5
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY INSOMNIA	Approved	N/A	7
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	4

AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	OTHER INSOMNIA	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	INSOMNIA UNSPECIFIED	Approved	N/A	9
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 2MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PRIMARY INSOMNIA	Approved	N/A	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	OTHER INSOMNIA	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PRIMARY INSOMNIA	Denied	Admin-Denied Step Therapy	7
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	OTHER INSOMNIA	Approved	N/A	3
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA UNSPECIFIED	Approved	N/A	12
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Admin-Denied Step Therapy	4
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	GENERALIZED ANXIETY DISORDER	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	ESZOPICLONE Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	ETOPOSIDE Capsule 50MG	PERIPH T-CELL LYMPHOMA NC NODES MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EUCRISA Ointment 2%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Family Medicine: Sports Medicine	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	Family Medicine: Sports Medicine	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Family Medicine	EUFLEXXA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EUFLEXXA INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EVENITY Soln Pref Syr 105MG/1.17ML	AGE-REL OSTEOPOR W/CURR PATH FX SUB ENC FX RTN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EVEROLIMUS Tablet 10MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	EVEROLIMUS Tablet 5MG	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	EVEROLIMUS Tablet 7.5MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Psychiatry	Esketamine, nasal spray, 1 mg	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Nurse Practitioner: Family	FACTOR IX (DELVICON INJ	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT TITRATION PACK B Tablet 1 & 2 & 6 & 8MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT Tablet 12MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT Tablet 1MG	DYSTHYMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FANAPT Tablet 1MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT Tablet 1MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FANAPT Tablet 6MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	FARXIGA Tablet 10MG		Denied	Paid Claim	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	Eosinophilic asthma	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	POLYARTERITIS W/LUNG INVOLVEMENT CHURG-STRAUSS	Approved	N/A	1
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FC2 FEMALE CONDOM Misc	ENCOUNTER INITIAL PRESCRIPTION OTH CONTRACEPTIVE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FC2 FEMALE CONDOM Misc	ENCOUNTER INITIAL PRESCRIPTION OTH CONTRACEPTIVE	Approved	N/A	1
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 40MG	GOUT DUE TO RENAL IMPAIRMENT UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 40MG	IDIOPATHIC CHRON GOUT UNS ANKL & FOOT W/O TOPHUS	Approved	N/A	1
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 40MG	GOUT UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	FEBUXOSTAT Tablet 80MG	IDIOPATHIC GOUT MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEMRING Rino 0.05MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEMRING Rino 0.1MG/24HR	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FENOFIBRATE Capsule 150MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FENOFIBRATE Tablet 40MG	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 25MCG/HR	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 37.5MCG/HR	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Approved	N/A	1
AR Exchange - HIM	N/A	FENTANYL Patch 72HR 50MCG/HR	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	FERAHEME Solution 510MG/17ML	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FETZIMA Capsule ER 24HR 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FETZIMA Capsule ER 24HR 40MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	ALLERGY UNSPECIFIED INITIAL ENCOUNTER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FEXOFENADINE HCL Tablet 180MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	LONG TERM CURRENT USE OF INSULIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FIASP FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FILSPARI Tablet 200MG	Other recurrent and persistent immunoglobulin A nephropathy	Approved	N/A	1
AR Exchange - HIM	N/A	FILSPARI Tablet 200MG	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis	Approved	N/A	1
AR Exchange - HIM	N/A	FILSPARI Tablet 400MG	Other recurrent and persistent immunoglobulin A nephropathy	Approved	N/A	1
AR Exchange - HIM	N/A	FINASTERIDE Tablet 1MG	ANDROGENIC ALOPECIA UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FINASTERIDE Tablet 1MG	NONSCARRING HAIR LOSS UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	FINGOLIMOD HCL Capsule 0.5MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	FIRMAGON (240 MG DOSE) For Solution 120MG/VIAL	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	FLUCYTOSINE Capsule 500MG	CANDIDIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FLUPHENAZINE DECANOATE Solution 25MG/ML	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FLUTICASONE FUROATE-VILANTEROL Aero Pow Br Act 200;25MCG/ACT	MILD PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FLUTICASONE-SALMETEROL Aero Pow Br Act 113/14MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	FLUTICASONE-SALMETEROL Aero Pow Br Act 250/50MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	FLUTICASONE-SALMETEROL Aero Pow Br Act 250/50MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	FLUTICASONE-SALMETEROL Aero Pow Br Act 250;50MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	FLUVOXAMINE MALEATE ER Capsule ER 24HR 150MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	FORFIVO XL Tablet ER 24HR 450MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FOTIVDA Capsule 1.34MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	DM DUE TO UNDERLYING COND W/KETOACIDOS W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY READER Device	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 14 DAY SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 READER Device	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 2 SENSOR Misc	GESTATIONAL DM IN PREGNANCY INSULIN CONTROLLED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	Insulin resistance, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	PRE-EXISTING DM TYPE 2 PREGNANCY FIRST TRIMESTER	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	52
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	9
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	80
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	DM UNDERLYING COND W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	PREDIABETES	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	GESTATIONAL DM IN PREGNANCY INSULIN CONTROLLED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	16
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	3
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Endocrinology	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DM W/HYPERDSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	OTHER HYPOGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	Hypoglycemia level 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	11
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	DM D/T UNDERLYING CONDITION WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	13
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	GESTATIONAL DM IN PREGNANCY INSULIN CONTROLLED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	DIABETES MELLITUS D/T UNDERLYING COND W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 READER Device	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	GESTATIONAL DM IN PREGNANCY INSULIN CONTROLLED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	HYPOGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	Hypoglycemia level 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5

AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	OTHER CARDIOMYOPATHIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	15
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	15
AR Exchange - HIM	Internal medicine	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LIBRE 3 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	FREESTYLE LITE TEST Strip	GESTATIONAL DM IN PREGNANCY DIET CONTROLLED	Approved	N/A	1
AR Exchange - HIM	N/A	FRUZAQLA Capsule 5MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	FT NASAL DECONGESTANT MAX STR Tablet 30MG	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	FULVESTRANT Soln Pref Syr 250MG/5ML	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	FULVESTRANT Soln Pref Syr 250MG/5ML	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	FULVESTRANT Soln Pref Syr 250MG/5ML	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	FULVESTRANT Soln Pref Syr 250MG/5ML	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	FULVESTRANT Soln Pref Syr 250MG/5ML	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	GABAPENTIN (ONCE-DAILY) Tablet 900MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	GAMMAGARD LIQUID INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	GAMMAGARD LICUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD LICUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GAMMAGARD LIQUID INJECTION	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 10GM/100ML	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 10GM/100ML	STIFF-MAN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 1GM/10ML, 2.5GM/25ML, 5GM/50ML,10GM/100ML, 20GM/200ML 30GM/300ML	STIFF-MAN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 20GM/200ML	Postural orthostatic tachycardia syndrome [POTS]	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 20GM/200ML	OTHER MYOSITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 20GM/200ML	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 20GM/200ML	ANTIBODY DEFICIENCY NEAR-NORMAL IG OR HYPER-IG	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 30GM/300ML	Other soecified demvelinating diseases of central nervous svstem	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 5GM/50ML	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAGARD Solution 5GM/50ML/10GM/100ML/30GM/300ML	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	GAMMAKED Solution 10GM/100ML	CHRONIC INFLAMMATORY DEMYELINATING POLYNEURITIS	Approved	N/A	1
AR Exchange - HIM	N/A	GAMUNEX-C Solution 10GM/100ML	MYOSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Spec/Tech. Patholoov: Hematoloov	GAMUNEX-C/GAMMAKED	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	GAMUNEX-C/GAMMAKED	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	GAMUNEX-C/GAMMAKED	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	GAMUNEX-C/GAMMAKED	OTHER ENCEPHALOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	GATTEX 5MG	Short bowel syndrome, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GAVILAX Powder 17GM/SCOOP	CONSTIPATION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	GAZYVA Solution 1000MG/40ML	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	GAZYVA Solution 1000MG/40ML	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	GEL-ONE Prefilled Syr 30MG/3ML	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Approved	N/A	7
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	MIXED INCONTINENCE	Approved	N/A	3
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	URGE INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	STRESS INCONTINENCE FEMALE MALE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	INTERSTITIAL CYSTITIS CHRONIC WITHOUT HEMATURIA	Approved	N/A	2
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	GEMTESA Tablet 75MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	GENOTROPIN Cartridge 12MG	Short stature due to endocrine disorder, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GIMOTI Solution 15MG/ACT	GASTROPARESIS	Approved	N/A	1
AR Exchange - HIM	N/A	GIMOTI Solution 15MG/ACT	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLIPIZIDE ER Tablet ER 24HR 5MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	GLIPIZIDE ER Tablet ER 24HR 5MG	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	GLIPIZIDE Tablet 2.5MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	GLUCAGON EMERGENCY For Solution 1MG/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GOLYTELY For Solution 236GM	ENCOUNTER SCREENING MALIGNANT NEOPLASM OF COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 1-PACK Soln Auto-ini 1MG/0.2ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-ini 0.5MG/0.1ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-ini 0.5MG/0.1ML	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-ini 1MG/0.2ML	TYPE 1 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-ini 1MG/0.2ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	GVOKE HYPOPEN 2-PACK Soln Auto-ini 1MG/0.2ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physical Medicine & Rehabilitation: Pain Medicine	Gel-syn Injection 0.1 mq	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HADLIMA Soln Pref Syr 40MG/0.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HEMLIBRA Solution 105MG/0.7ML	HEREDITARY FACTOR VIII DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	HIZENTRA Soln Pref Syr 10GM/50ML	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	HUMALOG KWIKPEN Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG MIX 75/25 Suspension (75;25) 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMALOG Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMATE-P For Solution (250/600UNIT, 500/1200UNIT, 1000/2400UNIT) Iniection	Von Willebrand disease, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HUMATE-P For Solution 250/600/UNIT/500/1200/UNIT/1000/2400/UNIT	Von Willebrand disease, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (1 PEN) Auto-inj Kit 80MG/0.8ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	5
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIATIC ARTHRITIS MUTILANS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	8
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ULCERATIVE CHRONIC PANCOLITIS W/OTH COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE UNSPECIFIED WITH RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	Non-radioaraphic axial spondvloarthritis of unspecified sites in spine	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	PANUVEITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA W/RHEUMATOID FCT LT HAND W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	Non-radioaraphic axial spondvloarthritis of unspecified sites in spine	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	ANKYLOSING SPONDYLITIS UNS SITES IN SPINE	Approved	N/A	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	POSTERIOR CYCLITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	RA WITHOUT RHEUMATOID FACTOR RIGHT HAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	POSTERIOR CYCLITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	7
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Syr Kit 40MG/0.4ML	PSORIATIC SPONDYLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Svr Kit 40MG/0.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA (2 SYRINGE) Prefill Svr Kit 40MG/0.8ML	PSORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	2
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE LARGE INTESTINE W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-CD/UC/HS STARTER Auto-inj Kit 80MG/0.8ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/ABSC	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-PSORIASIS/UVEIT STARTER Auto-inj Kit 80 MG/0.8ML &40MG/0.4ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HUMIRA-PSORIASIS/UVEIT STARTER Auto-inj Kit 80 MG/0.8ML &40MG/0.4ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMULIN 70/30 KWIKPEN Susp-Pen-inj (70/30) 100/UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMULIN 70/30 KWIKPEN Susp-Pen-inj (70;30) 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMULIN 70/30 KWIKPEN Susp-Pen-inj (70;30) 100UNIT/ML	TYPE 2 DM W/UNS OIAB RETINPATH W/O MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMULIN 70/30 KWIKPEN Susp-Pen-inj (70;30) 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	HUMULIN N KWIKPEN Susp-Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HUMULIN R Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	HYALURONAN SODIUM HYALURONATE OR DERIVATIVE INTRA-ARTICULAR INJ 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Emergency Medicine	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCHLOROTHIAZIDE Tablet 12.5MG		Denied	Paid Claim	1
AR Exchange - HIM	N/A	HYDROCODONE BITARTRATE ER Tab 24HR Deter 20MG	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Solution 7.5:325MG/15ML	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1

AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Pelvic and perineal pain unspecified side	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PAIN IN RIGHT LOWER LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OSTEOARTHRITIS OF KNEE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	8
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG		Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	POLYOSTEOARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER POLYOSTEOARTHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	BENIGN INTRACRANIAL HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOLISTHESIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG		Denied	Formulary/Plan Benefit	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	MALIGNANT NEOPLASM OVERLAPPING SITES OROPHARYNX	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT FINGERS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	MALIGNANT NEOPLASM OF PANCREATIC DUCT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	DORSALGIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PLANTAR FASCIAL FIBROMATOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	BURN UNSPECIFIED BODY REGION UNSPECIFIED DEGREE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH SPEC NONINFLAMMATORY DISORDERS CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	EFFUSION UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	MASTODYNIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	ENC F/U EXAM AFTR CMPL TX OTH THAN MALIG NEOPLSM	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PRIMARY OSTEOARTHRITIS UNSPECIFIED WRIST	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	DRUG-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OSTEOPHYTE LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT ELBOW	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Approved	N/A	23
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	GENERALIZED ABDOMINAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	POLYCYSTIC KIDNEY ADULT TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT ANKLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	Vertebrogenic low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	UNSPECIFIED DACRYOCYSTITIS UNS LACRIMAL PASSAGE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	LYMPHEDEMA NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	ARTHRODESIS STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Approved	N/A	46
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	5
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	NDSPLC FX BASE 4TH MC BN LT HND INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	MALIGNANT NEOPLASM OF MOUTH UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CERVICALGIA	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	COMPLEX REGIONAL PAIN SYNDROME I LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	MULTIPLE FX RIBS RT SIDE INIT ENC CLOS FRACTURE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER SPONDYLOSIS WITH MYELOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN LEFT LEG	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	UNS OPEN WOUND LT THIGH INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CENTRAL PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT KNEE	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	PAIN IN RIGHT LOWER LEG	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	STABLE BURST FX 2ND LUMB VERT SUB ENC FX DLAY HL	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	9
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325MG	Low back pain, unspecified	Approved	N/A	14
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER SPONDYLOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT WRIST	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with lower extremity pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT ARM	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CLOSED DISLOCATION OTHER VERTEBRA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RIGHT UPPER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/300MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER CYSTOSTOMY STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	7
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN UNSPECIFIED HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	ALCOHL INDUCED ACUTE PANCREATITIS WO NECROS/INF	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	DSPLCD FX L END RT CLAV SUB ENC FX W/DELAY HLNG	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	INCMPL ROT CUFF TEAR/RUPT LT SHOULDR NOT TRAUMAT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN RIGHT SHOULDER	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	CENTRAL PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	10
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN LEFT KNEE	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER CHRONIC PAIN	Approved	N/A	26
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN THORACIC SPINE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	ENCOUNTER FOR THERAPEUTIC DRUG LEVEL MONITORING	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN RIGHT KNEE	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTH INTERVERTEBRAL DISC DEGEN THORACOLUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	CHRONIC EMBOLISM & THROMBOSIS RIGHT FEMORAL VEIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	SPRAIN UNS LIGAMENT LEFT ANKLE INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	SPONDYLOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	OTHER SPONDYLOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5/325MG	STRAIN MUSC TEND PERONEAL GROUP LOW LT LEG INIT	Approved	N/A	1

AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	IDIOPATHIC ASEPTIC NECROSIS OF LEFT FEMUR	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	GENERALIZED ABDOMINAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CUTANEOUS ABSCESS OF RIGHT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SACROCOCCYGEAL DISORDERS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	7
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CARPAL TUNNEL SYNDROME BILATERAL UPPER LIMBS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	WEDGE COMPRS FX T11-T12 VERT INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CHRONIC PAIN SYNDROME	Approved	N/A	45
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	ATHEROSCL NATV ART LT LEG W/ULCER HEEL & MIDFOOT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	Other low back pain	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	Low back pain, unspecified	Approved	N/A	8
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	Myalsia, other site	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	LEFT UPPER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	WEDGE COMPRS FX UNS THOR VERT INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CERVICALGIA	Approved	N/A	9
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	NEUROFIBROMATOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	CAUSALGIA OF RIGHT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	10
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	DISEASE OF SPINAL CORD UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	BENIGN INTRACRANIAL HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	OTHER CERVICAL DISC DISPLACEMENT AT C6-C7 LEVEL	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5-325MG	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CARPAL TUNNEL SYNDROME BILATERAL UPPER LIMBS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNSPECIFIED FALL INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	DSPLC IT FX LT FEMUR SUBSQT ENC CLOS FX NONUN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG		Denied	Eligibility	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LOW BACK PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPINAL STENOSIS THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	MALIGNANT NEOPLASM OF TRACHEA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PAIN IN RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	ENCOUNTER FOR OTHER ORTHOPEDIC AFTERCARE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CERVICALGIA	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN LEFT SHOULDER	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SKIN TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CRAMP AND SPASM	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Endometriosis of the uterus, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OSTEOARTHRITIS OF KNEE UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER CHRONIC PAIN	Approved	N/A	20
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	INTERVERTEBRAL DISC D/O W/MYELOPATHY LUMB REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER CHRONIC PANCREATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	POSTHERPETIC TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	UNILATERAL POST-TRAUMATIC OSTEOARTHRITIS LT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN RIGHT ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN RIGHT HIP	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Low back pain, unspecified	Approved	N/A	11
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	INF & INFLAM REACT OTH INTRL JNT PROSTH SUB ENC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	DORSALGIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	7
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	6
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CHRONIC PAIN SYNDROME	Approved	N/A	34
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RADICULOPATHY THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	EPIDIDYMITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Myalsia, other site	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	4
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER SPECIFIED DISORDERS OF BONE SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SCOLIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPONDYLOLISTHESIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	9
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PRIMARY OSTEOARTHRITIS RIGHT SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER SHOULDER LESIONS UNSPECIFIED SHOULDER	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OCCIPITAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	2
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	COMPLETE TRAUMATIC MCP AMP UNS FINGER SUBSQT	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	3
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	PAIN IN LEFT WRIST	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTHER CHRONIC POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CERVICAL DISC D/O W/RADICULOPATHY UNS CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 10/200MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 10/200MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 10/200MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 5.200MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 7.5/200MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 7.5/200MG	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROCODONE-IBUPROFEN Tablet 7.5/200MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCORT-PRAMOXINE (PERIANAL) Cream 2.5/1/%	HEMORRHAGE OF ANUS AND RECTUM	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYDROCORT-PRAMOXINE (PERIANAL) Cream 2.5/1%	OTHER HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYDROCORTISONE ACETATE Suppository 25MG		Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 2MG	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	DISEASE OF SPINAL CORD UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	MANTLE CELL LYMPHOMA NODES INGUINAL & LOW LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 4MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROMORPHONE HCL Tablet 8MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	HYDROQUINONE Cream 4%	OTHER MELANIN HYPERPIGMENTATION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE ER Tablet ER 12HR 0.375MG	UPPER ABDOMINAL PAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	LEFT LOWER QUADRANT PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	CRAMP AND SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	DIARRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tab Sublingual 0.125MG	FOCAL ACUTE ISCHEMIA OF SMALL INTESTINE	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	DYSKINESIA OF ESOPHAGUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet 0.125MG	CALCULUS GB W/CHRONIC CHOLECYST W/O OBSTRUCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYOSCYAMINE SULFATE Tablet Disintegrating 0.125MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	HYQVIA 2.5g/25mL, 5g/50mL, 10g/100mL, 20g/200mL, 30g/300mL	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYQVIA Kit (2.5 GM/25ML/ 5GM/50ML/10 GM/100ML/ 20 GM/200ML/ 30 GM/300ML)	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	HYQVIA Kit 30GM/300ML	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	HYQVIA Kit 5GM/50ML	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	Humate-P For Solution 250-600, 500-1200 and 1000-2400 Unit	Von Willebrand disease, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	Humate-P for solution (250/600/unit.500/1200/unit.1000/2400/unit)	Von Willebrand disease, type 2B	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 100MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 100MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 125MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBRANCE Tablet 75MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	IBSRELA Tablet 50MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	PURE HYPERGLYCERIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	Other hyperlipidemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ICOSAPENT ETHYL Capsule 1GM	MIXED HYPERLIPIDEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	IDELVION For Solution (250UNIT/500UNIT/1000UNIT/2000UNIT/3500UNIT) Injection	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ILARIS Solution 150MG/ML	JUVENILE RA WITH SYSTEMIC ONSET UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	IMATINIB MESYLATE Tablet 400MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	IMATINIB MESYLATE Tablet 400MG	OTH NEO UNCRT BHV LYMPHOID HEMATOPOIET REL TISS	Approved	N/A	1
AR Exchange - HIM	N/A	IMBRUVICA Tablet 280MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	IMFINZI Solution 120MG/2.4ML	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	IMFINZI Solution 500MG/10ML	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	N/A	IMITREX STATDOSE SYSTEM Soln Auto-inj 6MG/0.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	IMOVAX RABIES For Suspension 2.5UNIT/ML		Denied	Formulary/Plan Benefit	3
AR Exchange - HIM	N/A	IMVEXXY MAINTENANCE PACK Insert 10MCG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	IMVEXXY MAINTENANCE PACK Insert 10MCG	POSTMENOPAUSAL ATROPHIC VAGINITIS	Denied	Admin-Denied Alternatives	2
AR Exchange - HIM	N/A	IMVEXXY MAINTENANCE PACK Insert 4MCG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INBRIJA Capsule 42MG	Parkinson s disease with dyskinesia, with fluctuations	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	ULCERATIVE COLITIS UNS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	INFLECTRA For Solution 100MG	SARCOIDOSIS OF OTHER SITES	Approved	N/A	1
AR Exchange - HIM	N/A	INGREZZA Cap Sprinkle 80MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	6
AR Exchange - HIM	N/A	INGREZZA Capsule 40MG	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INGREZZA Capsule 60MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	2
AR Exchange - HIM	N/A	INGREZZA Capsule 60MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INGREZZA Capsule 80MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	2
AR Exchange - HIM	N/A	INITIAL/MAINTENANCE	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INITIAL/MAINTENANCE TREMFYA Solution 200MG/20ML	ULCERATIVE CHRON RECTOSIGMOIDITIS W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Pulmonary Disease	INJ ALPHA 1-PROTASE INHIB NOS 10 MG	ALPHA-1-ANTITRYPSIN DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery: Hand Surgery	INJ COLLAGENASE CHC 0.01 MG	TRIGGER FINGER RIGHT RING FINGER	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Approved	N/A	2
AR Exchange - HIM	Urology	INJ COLLAGENASE CHC 0.01 MG	INDURATION PENIS PLASTICA	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	FOCAL CHORIORETINAL INFL MACULAR/PARAMAC LT EYE	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	PANUVEITIS LEFT EYE	Approved	N/A	1
AR Exchange - HIM	Ophthalmology: Retina Specialist	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	TRIBUTARY RETINAL VEIN OCCL LT EYE MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	1
AR Exchange - HIM	N/A	INJ DEXAMETH INTRAVIT IMPL 0.1 MG	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJ EFGARTIGIMOD ALFA 2 MG AND HYALURONIDASE-OVFC	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine	INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	INJ FERRIC CARBOXYMALTOS 1MG	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	General Acute Care Hospital	INJ FERRIC CARBOXYMALTOS 1MG	OTHER IRON DEFICIENCY ANEMIAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	OTHER IRON DEFICIENCY ANEMIAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Obstetrics & Gynecology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	ANEMIA COMPLICATING PREGNANCY SECOND TRIMESTER	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	OTHER IRON DEFICIENCY ANEMIAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Obstetrics & Gynecology: Obstetrics	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	ABNORMAL LEVEL OF BLOOD MINERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF CARDIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJ FILGRASTIM BIOSIMILAR 1 MCG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJ FILGRASTIM BIOSIMILAR 1 MCG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	Approved	N/A	1
AR Exchange - HIM	Family Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	NEUTROPENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	Malignant neoplasm of bilateral ovaries	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ FILGRASTIM BIOSIMILAR 1 MCG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJ FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJ IVIG PRIVIGEN 500 MG	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ IVIG PRIVIGEN 500 MG	OTHER DERMATOPOLYMYOSITIS ORGAN INVOLVEMENT UNS	Approved	N/A	1
AR Exchange - HIM	N/A	INJ IVIG PRIVIGEN 500 MG	Myelin oligodendrocyte glycoprotein antibody disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	TOXIC GASTROENTERITIS AND COLITIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG	MALIGNANT NEOPLASM OF SIGMOID COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJ PERTUZUMAB TRASTUZUMAB & HYAL-ZZXF PER 10 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ PERTUZUMAB TRASTUZUMAB & HYAL-ZZXF PER 10 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	UNS NEPHRITIC SYNDROME W/OTH MORPHOLOGIC CHANGES	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	MICROSCOPIC POLYANGIITIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	THROMBOCYTOPENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Myelin oligodendrocyte glycoprotein antibody disease	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	POLYMYOSITIS ORGAN INVOLVEMENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Addiction Medicine	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	ACUTE TRANSVERSE MYELITIS DEMYELINATING DZ CNS	Approved	N/A	1
AR Exchange - HIM	N/A	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	UNS NEPHRITIC SYNDROME W/OTH MORPHOLOGIC CHANGES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Home Infusion	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Acute Care	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG	WEGENERS GRANULOMATOSIS WITH RENAL INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ, ADO-TRASTUZUMAB EMT 1MG	MALIG NEOPLASM NIPPLE & AREOLA RIGHT MALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJ. ADO-TRASTUZUMAB EMT 1MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJ. ADO-TRASTUZUMAB EMT 1MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Urology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT DENOSUMAB-BMWO STOBOCLO/OSENVELT BS 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF DESCENDED LEFT TESTIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	NEUTROPENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF RECTUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	3
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	VITREOUS HEMORRHAGE RIGHT EYE	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology: Retina Specialist	INJECTION AFLIBERCEPT 1 MG	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	2
AR Exchange - HIM	N/A	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	CENTRAL RETINAL VEIN OCCL RT EYE MACULAR EDEMA	Approved	N/A	2
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology: Retina Specialist	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OS	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TRIBUTARY RETINAL VEIN OCCL LT EYE MACULAR EDEMA	Approved	N/A	3
AR Exchange - HIM	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	CENTRAL RETINAL VEIN OCCL RT EYE MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION ANIFROLUMAB-FNIA 1 MG	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION ANIFROLUMAB-FNIA 1 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ATEZOLIZUMAB 10 MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ATEZOLIZUMAB 10 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ATEZOLIZUMAB 10 MG	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION ATROPINE SULFATE 0.01 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION AVACINCAPTAD PEGOL 0.1 MG	NONEX AGE-REL MAC DEGEN BIL ADV ATR SUBFOV INVOL	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION BELATACEPT 1 MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION BELIMUMAB 10 MG	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION BELIMUMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION BELIMUMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION BELIMUMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION BENRALIZUMAB 1 MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	4
AR Exchange - HIM	Hospitalist	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1

AR Exchange - HIM	Internal Medicine	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF PARIETAL LOBE	Approved	N/A	1
AR Exchange - HIM	Hospitalist	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION BRENTUXIMAB VEDOTIN 1 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INJECTION BRENTUXIMAB VEDOTIN 1 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION CABOTEGRAVIR 1 MG	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Emergency Medicine	INJECTION CABOTEGRAVIR 1 MG	Encounter for HIV pre-exposure prophylaxis	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CARBOPLATIN 50 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CARBOPLATIN 50 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CEMIPLIMAB-RWLC 1 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Spec/Tech. Pathology: Hematology	INJECTION CEMIPLIMAB-RWLC 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION CERTOLIZUMAB PEGOL 1 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION CERTOLIZUMAB PEGOL 1 MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION CERTOLIZUMAB PEGOL 1 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION CERTOLIZUMAB PEGOL 1 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION CERTOLIZUMAB PEGOL 1 MG	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIGNANT NEOPLASM OF CEREBELLUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Hospitalist	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	4
AR Exchange - HIM	Specialist	INJECTION DARATUMUMAB 10 MG AND HYALURONIDASE FIHJ	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION DATOPOTAMAB DERUXTECAN-DLNK 1 MG	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION DATOPOTAMAB DERUXTECAN-DLNK 1 MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DECITABINE NOT THR EQUIV TO J0894 1 MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DEGARELIX 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION DEGARELIX 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION DENOSUMAB 1 MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION DENOSUMAB 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION DENOSUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Emergency Medicine	INJECTION DENOSUMAB 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION DENOSUMAB 1 MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION DENOSUMAB 1 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Home Infusion	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DENOSUMAB 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	3
AR Exchange - HIM	General Acute Care Hospital	INJECTION DENOSUMAB 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DENOSUMAB-BBDZ BIOSIMILAR 1 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION DOCETAXEL 1 MG	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecologic Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION DOCETAXEL DOCIVYX 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION DONANEMAB-AZBT 2 MG	ALZHEIMERS DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	INTRAHEPATIC BILE DUCT CARCINOMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION DURVALUMAB 10 MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION DURVALUMAB 10 MG	INTRAHEPATIC BILE DUCT CARCINOMA	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION DURVALUMAB 10 MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	CHRONIC KIDNEY DISEASE STAGE 5	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MYELODYSPLASTIC SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	5
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MYELODYSPLASTIC SYNDROME UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital: Critical Access	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA IN OTHER CHRONIC DISEASES CLASSIFIED ELSW	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION EPOETIN ALFA-EPBX BIOSIMILAR 1000 U	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Acute Care	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION EPTINEZUMAB-JJMR 1 MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION EPTINEZUMAB-JJMR 1 MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ETOPOSIDE 10 MG	OTHER MALIGNANT NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION FA INTRAVITREAL IMPL 0.01 MG	FOCAL CHORIORETINAL INFL MACULAR/PARAMAC BILAT	Approved	N/A	3
AR Exchange - HIM	Ophthalmology	INJECTION FA INTRAVITREAL IMPL 0.01 MG	DISSEMINATD CHORIORETINAL INFL POST POLE RT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	INJECTION FA INTRAVITREAL IMPL 0.01 MG	CHRONIC IRIDOCYCLITIS BILATERAL	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	Malignant neoplasm of bilateral ovaries	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION FOSAPREPITANT 1 MG	MALIGNANT NEOPLASM OF CEREBELLUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION FOSAPREPITANT 1 MG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION FOSAPREPITANT 1 MG	MALIGNANT NEOPLASM OF BASE OF TONGUE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION GEMCITABINE HCL NOS 200 MG	SECONDARY MALIG NEOPLASM LIVER & INTRAHEPATIC BD	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION GOLIMUMAB 1 MG FOR IV USE	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION GOLIMUMAB 1 MG FOR IV USE	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION GUSELKUMAB 1 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION INCLISIRAN 1 MG	CEREBRAL INFARCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Cardiovascular Disease	INJECTION INCLISIRAN 1 MG	Familial hypercholesterolemia, unspecified	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION INCLISIRAN 1 MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Interventional Cardiology	INJECTION INCLISIRAN 1 MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION INCLISIRAN 1 MG	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION INCLISIRAN 1 MG	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASMODIC TORTICOLLIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASMODIC TORTICOLLIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION INCOBOTULINUMTOXIN 1 UNIT	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Hospitalist	INJECTION INCOBOTULINUMTOXIN 1 UNIT	Other specified disease of esophagus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION INEBILIZUMAB-CDON 1 MG	IgG4-related disease	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION INFLIXIMAB, 10 MG	MELENA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION INFLIXIMAB, 10 MG	Non-radiographic axial spondyloarthritis of unspecified sites in spine	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Specialist	INJECTION LURBINECTEDIN 0.1 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Acute Care	INJECTION MIRIKIZUMAB-MRKZ 1 MG	ULCERATIVE CHRON RECTOSIGMOIDITIS W/RECTAL BLEED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION NATALIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION NATALIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Addiction Medicine	INJECTION NATALIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION NIVOLUMAB 1 MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF RIGHT CHOROID	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT MELANOMA OF OTHER PARTS OF FACE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Spec/Tech. Pathology: Hematology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION NIVOLUMAB 1 MG	NEOPLASM OF UNS BEHAVIOR RESPIRATORY SYSTEM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM OVERLAPPING SITES ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION NIVOLUMAB 1 MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	Internal Medicine	INJECTION NIVOLUMAB 1 MG	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION NIVOLUMAB 2 MG AND HYALURONIDASE NVHY	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION OCRELIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION OCRELIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION OCRELIZUMAB 1 MG	Multiple sclerosis, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	INJECTION OCRELIZUMAB 1 MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Developmental Therapist	INJECTION OCRELIZUMAB 1 MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OF BASE OF TONGUE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION PAL HCI NOT THR EQ TO J2469 25 MCG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Dermatology: Pediatric Dermatology	INJECTION PEGCETACOPLAN INTRAVITREAL 1 MG	NONEXUDAT AGE-REL MD LT EYE ADV ATR WO SUBFOVEAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF PANCREAS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Hospitalist	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION PEGFILGRASTIM-APGF BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION PEGLOTICASE 1 MG	IDIOPATHIC CHRONIC GOUT MULTIPLE SITES W/TOPHUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION PEGLOTICASE 1 MG	CHRONIC GOUT UNSPECIFIED WITH TOPHUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF ESOPHAGUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF OROPHARYNX UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	SECONDARY MALIGNANT NEOPLASM OF BRAIN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF HEAD OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF LOWER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT MELANOMA OF OTHER PART OF TRUNK	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Family Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	4
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology	INJECTION PEMBROLIZUMAB 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Spec/Tech, Pathology: Hematology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT CARCINOID TUMOR OF THE BRONCHUS & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMETREXED DIPOTASSIUM 10MG	MALIGNANT NEOPLASM UNS PART RIGHT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMETREXED DIPOTASSIUM 10MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION PEMETREXED PEMFEXY 10 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	INJECTION RANIBIZUMAB 0.1 MG	TRIBUTARY RETINAL VEIN OCCL RT EYE MACULR EDEMA	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION RAVULIZUMAB-CWVZ 10 MG	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION RITUXIMAB 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION RITUXIMAB 10 MG	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION RITUXIMAB 10 MG	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Practice	INJECTION RITUXIMAB 10 MG	Myelin oligodendrocyte glycoprotein antibody disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION RITUXIMAB 10 MG	Multiple sclerosis, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION RITUXIMAB 10 MG	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION RITUXIMAB 10 MG	Secondary membranous nephropathy with nephrotic syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION ROMIPLOSTIM 1 MCG	OTHER SECONDARY THROMBOCYTOPENIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ROMIPLOSTIM 1 MCG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner	INJECTION ROMOSOZUMAB-AOOG 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION ROMOSOZUMAB-AQQG 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG	TOXIC MYONEURAL DISORDERS	Approved	N/A	1
AR Exchange - HIM	Family Medicine	INJECTION ROZANOLIXIZUMAB-NOLI 1 MG	MYASTHENIA GRAVIS WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	INJECTION TEPROTUMUMAB-TRBW 10 MG	THYROTOXICOS DIFFUS GOITER W/O THYROTOXIC CRISIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Pulmonary Disease	INJECTION TOCILIZUMAB 1 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION TOCILIZUMAB 1 MG	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner	INJECTION TOCILIZUMAB 1 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION TREMELIMUMAB-ACTL 1 MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION TRILACICLIB 1MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Home Infusion	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Approved	N/A	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION UBLITUXIMAB-XIIY 1MG	Multiple sclerosis, unspecified	Approved	N/A	1
AR Exchange - HIM	Home Infusion	INJECTION UBLITUXIMAB-XIIY 1MG	MULTIPLE SCLEROSIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION UBLITUXIMAB-XIIY 1MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Acute Care	INJECTION VEDOLIZUMAB 1 MG	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Hospitalist	INJECTION VEDOLIZUMAB 1 MG	INDETERMINATE COLITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE CHRONIC PANCOLITIS WITH UNS COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION VEDOLIZUMAB 1 MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INJECTION VON WILLEBRAND FACTOR COMPLEX HUMAN RISTOCETIN COFACTOR PER IV	Von Willebrand disease, unspecified	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Interventional Cardiology	INJECTION VUTRISIRAN 1 MG	ORGAN-LIMITED AMYLOIDOSIS	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	OTH SPEC D/O BONE DENSITY STRUCTURE MX SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF LIP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION ZOLEDRONIC ACID 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	3
AR Exchange - HIM	Internal Medicine: Geriatric Medicine	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Registered Nurse	INJECTION ZOLEDRONIC ACID 1 MG	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	ACUTE MYELOBLASTIC LEUKEMIA IN REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION ZOLEDRONIC ACID 1 MG	OTH SYMPTOMS & SIGNS INVOLV MUSCULOSKELETAL SYS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF UPPER THIRD OF ESOPHAGUS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	OSTEITIS DEFORMANS OF UNSPECIFIED BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	OTH SPEC D/O BONE DENSITY STRUCTURE UNS SITE	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology: Gynecology	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION ZOLEDRONIC ACID 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION ZOLEDRONIC ACID 1 MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION, CARFILZOMIB, 1 MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, DOSTARLIMAB-GXLY 10 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	N/A	2
AR Exchange - HIM	Internal Medicine	INJECTION, DOSTARLIMAB-GXLY 10 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INJECTION, DOSTARLIMAB-GXLY 10 MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Approved	N/A	1
AR Exchange - HIM	Physician Assistant	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	CHRONIC KIDNEY DISEASE STAGE 5	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	PSORIATIC SPONDYLITIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG	BEHCETS DISEASE	Approved	N/A	2
AR Exchange - HIM	Home Infusion	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	BEHCETS DISEASE	Approved	N/A	1
AR Exchange - HIM	Home Infusion	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	Pediatrics: Pediatric Gastroenterology	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION, LECANEMAB-IRMB, 1 MG	ALZHEIMERS DISEASE WITH EARLY ONSET	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OTHER BENIGN NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	ARTERIOVENOUS MALFORMATION SITE UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	Nurse Practitioner: Acute Care	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	OTHER BENIGN NEUROENDOCRINE TUMORS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	MALIGNANT PRIMARY NEOPLASM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SECONDARY CARCINOID TUMORS DISTANT LYMPH NODES	Approved	N/A	1
AR Exchange - HIM	Allergy & Immunology	INJECTION, OMALIZUMAB, 5 MG	IDIOPATHIC URTICARIA	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, OMALIZUMAB, 5 MG	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	Specialist	INJECTION, PALONOSETRON HCL, 25 MCG	MALIGNANT NEOPLASM OVERLAP SITE RT BRONCH & LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	NEUTROPENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	Malignant neoplasm of bilateral ovaries	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF DESCENDING COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	NEUTROPENIA DUE TO INFECTION	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	Approved	N/A	2
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM BONE ARTICULAR CARTILAGE UNS	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	2
AR Exchange - HIM	Obstetrics & Gynecology: Gynecology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM CONNECTIVE & SOFT TISSUE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	MALIGNANT NEOPLASM UNS SITE UNS FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG	Malignant neoplasm of bilateral ovaries	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Hospitalist	INJECTION, PERTUZUMAB, 1 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, PERTUZUMAB, 1 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RASBURICASE, 0.5 MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Nephrology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	RAPID PROGS NEPHRITIC SYND DIFFUSE CRESCENTIC GN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	OTH TYPES NON-HODGKIN LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	General Practice	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Myelin oligodendrocyte glycoprotein antibody disease	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	ACUTE POSTHEMORRHAGIC ANEMIA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	DIFFUSE LARGE B-CELL LYMPHOMA NODES MX SITES	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Rheumatology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Endocrinology, Diabetes & Metabolism	INJECTION, THYROTROPIN, UP TO 10 I.U.	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	N/A	1
AR Exchange - HIM	Hospitalist	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Physician Assistant: Surgical	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Gerontology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	2
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	DYSTONIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	6
AR Exchange - HIM	Orthopaedic Surgery	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Student in an Organized Health Care Education/Training Program	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Acute Care	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	Family Medicine	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Female Pelvic Medicine and Reconstructive Surgery, OB/GYN	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	Obstetrics & Gynecology	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	Family Medicine	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION,ONABOTULINUMTOXINA	GASTROPARESIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	NEUROMUSCULAR DYSFUNCTION OF BLADDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	UNSPECIFIED URINARY INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Family	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Anesthesiology: Pain Medicine	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	Colon & Rectal Surgery	INJECTION,ONABOTULINUMTOXINA	ANAL FISSURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	3
AR Exchange - HIM	Ophthalmology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Gastroenterology	INJECTION,ONABOTULINUMTOXINA	ADULT HYPERTROPHIC PYLORIC STENOSIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	QUADRIPLEGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Urology	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	2
AR Exchange - HIM	Psychiatry & Neurology: Neurology	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	5
AR Exchange - HIM	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	OTHER DYSTONIA	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	INJECTION,ONABOTULINUMTOXINA	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	3
AR Exchange - HIM	Multi-Specialty	INJECTION,ONABOTULINUMTOXINA	OVERACTIVE BLADDER	Approved	N/A	1
AR Exchange - HIM	N/A	INQOVI Tablet 35:100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN ASP PROT & ASP FLEXPEN Susp-Pen-inj (70/30) 100/UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN ASPART Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN ASPART Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	8
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC Solution 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN DEGLUDEC Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN DETEMIR Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	INSULIN LISPRO (1 UNIT DIAL) Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	INTRAROSA Insert 6.5MG	OTHER SPECIFIED NONINFLAMMATORY DISORDERS VAGINA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INTRAROSA Insert 6.5MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INTRAROSA Insert 6.5MG	RECTOCELE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA HAFYERA Susp Pref Syr 1560MG/5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA HAFYERA Susp Pref Syr 1560MG/5ML	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	PARANOID SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	BIPOLAR II DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 156MG/ML	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	RESIDUAL SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	BRIEF PSYCHOTIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	5
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	SCHIZOPHRENIFORM DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA SUSTENNA Susp Pref Syr 234MG/1.5ML	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 546MG/1.75ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 546MG/1.75ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 546MG/1.75ML	PSYCHOTIC D/O DELUSIONS DUE KNOWN PHYSIO COND	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	INVEGA TRINZA Susp Pref Syr 819MG/2.63ML	UNDIFFERENTIATED SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 20MG	ACNE VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 20MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Approved	N/A	9
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ISOTRETINOIN Capsule 40MG	ACNE VULGARIS	Approved	N/A	7
AR Exchange - HIM	N/A	ITOVEBI Tablet 3MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ITOVEBI Tablet 9MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	CANDIDIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	DISSEMINATED HISTOPLASMOSIS CAPSULATI	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	SPOROTRICHOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	PULMONARY HISTOPLASMOSIS CAPSULATI UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Approved	N/A	1

AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA UNGUIUM	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	PITYRIASIS VERSICOLOR	Approved	N/A	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	PNEUMOCYSTOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	TINEA UNGUIUM	Approved	N/A	5
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	HISTOPLASMOSIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	ITRACONAZOLE Capsule 100MG	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Postural orthostatic tachycardia syndrome [POTS]	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	BENIGN INTRACRANIAL HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Inappropriate sinus tachycardia, so stated	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	PALPITATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	TACHYCARDIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	IVABRADINE HCL Tablet 5MG	Postural orthostatic tachycardia syndrome [POTS]	Approved	N/A	1
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	OTHER ROSACEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	PERIORAL DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	OTHER ROSACEA	Approved	N/A	2
AR Exchange - HIM	N/A	IVERMECTIN Cream 1%	ROSACEA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	IVERMECTIN Tablet 3MG	OTHER ACNE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	IYUZEH Solution 0.005%	PRIMARY OPEN-ANG GLAUCOMA BILATERAL SEVERE STAGE	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, aflibercept hd, 1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	Surgery	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT	Approved	N/A	3
AR Exchange - HIM	Ophthalmology: Retina Specialist	Iniection. faricimab-svoa 0.1 mg	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Iniection. faricimab-svoa 0.1 mg	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	N/A	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DM W/UNS DIAB RETINPATHY W/MACULAR EDEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TRIBUTARY RETINAL VEIN OCCL RT EYE MACUIR EDEMA	Approved	N/A	1
AR Exchange - HIM	Dermatology: Pediatric Dermatology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	EXUD AGE-REL MAC DEGENER BIL ACT CHOROID NEOVASC	Approved	N/A	1
AR Exchange - HIM	Ophthalmology	Injection, faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS	Approved	N/A	1
AR Exchange - HIM	Ophthalmology: Retina Specialist	Iniection. faricimab-svoa 0.1 mg	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD	Approved	N/A	1
AR Exchange - HIM	Ophthalmoloav	Iniection. faricimab-svoa 0.1 mg	EXUDAT AGE-RL MAC DG R EYE ACT CHOROIDAL NEOVASC	Approved	N/A	2
AR Exchange - HIM	N/A	Ivinity For Solution 250. 500. 1000. 1500. 2000 and 3000 Unit	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	JAKAFI Tablet 10MG	ESSENTIAL HEMORRHAGIC THROMBOCYTHEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	JANUMET XR Tablet ER 24HR 100/1000MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	JASCAYD Tablet 18MG	IDIOPATHIC PULMONARY FIBROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JASCAYD Tablet 18MG	IDIOPATHIC PULMONARY FIBROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	JASCAYD Tablet 9MG	OTHER SPECIFIED INTERSTITIAL PULMONARY DISEASES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JATENZO Capsule 158MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JATENZO Capsule 237MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JENTADUETO Tablet 2.5/1000MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JORNAY PM Capsule ER 24HR 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	DSPLC COMMNT FX SHAFT RT FEMUR INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	SCIATICA UNSPECIFIED SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	SPONDYLOLISTHESIS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	OTHER SPONDYLOSIS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	OPEN BITE UNSPECIFIED LOWER LEG SUBSEQUENT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	JOURNAVX Tablet 50MG	UNS FX LOWER UNS RADIUS INITIAL ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	JYNARQUE Tab Ther Pack 45 & 15MG	POLYCYSTIC KIDNEY ADULT TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KALBITOR Solution 10MG/ML	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	N/A	2
AR Exchange - HIM	N/A	KAPSPARGO SPRINKLE CP24 Sprinkle 25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	PERSONAL HISTORY OTHER DISEASES URINARY SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	KERENDIA Tablet 10MG	CHRONIC KIDNEY DISEASE STAGE 1	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KERENDIA Tablet 20MG	CHRONIC KIDNEY DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	MULTIPLE SCLEROSIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	KESIMPTA Soln Auto-inj 20MG/0.4ML	MULTIPLE SCLEROSIS	Approved	N/A	1
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	ERYTHEMA INTERTRIGO	Approved	N/A	1
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	DISORDER OF PENIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	KETOCONAZOLE Cream 2%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	Adenomyosis of the uterus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN LEFT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	OTHER CHEST PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN IN RIGHT ELBOW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PRESENCE OF LEFT ARTIFICIAL KNEE JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 150MG/1.14ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 200MG/1.14ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	2
AR Exchange - HIM	N/A	KEVZARA Soln Auto-inj 200MG/1.14ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KISQALI (200 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	Internal medicine	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM NIPPLE & AREOLA RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM LOWER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (400 MG DOSE) Tab Ther Pack 200MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KISQALI (600 MG DOSE) Tab Ther Pack 200MG	MALIGNANT NEOPLASM OVERLAP SITE RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	KLOR-CON Packet 20MEQ	HYPOKALEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	KLOR-CON Packet 20MEQ	HYPOKALEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	KYLEENA IUD 19.5MG	DYSMENORRHEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	KYPROLIS For Solution 60MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	L-GLUTAMINE Packet 5GM	HB-SS DISEASE WITH CRISIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	L-METHYLFOLATE Tablet 15MG	OTHER CHRONIC PAIN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LABETALOL HCL Tablet 400MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LACOSAMIDE Tablet 100MG	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LACOSAMIDE Tablet 100MG	EPILEPSY UNS NOT INTRACT W/STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	LACOSAMIDE Tablet 150MG	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAGEVRIO Capsule 200MG	COVID-19	Approved	N/A	1
AR Exchange - HIM	N/A	LAGEVRIO Capsule 200MG	COVID-19	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 100MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 200MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 250MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 25MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LAMOTRIGINE ER Tablet ER 24HR 50MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE Kit 25 & 50 & 100MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE STARTER KIT-BLUE Kit 35 x 25MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	LAMOTRIGINE Tablet 200MG		Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	LANREOTIDE INJECTION	MALIGNANT CARCINOID TUMOR OF THE JEJUNUM	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	LANREOTIDE INJECTION	MALIGNANT CARCINOID TUMOR OF THE ILEUM	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	LANREOTIDE INJECTION	MALIGNANT CARCINOID TUMOR OF THE STOMACH	Approved	N/A	1
AR Exchange - HIM	General Acute Care Hospital	LANREOTIDE INJECTION, 1 mg	MALIGNANT CARCINOID TUMOR OF THE ILEUM	Approved	N/A	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/DIAB PERIPHERAL POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	16
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	LONG TERM CURRENT USE OF INSULIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-ini 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	LANTUS SOLOSTAR Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LANTUS Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 10MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	Internal medicine	LENALIDOMIDE Capsule 10MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 10MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 15MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 20MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 20MG	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission	Approved	N/A	1
AR Exchange - HIM	N/A	LENALIDOMIDE Capsule 25MG	MULTIPLE MYELOMA IN RELAPSE	Approved	N/A	1
AR Exchange - HIM	N/A	LENVIMA (12 MG DAILY DOSE) Cap Ther Pack 3 x 4MG	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LENVIMA (14 MG DAILY DOSE) Cap Ther Pack 10 & 4MG	MALIGNANT NEOPLASM RT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	LENVIMA (14 MG DAILY DOSE) Cap Ther Pack 10 & 4MG	MALIGNANT NEOPLASM OF ENDOMETRIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LENVIMA (18 MG DAILY DOSE) Cap Ther Pack 10 MG &2 x 4 MG	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	LEOSELVI Tablet 8MG	OTHER ALOPECIA AREATA	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	Clinic/Center: Radiology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	Urology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	8
AR Exchange - HIM	Nurse Practitioner: Family	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	Internal Medicine: Hematology & Oncology	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Family	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5 MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LEVEMIR	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVEMIR FLEXPEN Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	ABSENCE EPIL SYNDROME NOT INTRACTABLE W/O SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 1000MG	OTH GEN EPILEPSY NOT INTRACTABLE W/STATUS EPI	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LEVETIRACETAM Tablet 500MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	LEVOCARNITINE Tablet 330MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	OTHER URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Cream 4%	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	OTHER SPECIFIED DISEASES OF ANUS AND RECTUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	DISORDER THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Ointment 5%	OTHER HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER ENTHESOPATHY OF LEFT FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SPINAL STENOSIS SITE UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Other intervertebral disc degeneration. lumbar region with discogenic back pain and lower extremity pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	HERPESVIRAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Other intervertebral disc degeneration. lumbar region with discogenic back pain only	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	NEOPLASM RELATED PAIN ACUTE CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Low back pain. unspecified	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CRAMP AND SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER SPECIFIED MONONEUROPATHIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN UNSPECIFIED JOINT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	INTERNAL MEDICINE	LIDOCAINE Patch 5%	Low back pain. unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CERVICALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PERSON INJ COLL BETWN OTH SPEC MOTOR VEH SUB ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	ADHESIVE CAPSULITIS OF RIGHT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CHRONIC PAIN SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	LUMBAGO WITH SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Other low back pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTH FX RT FEMUR SUBSQT ENC CLOS FX RTN HEAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	POSTHERPETIC TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	TROCHANTERIC BURSITIS RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PAIN IN RIGHT SHOULDER	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PERSONAL HX OTH MALIG NEOPLASM BRONCHUS & LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	PRIMARY GENERALIZED OSTEOARTHRITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CHRONIC PAIN DUE TO TRAUMA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	SACROCOCCYGEAL DISORDERS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	LIPOMATOSIS NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER CHEST PAIN	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	FUSION OF SPINE CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	CAUSALGIA OF UNSPECIFIED UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	STRAIN MUSC FASC & TENDON NECK LEVEL SUBSQT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	MALIGNANT NEOPLASM LT KIDNEY EXCEPT RENAL PELVIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	ARTHRODESIS STATUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	Spinal stenosis. lumbar region with neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE Patch 5%	ZOSTER WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	LIDOCAINE VISCOUS HCL Solution 2%	ORAL MUCOSITIS ULCERATIVE D/T ANTINEOPLASTIC TX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIDOCAINE-HYDROCORTISONE ACE Kit 2;2%	OTHER HEMORRHOIDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LILETTA (52 MG) IUD 20.1MCG/DAY	OTHER SPECIFIED HEALTH STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	PROTEUS CAUSE OF DISEASES CLASSIFIED ELSEWHERE	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENCNTR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	Infection following a procedure. unspecified. initial encounter	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CARRIER/SUSPECTED CARR METHICILLIN RSIST STAPH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	URINARY TRACT INFECTION SITE NOT SPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CELLULITIS OF RIGHT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	URINARY TRACT INFECTION SITE NOT SPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS SEPTICEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHRN ULCR RT HEEL MIDFOOT FAT LAY EXPOS	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RSIST STAPH INFECTION UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	LYMPHOCYTOSIS SYMPTOMATIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHR ULCR OTH PART LT LW LEG FAT EXPOS	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	METHICILLIN RSIST STAPH INFECTION UNS SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENCNTR	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	SUBACUTE OSTEOMYELITIS OTHER SITE	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHRN ULCR SKIN OTH SITE FAT LAY EXPOSED	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CELLULITIS OF RIGHT LOWER LIMB	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	CELLULITIS OF LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	Non-pressure chronic ulcer of other part of right foot with other specified severity	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	NON-PRESS CHR ULCR OTH PART LT FOOT NECROS BONE	Approved	N/A	1
AR Exchange - HIM	N/A	LINEZOLID Tablet 600MG	OTHER ACUTE OSTEOMYELITIS RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	LINZESS Capsule 145MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	LINZESS Capsule 145MCG	SLOW TRANSIT CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	LINZESS Capsule 145MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LINZESS Capsule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	Obesity. class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	Obesity. class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	7
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	4
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	9
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	8
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	5
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	17
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	9
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	23
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	Binge eating disorder. moderate	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	Binge eating disorder. unspecified	Approved	N/A	1
AR Exchange - HIM	Family practice	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	18
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 30MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	9
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	14
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	6
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	Anorexia nervosa. binge eating/purging type. moderate	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	11
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	Binge eating disorder. moderate	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	9
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	1

AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	POLYPHAGIA	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	4
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	Binge eating disorder, mild	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTENTION AND CONCENTRATION DEFICIT	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	Binge eating disorder, severe	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	7
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LISDEXAMFETAMINE DIMESYLATE Tablet Chewable 50MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	LITFULO Capsule 50MG	OTHER ALOPECIA AREATA	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	LITHIUM CARBONATE ER Tablet ER 300MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	LIVALO Tablet 4MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	LOFEXIDINE HCL Tablet 0.18MG	OPIOID DEPEND W/INDUCED SEXUAL DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOKELMA Packet 10GM	LIVER TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	LOKELMA Packet 10GM	HYPERKALEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	LOKELMA Packet 10GM	END STAGE RENAL DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	LOKELMA Packet 5GM	HYPERKALEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 0.5MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORAZEPAM Tablet 1MG	ALCOHOL DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LORBRENA Tablet 100MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 100MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 25MG	HTN HEART & CKD W/O HF W/STAGE 1-4 CKD/UNS CKD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 50MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	LOSARTAN POTASSIUM Tablet 50MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	3
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Gel 0.5%	SQUAMOUS BLEPHARITIS RIGHT UPPER EYELID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.2%	PUNCTATE KERATITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	Unspecified disorder of eve and adnexa	Approved	N/A	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	SQUAMOUS BLEPHARITIS RIGHT UPPER EYELID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY OPEN-ANGLE GLAUCOMA LEFT EYE MILD STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY OPEN-ANG GLAUCOMA BILATERAL SEVERE STAGE	Approved	N/A	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY OPEN-ANGLE GLAUCOMA BILATERAL MILD STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY ANGLE CLOSURE W/O GLAUCOMA DAMAGE RT EYE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	LOW-TENSION GLAUCOMA, BILATERAL MILD STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUMIGAN Solution 0.01%	PRIMARY OPEN-ANGLE GLAUCOM BILATERAL IND STAGE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	INTRAMURAL LEIOMYOMA OF UTERUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	SUBMUCOUS LEIOMYOMA OF UTERUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 3.75MG	Endometriosis of pelvic peritoneum, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 7.5MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 7.5MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 7.5MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (1-MONTH) Kit 7.5MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 11.25MG	IRREGULAR MENSTRUATION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 11.25MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 11.25MG	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	Approved	N/A	1
AR Exchange - HIM	N/A	LUPRON DEPOT (3-MONTH) Kit 22.5MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	LURASIDONE HCL Tablet 20MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LYBALVI Tablet 10:10MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	LYBALVI Tablet 10:10MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	LYBALVI Tablet 20/10MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	LYBALVI Tablet 5:10MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	LYNKUET Capsule 60MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	LYNKUET Capsule 60MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 100MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 100MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIGNANT NEOPLASM OVERLAP SITE LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIGNANT NEOPLASM OF LEFT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	LYNPARZA Tablet 150MG	MALIGNANT NEOPLASM OF RIGHT FALLOPIAN TUBE	Approved	N/A	1
AR Exchange - HIM	N/A	LYRICA Capsule 50MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LYRICA Capsule 75MG	RESTLESS LEGS SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	LYUMJEV Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	Levemir FlexPen 100 unit/ml (3 ml) solution subcutaneous insulin pen (insulin detemir) 11.1%%	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MAVENCLAD (10 TABS) Tab Ther Pack 10MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MAVYRET Tablet 100/40/MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Exchange - HIM	Emeroency Room	MAVYRET Tablet 100/40/MG	BODY MASS INDEX BMI 26.0-26.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MAVYRET Tablet 100/40/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MAVYRET Tablet 100;40MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Exchange - HIM	N/A	MAVYRET Tablet 100;40MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MEDICAL CLAIM		Denied	Excluded Medication/Not a Covered Benefit	1
AR Exchange - HIM	N/A	MEFENAMIC ACID Capsule 250MG	DYSMENORRHEA UNSPECIFIED	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	MEFENAMIC ACID Capsule 250MG	UNS COND ASSOC W/FE GENIT ORGN & MENSTRUAL CYCL	Approved	N/A	1
AR Exchange - HIM	N/A	MEFENAMIC ACID Capsule 250MG	EXCESS & FREQUENT MENSTRUATION W/IRREGULAR CYCLE	Approved	N/A	1
AR Exchange - HIM	N/A	MEFENAMIC ACID Capsule 250MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	MEKTOVI Tablet 15MG	MALIGNANT MELANOMA OF SKIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 15MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	PRIMARY OSTEOARTHRITIS LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MELOXICAM Tablet 7.5MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MEMANTINE HCL ER Capsule ER 24HR 7MG	OTHER AMNESIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MESALAMINE ER Capsule ER 24HR 0.375GM	OTHER ULCERATIVE COLITIS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METAXALONE Tablet 400MG	PAIN IN RIGHT ELBOW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METAXALONE Tablet 400MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (MOD) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (OSM) Tablet ER 24HR 1000MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL ER (OSM) Tablet ER 24HR 500MG	DISORDER OF CARBOHYDRATE METABOLISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METFORMIN HCL Solution 500MG/5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	METFORMIN HCL Tablet 500MG	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Exchange - HIM	N/A	METHADONE HCL Tablet 10MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	METHOTREXATE SODIUM (PF) Solution 250MG/10ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLFOLATE Capsule 400MCG	FOLATE DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 45MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 45MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 54MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 10MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METHYLPHENIDATE Patch 20MG/9HR	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	METOPROLOL TARTRATE Tablet 75MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIDAZOLAM HCL Solution 5MG/ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	Meibomian gland dysfunction right eye, upper and lower eyelids	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	EXPOSURE KERATOCONJUNCTIVITIS BILATERAL	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	7
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	Unspecified blepharitis right eye, upper and lower eyelids	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	Meibomian gland dysfunction right eye, upper and lower eyelids	Approved	N/A	1
AR Exchange - HIM	N/A	MIEBO Solution 1.338GM/ML	Meibomian gland dysfunction of unspecified eye, unspecified evelid	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MIXED INCONTINENCE	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	MIXED INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGENCY OF URINATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Approved	N/A	2
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 25MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	FEMALE GENITAL PROLAPSE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Approved	N/A	6
AR Exchange - HIM	N/A	MIRABEGRON ER Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 20MCG/DAY	ENCOUNTER INITIAL PRESCRIPTION IU CONTRACEPT DEV	Approved	N/A	1
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 20MCG/DAY	EXCESS & FREQUENT MENSTRUATION W/REGULAR CYCLE	Approved	N/A	1
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 20MCG/DAY	ENCOUNTER OTH GENERAL COUNSEL&ADVICE CONTRACEPT	Approved	N/A	1
AR Exchange - HIM	N/A	MIRENA (52 MG) IUD 20MCG/DAY	OTH MECH COMP IU CONTRACEPT DEVICE INITIAL ENC	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	SOMNOLENCE	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	SOMNOLENCE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	OTHER HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	Postviral fatigue syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	CHRONIC FATIGUE UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MODAFINIL Tablet 100MG	ADJUSTMENT DISORDER WITH DEPRESSED MOOD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP D/O IRREG SLEEP WAKE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OTHER HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	BENIGN INTRACRANIAL HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	BURN-OUT	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	HYPERSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	IDIOPATHIC HYPERSOMNIA WITH LONG SLEEP TIME	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	CIRCADIAN RHYTHM SLEEP DISORDER SHIFT WORK TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	SOMNOLENCE	Approved	N/A	1
AR Exchange - HIM	Psychiatry	MODAFINIL Tablet 200MG	NARCOLEPSY IN COND CLASS ELSEWHERE W/O CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	SOMNOLENCE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	HYPERSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MODAFINIL Tablet 200MG	RECURRENT HYPERSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOMETASONE FUROATE Suspension 50MCG/ACT	VASOMOTOR RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	MOMETASONE FUROATE Suspension 50MCG/ACT	ALLERGIC RHINITIS DUE TO POLLEN	Approved	N/A	1
AR Exchange - HIM	N/A	MOMETASONE FUROATE Suspension 50MCG/ACT	OTHER ALLERGIC RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	MOMETASONE FUROATE Suspension 50MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	2
AR Exchange - HIM	Orthopaedic Surgery	MONOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	MORPHINE SULFATE ER Capsule ER 24HR 10MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE ER Tablet ER 100MG	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE ER Tablet ER 30MG	MANTLE CELL LYMPHOMA NODES INGUINAL & LOW LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE ER Tablet ER 30MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	MORPHINE SULFATE Tablet 15MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	Endocrinology	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	14
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED BL	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	6
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	6
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	RIGHT UPPER QUADRANT PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	OTHER SLEEP APNEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	Elevation of levels of liver transaminase levels	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	Endocrinology	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	ASHD NATIVE COR ARTRY W/UNS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	96
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	92
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Endocrinology	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	22
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	DM UNDERLY UNS DIAB RETINPATH NO MACULR EDEMA	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED BIL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/GANGRENE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	33
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	8
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 5MG/0.5ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	38
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	10
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family practice	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	13
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	8
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Endocrinology	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB MONONEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-ini 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MOVANTIK Tablet 12.5MG	DRUG INDUCED CONSTIPATION	Approved	N/A	3
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	DRUG INDUCED CONSTIPATION	Approved	N/A	10
AR Exchange - HIM	N/A	MOVANTIK Tablet 25MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	UNSPECIFIED ATRIAL FIBRILLATION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	PAROXYSMAL ATRIAL FIBRILLATION	Approved	N/A	1
AR Exchange - HIM	N/A	MULTAQ Tablet 400MG	PAROXYSMAL ATRIAL FIBRILLATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	MVASI Solution 100MG/4ML	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Approved	N/A	1
AR Exchange - HIM	N/A	MVASI Solution 400MG/16ML	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	MYCOPHENOLATE MOFETIL For Suspension 200MG/ML	STEM CELLS TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	MYDAYIS Capsule ER 24HR 12.5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	UNSPECIFIED DYSPAREUNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40/1/0.5/MG	PRIMARY DYSMENORRHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYFEMBREE Tablet 40;1;0.5MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	MYRBETRIQ Tablet ER 24HR 25MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYRBETRIQ Tablet ER 24HR 25MG	OTHER NEUROMUSCULAR DYSFUNCTION OF BLADDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	MYRBETRIQ Tablet ER 24HR 50MG	OVERACTIVE BLADDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NALTREXONE HCL DIHYDRATE Powder/MAGNESIUM GLYCINATE Powder COMPOUND	CHRONIC PAIN SYNDROME	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	NARATRIPTAN HCL Tablet 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	3
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	TRANSIENT ALTERATION OF AWARENESS	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	4
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Approved	N/A	2
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	2
AR Exchange - HIM	N/A	NAYZILAM Solution 5MG/0.1ML	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	NEFFY Solution 2MG/0.1ML	FEAR OF INJECTIONS AND TRANSFUSIONS	Approved	N/A	2
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	LICHEN SIMPLEX CHRONICUS AND PRURIGO	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	LICHEN SIMPLEX CHRONICUS AND PRURIGO	Approved	N/A	1
AR Exchange - HIM	N/A	NEMLUVIO Auto-injector 30MG	PRURIGO NODULARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXIUM 24HR CLEAR MINIS Capsule DR 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	1
AR Exchange - HIM	N/A	NEXIUM 24HR Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLETOL Tablet 180MG	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180/10/MG	Other hyperlipidemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180;10MG	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180;10MG	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180;10MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NEXLIZET Tablet 180;10MG	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NEXPLANON Implant 68MG	ENCOUNTER SURVEILLANCE IMPL SUBDERMAL CONTRACEPT	Approved	N/A	1
AR Exchange - HIM	N/A	NEXPLANON Implant 68MG	ENCOUNTER INITIAL PRESCRIPTION CONTRACEPTIVE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	NEXPLANON Implant 68MG	ENCOUNTER INIT PRSC IMPL SUBDERMAL CONTRACEPT	Approved	N/A	1
AR Exchange - HIM	N/A	NIFEDIPINE ER Tablet ER 24HR 90MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NILOTINIB HCL Capsule 200MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	NITAZOXANIDE Tablet 500MG	CRYPTOSPORIDIOSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NITAZOXANIDE Tablet 500MG	ISOSPORIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	NITROFURANTOIN MONOHYD MACRO Capsule 100MG		Denied	Paid Claim	1
AR Exchange - HIM	N/A	NITROFURANTOIN Suspension 50MG/5ML	URINARY TRACT INFECTION SITE NOT SPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NITROGLYCERIN Ointment 0.4%	ANAL FISSURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NIVA THYROID Tablet 90MG	AUTOIMMUNE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	NIVOLUMAB-RELATIMAB INJECTION, 3mg/1 mg	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	1

AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	NIVOLUMAB-RELATIMAB INJECTION. 3mo/1 mo	MALIGNANT MELANOMA OF ANAL SKIN	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Hematoloov & Oncoloov	NIVOLUMAB-RELATIMAB INJECTION. 3mo/1 mo	SECONDARY MALIGNANT NEOPLASM OF UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncoloov	NIVOLUMAB-RELATIMAB INJECTION. 3mo/1 mo	MALIGNANT NEOPLASM OF RIGHT CHOROID	Approved	N/A	1
AR Exchange - HIM	N/A	NORDITROPIN FLEXPRO Soln Pen-ini 15MG/1.5ML	TURNERS SYNDROME UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NORITATE Cream 1%	ACUTE VAGINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN Soln Pen-ini 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NOVOLOG MIX 70/30 FLEXPEN Susp-Pen-inj (70/30) 100/UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NOVOLOG Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NOVOSEVEN RT For Solution 1MG	HEREDITARY DEFICIENCY OTHER CLOTTING FACTORS	Approved	N/A	1
AR Exchange - HIM	N/A	NP THYROID Tablet 30MG	DISORDER OF THYROID UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NP THYROID Tablet 60MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NUBEQA Tablet 300MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	N/A	NUCALA For Solution 100MG	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	NUCALA For Solution 100MG	Eosinophilic asthma	Approved	N/A	1
AR Exchange - HIM	N/A	NUCALA Soln Auto-ini 100MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	POLYP OF NASAL CAVITY	Approved	N/A	1
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	4
AR Exchange - HIM	N/A	NUCALA Soln Auto-inj 100MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	NUCALA Soln Pref Syr 100MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	NUCYNTA Tablet 50MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	NUCYNTA Tablet 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	Chronic migraine with aura. intractable. with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	PERSIST MIGRAINE AURA W/O INF NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	36
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	Headache, unspecified	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	Chronic migraine with aura. intractable. without status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	9
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	HEMIPLEGIC MIGRAINE NOT INTRACT W/O STATUS MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	7
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	3
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	9
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	EPISODIC PAROXYSMAL HEMICRANIA NOT INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	18
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	NURTEC Tablet Disintegratina 75MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	PNEUMONIA UNSPECIFIED ORGANISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Approved	N/A	3
AR Exchange - HIM	N/A	NUZYRA Tablet 150MG	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	NODULR LYMPHCYT PREDOM HL NODES HEAD FCE & NCK	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	2
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF RIGHT RENAL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	HODGKIN LYMPHOMA UNS NODES AXILLA & UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF CEREBELLUM	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF RIGHT OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF DESCENDED RIGHT TESTIS	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	MALIGNANT NEOPLASM OF BLADDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	NYVEPRIA Soln Pref Syr 6MG/0.6ML	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Psych/Mental Health	Nasal Sorav. Esketamine greater than 56 mo	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Nurse Practitioner: Psych/Mental Health	Nasal Sorav. Esketamine greater than 56 mo	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Nurse Practitioner: Psych/Mental Health	Nasal Sorav. Esketamine greater than 56 mo	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	Nurse Practitioner: Psych/Mental Health	Nasal Sorav. Esketamine up to 56 mo	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	MULTIPLE SCLERDSIS	Approved	N/A	1
AR Exchange - HIM	N/A	OCREVUS Solution 300MG/10ML	MULTIPLE SCLERDSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OCREVUS ZUNOVO Solution 920/23000/MG-UT/23ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OFEV Capsule 150MG	IDIOPATHIC PULMONARY FIBROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OFEV Capsule 150MG	PULMONARY FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OFEV Capsule 150MG	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OFEV Capsule 150MG	INTERSTITIAL PULMONARY DISEASE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OHTUVAYRE Suspension 3MG/2.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	OHTUVAYRE Suspension 3MG/2.5ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OLANZAPINE-FLUOXETINE HCL Capsule 3:25MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	OLANZAPINE-FLUOXETINE HCL Capsule 6:25/MG	MENTAL DISORDER NOT OTHERWISE SPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40:10:12.5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40:10:25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40:5;12.5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40:5;12.5MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	OLMESARTAN-AMLODIPINE-HCTZ Tablet 40;5;25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OLUMIANT Tablet 2MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OLUMIANT Tablet 4MG	OTHER ALOPECIA AREATA	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	OMEPRAZOLE Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMEPRAZOLE Caosule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	6
AR Exchange - HIM	N/A	OMEPRAZOLE Caosule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMEPRAZOLE Tablet DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	6
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	12
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	16
AR Exchange - HIM	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 G6 INTRO GENS Kit	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	8
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OMNIPOD 5 LIBRE2 PLUS G6 PODS Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	4
AR Exchange - HIM	N/A	ONDANSETRON HCL Solution 4MG/5ML	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Approved	N/A	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	NAUSEA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	NAUSEA WITH VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	NAUSEA WITH VOMITING UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	URINARY TRACT INFECTION SITE NOT SPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	CALCULUS OF KIDNEY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONDANSETRON Tablet Disintegratina 4MG	UNS ADVERS EFFECT DRUG/MEDICAMENT INITIAL ENCNTR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONTRUZANT For Solution 150MG	MALIGNANT NEOPLASM OF PYLORIC ANTRUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONTRUZANT For Solution 150MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ONTRUZANT For Solution 420MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPSUMIT Tablet 10MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPSUMIT Tablet 10MG	Pulmonary hypertension, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OPSUMIT Tablet 10MG	Secondary pulmonary arterial hypertension	Approved	N/A	2
AR Exchange - HIM	N/A	OPSUMIT Tablet 10MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPSYNVI Tablet 10;40MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OPTICHAMBER DIAMOND-LG MASK Device	Chronic couah	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	VITILIGO	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	OPZELURA Cream 1.5%	VITILIGO	Approved	N/A	1
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-ini 125MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-ini 125MG/ML	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-ini 125MG/ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-ini 125MG/ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	4
AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-inj 125MG/ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	2

AR Exchange - HIM	N/A	ORENCIA CLICKJECT Soln Auto-ini 125MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORENITRAM Tablet ER 0.125MG	Pulmonary hypertension, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	ORGOVYX Tablet 120MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	3
AR Exchange - HIM	N/A	ORIAHNN Cao Ther Pack 300:1:0.5 & 300MG	ABNORMAL UTERINE & VAGINAL BLEEDING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	Endometriosis of the uterus, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	Endometriosis of the uterus, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	Pelvic and perineal pain unspecified side	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 150MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	ENDOMETRIOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	Endometriosis of the uterus, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	ORILISSA Tablet 200MG	Endometriosis of the uterus, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ORLISTAT Caosule 120MG	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ORSERDU Tablet 345MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	ORTHOVISC INJ PER DOSE	CHONDROMALACIA RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Clinical Nurse Specialist	ORTHOVISC INJ PER DOSE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Clinical Nurse Specialist	ORTHOVISC INJ PER DOSE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OSCIMIN Tab Sublingual 0.125MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OTEZLA Tab Ther Pack 10 & 20 & 30MG-starter	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Approved	N/A	8
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIATIC SPONDYLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	BEHCETS DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA Tablet 30MG	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OTEZLA/OTEZLA XR INITIATION PK Tab Ther Pack 10&20&30&(ER)75MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OTEZLA/OTEZLA XR INITIATION PK Tab Ther Pack 10&20&30&(ER)75MG	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXCARBAZEPINE ER Tablet ER 24HR 150MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXCARBAZEPINE ER Tablet ER 24HR 300MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 300MG	UNSPECIFIED CONVULSIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 300MG	LOC-REL IDIO EPI W/SZ LOC ONSET NOT INTRCT NO SE	Approved	N/A	1
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 300MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OXCARBAZEPINE Tablet 600MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	CHRONIC PAIN SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	SOLITARY PULMONARY NODULE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	CARPAL TUNNEL SYNDROME RIGHT UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	GENERALIZED ABDOMINAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	TROCHANTERIC BURSITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 10MG	ACQUIRED ABSENCE OF RIGHT LEG BELOW KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 15MG	OTHER CHRONIC PANCREATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	MALIGNANT NEOPLASM OF PANCREATIC DUCT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 20MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	ARTHRODESIS STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM OF ENDOCRINE PANCREAS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM UNS PART LEFT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	DISEASE OF SPINAL CORD UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM OF SUPRAGLOTTIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	SPINAL STENOSIS THORACIC REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	PERIPHERAL TEAR MED MENISC CURR RT KNEE INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	BURN UNSPECIFIED BODY REGION UNSPECIFIED DEGREE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM OF UNSPECIFIED OVARY	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTH FRACTURE 1ST THOR VERT INIT ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	WEDGE COMPRS FX 1ST LUMB VERT SUB ENC FX RTN HLN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	MALIGNANT NEOPLASM OF LARYNX UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	CHRONIC PAIN SYNDROME	Approved	N/A	7
AR Exchange - HIM	N/A	OXYCODONE HCL Tablet 5MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10/325/MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	OPEN BITE LEFT LOWER LEG SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	Low back pain, unspecified	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	OTHER SPECIFIED DORSOPATHIES LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	MALIGNANT NEOPLASM OVERLAPPING SITE CERVIX UTERI	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	FRACTURE OF NECK UNSPECIFIED SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	MALIGNANT NEOPLASM OF TONSIL UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	CHRONIC PAIN SYNDROME	Approved	N/A	13
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	3
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	OTHER CHRONIC PAIN	Approved	N/A	4
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	PAIN INTRL ORTHO PROSTH DEVC IMPL GFT SUBSQT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	UNS FX LOWER LT TIBIA SUBSQT ENC CLOS RTN HEAL	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 10.325MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	SPRAIN ANT CRUCIATE LIGAMENT RT KNEE SUBSQT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	FUSION OF SPINE LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	ANT DSPLC FX STERNAL END RT CLAV INIT ENC CLO FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	PAIN IN UNSPECIFIED ANKLE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5/325/MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	SUPERIOR GLENOID LABRUM LESION RT SHOULDER INIT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	OTHER CHRONIC PANCREATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	CUTANEOUS ABSCESS OF ABDOMINAL WALL	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	CHRONIC PAIN SYNDROME	Approved	N/A	8
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	COMPLETE LESION T11-T12 LEVEL THOR SP CORD INIT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	CENTRAL PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	OTH NDSPLC FX 3RD CERV VERT SUBSQT ENC FX DLAY	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 5.325MG	PRESENCE OF RIGHT ARTIFICIAL HIP JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	STRN MUSC TEND ROTATOR CUFF RT SHLDR INITIAL ENC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	PHANTOM LIMB SYNDROME WITH PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	Vertebrogenic low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	LIVER CELL CARCINOMA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	OTHER SPECIFIED POSTPROCEDURAL STATES	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	DISPL FX BASE NECK RT FEMUR INITIAL ENC CLOS FX	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	MALIGNANT NEOPLASM OF CECUM	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5/325MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	4

AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	Low back pain, unspecified	Approved	N/A	3
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF VULVA	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	OSTEOCHONDRITIS DISSECANS LEFT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	CHRONIC PAIN SYNDROME	Approved	N/A	6
AR Exchange - HIM	N/A	OXYCODONE-ACETAMINOPHEN Tablet 7.5;325MG	ARTHRODESIS STATUS	Approved	N/A	2
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 10MG	FUSION OF SPINE LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 10MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 15MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 20MG	DSPLC ST FX LT FEMUR SUBSQT ENC CLO FX RTN HEAL	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 20MG	MALIGNANT NEOPLASM OVERLAPPING SITES OF BLADDER	Approved	N/A	1
AR Exchange - HIM	N/A	OXYCONTIN Tab 12HR Deter 40MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	OXYMORPHONE HCL ER Tablet ER 12HR 10MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	6
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	POLYCYSTIC OVARIAN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	13
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 3	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	53
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	8
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	DM D/T UNDERLYING CONDITON W/DIAB NEUROPATHY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PRE-EXISTING DM TYPE 2 PREGNANCY UNS TRIMESTER	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS OTH DIAB OPHTHALM COMP	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 2	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	293
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	19
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	19
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTHER OBESITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Insulin resistance, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	19
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	IMPAIRED FASTING GLUCOSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	HYPERGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BODY MASS INDEX BMI 36.0-36.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 1	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 1 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	BENIGN INTRACRANIAL HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PRIMARY CENTRAL SLEEP APNEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	Family practice	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	HEART DISEASE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Metabolic syndrome	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OVERWEIGHT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	Obesity, class 3	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	Internal medicine	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PREDIABETES	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	22
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	ABNORMAL WEIGHT LOSS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	UNSPECIFIED DIASTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	12
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	DM D/T UNDERLYING CONDITION WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	333
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-inj 2MG/3ML	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Obesity, class 3	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED OD	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SKIN COMP	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB MONONEUROPATHY	Approved	N/A	1
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/UNS DIAB RETINPATH W/O MACULAR EDEMA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	46
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	10
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML		Denied	Paid Claim	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	BODY MASS INDEX BMI 23.0-23.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	2
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	EDEMA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	PERSONS ENCOUNTER HEALTH SRVC OTH CIRCUMSTANCES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OVERWEIGHT	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	5
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS MLD NPDR W/O ME UNS EYE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	DM D/T UNDERLY CONDITION W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	237
AR Exchange - HIM	Family practice	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Insulin resistance, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	Internal medicine	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	15
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	10
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	16
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	25
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	281
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Obesity, class 2	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	OLD MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED BL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-inj 4MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH DIABETIC CATARACT	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	12
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	4
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OTHER SEASONAL ALLERGIC RHINITIS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DM W/DIABETIC NEUROPATHIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	Obesity, class 3	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED OD	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED BL	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	39
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	7
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	13
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB MONONEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1

AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED O/S	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	21
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	169
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIAB MELLITUS W/HYPEROSMOLARITY W/COMA	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED BIL	Approved	N/A	1
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	216
AR Exchange - HIM	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Internal medicine	OZEMPIC (2 MG/DOSE) Soln Pen-inj 8MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	CHRONIC GASTRIC ULCER WITHOUT HEMORR OR PERF	Approved	N/A	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 20MG	NAUSEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PANTOPRAZOLE SODIUM Tablet DR 40MG		Approved	N/A	1
AR Exchange - HIM	N/A	PAXLOVID (150/100) Tab Ther Pack 10 x 150 MG &10 x 100MG	COVID-19	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PAXLOVID (300/100 &; 150/100) Tab Ther Pack 6 x 150 MG &5 x 100MG	COVID-19	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PAXLOVID (300/100) Tab Ther Pack 20 x 150 MG &10 x 100MG	COVID-19	Approved	N/A	10
AR Exchange - HIM	N/A	PAXLOVID (300/100) Tab Ther Pack 20 x 150 MG &10 x 100MG	COVID-19	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PAZOPANIB HCL Tablet 200MG	MALIGNANT NEOPLASM OF RETROPERITONEUM	Approved	N/A	1
AR Exchange - HIM	N/A	PEG 3350-KCL-NA BICARB-NACL For Solution 420GM	IRON DEFICIENCY ANEMIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PHENDIMETRAZINE TARTRATE Tablet 35MG	BODY MASS INDEX BMI 26.0-26.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENDIMETRAZINE TARTRATE Tablet 35MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENDIMETRAZINE TARTRATE Tablet 35MG	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENOTYPRO Tablet 16.2MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENOXYBENZAMINE HCL Capsule 10MG	BENIGN NEOPLASM OF RIGHT ADRENAL GLAND	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BMI oed 120 percent to < 140 percent of 95th percntl for age	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	Obesity, class 1	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BODY MASS INDEX BMI 34.0-34.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	DIETARY COUNSELING AND SURVEILLANCE	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	ABNORMAL WEIGHT GAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 15MG	BODY MASS INDEX BMI 26.0-26.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 30MG	BODY MASS INDEX BMI 33.0-33.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 30MG	BODY MASS INDEX BMI 34.0-34.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 30MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OVERWEIGHT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	4
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	ABNORMAL WEIGHT GAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 50-59.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OVERWEIGHT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 38.0-38.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 45.0-49.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OBESITY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	Obesity, class 2	Approved	N/A	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 36.0-36.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 28.0-28.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Capsule 37.5MG	BODY MASS INDEX BMI 31.0-31.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PHENTERMINE HCL Tablet 37.5MG	OVERWEIGHT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	PHENTERMINE-TOPIRAMATE ER Caosule ER 24HR 11.25-69MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PHENTERMINE-TOPIRAMATE ER Caosule ER 24HR 11.25-69MG	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PHENTERMINE-TOPIRAMATE ER Capsule ER 24HR 3.75-23MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PITYRIASIS ALBA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	VITILIGO	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	POLYMORPHOUS LIGHT ERUPTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PERIORAL DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	PERIORAL DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	ECZEMATOUS DERMATITIS OF UNS EYE UNS EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PIMECROLIMUS Cream 1%	OTHER ATOPIC DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	PINDOLOL Tablet 5MG	PALPITATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	PIOGLITAZONE HCL Tablet 15MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PITAVASTATIN CALCIUM Tablet 2MG	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	PLEXION CLEANSING CLOTH Pad 9.8;4.8%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PODOFILOX Gel 0.5%	ANOGENITAL VENEREAL WARTS	Approved	N/A	1
AR Exchange - HIM	N/A	POSACONAZOLE Tablet DR 100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	POSACONAZOLE Tablet DR 100MG	OTHER DRUG-INDUCED PANCYTOPENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	POSACONAZOLE Tablet DR 100MG	MYELODYSPLASTIC SYNDROME UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	POTASSIUM CHLORIDE Packet 20MEQ	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-ini 150MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-ini 75MG/ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	1
AR Exchange - HIM	N/A	PRALUENT Soln Auto-ini 75MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PRAMOXINE HCL (PERIANAL) Foam 1%	RESIDUAL HEMORRHOIDAL SKIN TAGS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PRAZIQUANTEL Tablet 600MG	SCHISTOSOMIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	MULTIFOCAL MOTOR NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	VENOUS INSUFFICIENCY CHRONIC PERIPHERAL	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CRAMP AND SPASM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RESTLESS LEGS SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER SPONDYLOSIS W/MYELOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	DRUG-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	Other autoimmune hemolytic anemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	DRUG-INDUCED POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	MILD COGNITIVE IMPAIRMENT SO STATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PARESTHESIA OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CHRONIC PAIN SYNDROME	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	Internal medicine	PREGABALIN Capsule 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	Internal medicine	PREGABALIN Capsule 100MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PAIN IN LEG UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	POLYNEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	PARESTHESIA OF SKIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	ZOSTER WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	DM D/T UNDERLYING COND W/DIABETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	COMPLEX REGIONAL PAIN SYNDROME I RT UPPER LIMB	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	FIBROMYALGIA	Approved	N/A	8
AR Exchange - HIM	Internal medicine	PREGABALIN Capsule 100MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER SPECIFIED POLYNEUROPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTHER CHRONIC PAIN	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 100MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	DM D/T UNDERLYING CONDITON W/DIAB NEUROPATHY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Low back pain, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TROCHANTERIC BURSITIS RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	11
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Myalgia, unspecified site	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	ATHEROSCLER NATIVE ART EXTREM REST PAIN LT LEG	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Spinal stenosis, lumbar region without neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1

AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RESTLESS LEGS SYNDROME	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CHRONIC PAIN SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	INSOMNIA DUE TO OTHER MENTAL DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CERVICALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CNCTV TISSUE DISC STENOS IV FORAMINA LUMB REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	Active primary progressive multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	RADICULOPATHY SITE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	PAIN IN LEFT LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	FIBROMYALGIA	Approved	N/A	24
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	UNSPECIFIED MONONEUROPATHY BILATERAL LOWER LIMBS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 150MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	DRUG-INDUCED POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	PARESTHESIA OF SKIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 200MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	FIBROMYALGIA	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	COMPLEX REGIONAL PAIN SYNDROME I UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	OTHER DISORDERS OF PERIPHERAL NERVOUS SYSTEM	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 225MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	Myalgic encephalomyelitis/chronic fatigue syndrome	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	UNSPECIFIED MONONEUROPATHY LEFT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	PAIN IN THORACIC SPINE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	CHRONIC PAIN DUE TO TRAUMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	DM D/T UNDERLYING COND W/DIABETIC MONONEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RESTLESS LEGS SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	CRITICAL ILLNESS POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 25MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	SOCIAL PHOBIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	FIBROMYALGIA	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	MARFANS SYNDROME UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	BURN UNSPECIFIED BODY REGION UNSPECIFIED DEGREE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	STRAIN MUSCLE FASC & TENDON NECK LEVL INIT ENC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 300MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER SPECIFIED ARTHRITIS MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	SPINAL STENOSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	ATTN DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PARESTHESIA OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Pelvic and perineal pain unspecified side	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	DORSALGIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Other autoimmune hemolytic anemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	17
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CONVERSION DISORDER W/MOTOR SYMPTOM OR DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CARPAL TUNNEL SYNDROME LEFT UPPER LIMB	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	INTERCOSTAL NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	FIBROMYALGIA	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RESTLESS LEGS SYNDROME	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	DSPL INTERTROCHANTERIC FX LT FEMUR INIT ENC CLO	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	SICCA SYNDROME WITH MYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PHANTOM LIMB SYNDROME WITH PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER CHRONIC PAIN	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	Other intervertebral disc degeneration, lumbar region with lower extremity pain only	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	ANESTHESIA OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	RADICULOPATHY SITE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	PAIN IN LEFT LOWER LEG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	CERVICALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	UNS ROT CUFF TEAR/RUPT RT SHLDR NOT SPEC TRAUMAT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 50MG	DM D/T UNDERLYING COND W/DIABETIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	LESION LATERAL POPLITEAL NERVE UNS LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TRIGEMINAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Abdominal pain of multiple sites	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	16
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Spinal stenosis, lumbar region without neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN LEG UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	UNSPECIFIED MONONEUROPATHY BILATERAL LOWER LIMBS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SLEEP DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	GENERALIZED PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	GUILLAIN-BARRE SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PHANTOM LIMB SYNDROME WITH PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	FIBROMYALGIA	Approved	N/A	13
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SPECIFIED POLYNEUROPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SOFT TISSUE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CONVERSION DISORDER W/MOTOR SYMPTOM OR DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY CERVICAL REGION	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER HEREDITARY AND IDIOPATHIC NEUROPATHIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SACROCOCCYGEAL DISORDERS NEC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	UNSPECIFIED MONONEUROPATHY BILATERAL LOWER LIMBS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SPECIFIED POLYNEUROPATHIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN LEFT ANKLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBOSACRAL RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN THORACIC SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PAIN IN LEFT ARM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	HEREDITARY MOTOR AND SENSORY NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	PARESTHESIA OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER SPONDYLOSIS W/RADICULOPATHY SITE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	INJURY TIBIAL NERVE LOW LEG LEVL LT LEG INITIAL	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY CERVICAL REGION	Approved	N/A	4
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ANESTHESIA OF SKIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHRONIC PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	HEREDITARY AND IDIOPATHIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CARPAL TUNNEL SYNDROME UNSPECIFIED UPPER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER POSTHERPETIC NERVOUS SYSTEM INVOLVEMENT	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ALCOHOLIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CHRONIC PAIN SYNDROME	Approved	N/A	7
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SCIATICA RIGHT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CERVICALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ZOSTER WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TRIGEMINAL NEURALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OSTEOCHONDRITIS DISSECANS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OCCIPITAL NEURALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHRONIC POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RESTLESS LEGS SYNDROME	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	POSTHERPETIC POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	6
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SYSTEMIC LUPUS ERYTHEMATOSUS ORGAN/SYS INVLV UNS	Approved	N/A	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	RADICULOPATHY THORACIC REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Low back pain, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	Spinal stenosis, lumbar region with neurogenic claudication	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	SPINAL STENOSIS SITE UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	CARPAL TUNNEL SYNDROME BILATERAL UPPER LIMBS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	OSTEOMYELITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN Capsule 75MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGABALIN ER Tablet ER 24HR 165MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREGNYL For Solution 10000UNIT	MALE INFERTILITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PREGNYL For Solution 10000UNIT	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PREVYMIS Tablet 480MG	CYTOMEGALOVIRAL DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	PREVYMIS Tablet 480MG	STEM CELLS TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	PROAIR RESPICLICK Aero Pow Br Act 108 (90 Base)MCG/ACT	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1:1%	UNSPECIFIED HEMORRHOIDS	Approved	N/A	1
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1:1%	OTHER HEMORRHOIDS	Approved	N/A	2
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1:1%	HEMORRHAGE OF ANUS AND RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	PROCTOFOAM HC Foam 1:1%	RESIDUAL HEMORRHOIDAL SKIN TAGS	Approved	N/A	1
AR Exchange - HIM	N/A	PROLASTIN-C Solution 1000MG/20ML	ALPHA-1-ANTITRYPSIN DEFICIENCY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PROLASTIN-C Solution 1000MG/20ML	ALPHA-1-ANTITRYPSIN DEFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	PROLIA Soln-Pref Syr 60MG/ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	PROMACTA Tablet 50MG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-CODEINE Solution 6.25/10MG/5ML	Acute Cough	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Subacute cough	Approved	N/A	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	ACUTE UPPER RESPIRATORY INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	ACUTE SINUSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	OTHER ACUTE SINUSITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	FEVER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Acute Cough	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	OTH SPEC SX & SIGNS INVLV THE CIRC & RESP SYS	Approved	N/A	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Cough, unspecified	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Cough, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Cough, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Cough, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	ACUTE BRONCHITIS DUE TO OTHER SPEC ORGANISMS	Approved	N/A	1
AR Exchange - HIM	N/A	PROMETHAZINE-DM Syrup 6.25/15MG/5ML	Acute Cough	Approved	N/A	1
AR Exchange - HIM	N/A	PRUCALOPRIDE SUCCINATE Tablet 2MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PULMICORT FLEXHALER Aero Pow Br Act 90MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	PULMOZYME Solution 2.5MG/2.5ML	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	PYLERA Capsule 140/125/125/MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QBREXZA Pad 2.4%	PRIMARY FOCAL HYPERHIDROSIS AXILLA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 100MG	OTHER TIC DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	6
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTENTION AND CONCENTRATION DEFICIT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	QTERN Tablet 10/5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QUETIAPINE FUMARATE Tablet 150MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	QUININE SULFATE Capsule 324MG	OTHER MUSCLE SPASM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 10MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	3
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 30MG	Chronic migraine with aura, not intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	24
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, intractable, without status migrainosus	Approved	N/A	1

AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	4
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	HEMIPLEGIC MIGRAINE INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, not intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Chronic migraine with aura, not intractable, with status migrainosus	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Cervicogenic headache	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	17
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS INTRACTABLE W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	QULIPTA Tablet 60MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	11
AR Exchange - HIM	N/A	QUVIVIO Tablet 25MG	PRIMARY INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	QUVIVIO Tablet 25MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	QUVIVIO Tablet 50MG	INSOMNIA UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	RABAVERT For Suspension		Denied	Formulary/Plan Benefit	3
AR Exchange - HIM	N/A	RAMELTEON Tablet 8MG	PSYCHOPHYSIOLOGIC INSOMNIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RASAGILINE MESYLATE Tablet 1MG	Parkinsonism, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RAVICTI Liquid 1.1GM/ML	DISORDERS OF ORNITHINE METABOLISM	Approved	N/A	1
AR Exchange - HIM	N/A	REBINYN Solution 3000UNIT	HEREDITARY FACTOR IX DEFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REMICADE For Solution 100MG	ULCERATIVE CHRONIC PROCTITIS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REMICADE For Solution 100MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	PSORIATIC ARTHRITIS MUTILANS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	UNSPECIFIED IRIDOCYCLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RENFLEXIS For Solution 100MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	27
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE COR ARTREY W/UNS ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	CEREBRAL INFARCTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	Familial hypercholesterolemia, unspecified	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	18
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	22
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ENCOUNTER FOR SCREENING FOR LIPOID DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ABNORMAL RESULTS OF LIVER FUNCTION STUDIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Approved	N/A	4
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	8
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PERIPHERAL VASCULAR DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	POSTMENOPAUSAL BLEEDING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	MIXED HYPERLIPIDEMIA	Approved	N/A	5
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ATHEROSCLER NATIVE ART EXT INTERMIT CLAUD BILAT	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	13
AR Exchange - HIM	N/A	REPATHA SURECLICK Soln Auto-inj 140MG/ML	ACUTE ISCHEMIC HEART DISEASE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	FAMILIAL HYPERCHOLESTEROLEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	Other hyperlipidemia	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	2
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	MIXED HYPERLIPIDEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	PURE HYPERCHOLESTEROLEMIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	REPATHA Soln Pref Syr 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	RESTASIS Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RESTORA RX Capsule 60-1.25MG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	MALIG NEOPLASM CONN SOFT TISS RT LOW LIMB W/HIP	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	ANEMIA IN CHRONIC KIDNEY DISEASE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	ANEMIA DUE TO ANTINEOPLASTIC CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	RETACRIT Solution 40000UNIT/ML	ANEMIA IN CHRONIC KIDNEY DISEASE	Approved	N/A	5
AR Exchange - HIM	N/A	REVLIMID Capsule 10MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	REVLIMID Capsule 15MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REVLIMID Capsule 20MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	4
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	BIPOLAR D/O CURRNT DEPRESS MILD/MOD SEVERITY UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 0.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	7
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	3
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	15
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE MOD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	Major depressive disorder, single episode	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 1MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	10
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	15
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	6
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	Major depressive disorder, single episode	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 2MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 3MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	REXULTI Tablet 4MG	DISORGANIZED SCHIZOPHRENIA	Approved	N/A	1
AR Exchange - HIM	N/A	REYVOW Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	REYVOW Tablet 100MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	REYVOW Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	REYVOW Tablet 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	Hepatic fibrosis, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 100MG	ABNORMAL LEVELS OF OTHER SERUM ENZYMES	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 80MG	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	REZDIFFRA Tablet 80MG	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	REZVOGLAR KWIKPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	RHOPADIC Tablet 25MG	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	RHOPSIDO Tablet 25MG	IDIOPATHIC URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	RHOPSIDO Tablet 25MG	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	RHOFADE Cream 1%	OTHER ROSACEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIFABUTIN Capsule 150MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIFABUTIN Capsule 150MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Approved	N/A	2
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER ATOPIC DERMATITIS	Approved	N/A	3
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	Non-radiographic axial spondyloarthritis of unspecified sites in spine	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 15MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	4

AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 15MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	7
AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 15MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 15MG	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 15MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 15MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RINVOO Tablet ER 24HR 30MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 30MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	ULCERATIVE CHRONIC PANCOLITIS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	CROHNS DISEASE SMALL & LARGE INTESTINE W/FIST	Approved	N/A	1
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	RINVOQ Tablet ER 24HR 45MG	OTHER ULCERATIVE COLITIS WITH OTHER COMPLICATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RISEDRONATE SODIUM Tablet 150MG	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RISEDRONATE SODIUM Tablet 35MG	OTH SPEC D/O BONE DENSITY STRUCTURE MX SITES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RITUXAN Solution 500MG/50ML	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegratinq 10MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegratinq 10MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RIZATRIPTAN BENZOATE Tablet Disintegratinq 10MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ROMVIMZA Capsule 30MG	Other specified neoplasm of uncertain behavior of connective and other soft tissue	Approved	N/A	1
AR Exchange - HIM	N/A	ROPINIROLE HCL ER Tablet ER 24HR 4MG	RESTLESS LEGS SYNDROME	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ROPINIROLE HCL Tablet 1MG		Approved	N/A	1
AR Exchange - HIM	N/A	ROSUVASTATIN-EZETIMIBE 10 MG-10MG TABLET	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RUXIENCE Solution 100MG/10ML	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RUXIENCE Solution 500MG/50ML	STIFF-MAN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	RUXIENCE Solution 500MG/50ML	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RUXIENCE Solution 500MG/50ML	Relapsing-remitting multiple sclerosis	Approved	N/A	1
AR Exchange - HIM	N/A	RYALTRIS Suspension 665:25MCG/ACT	CHRONIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYALTRIS Suspension 665:25MCG/ACT	ALLERGIC RHINITIS DUE TO POLLEN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYALTRIS Suspension 665:25MCG/ACT	CHRONIC SINUSITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYALTRIS Suspension 665;25MCG/ACT	ALLERGIC RHINITIS DUE TO POLLEN	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DM W/DIAB PERIPH ANGIOPATHY W/O GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	9
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	RYBELSUS Tablet 14MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	6
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	Type 2 diabetes mellitus with ketoacidosis without coma	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	Type 2 diabetes mellitus without complications in remission	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	2
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	PARAPLEGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	ABNORMAL WEIGHT LOSS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	14
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	OTH SPEC DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 3MG	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	3
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	16
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/HYPOGLYCEMIA W/O COMA	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	RYBELSUS Tablet 7MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	9
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	PRESENCE OF CORONARY ANGIOPLASTY IMPLANT & GRAFT	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24/26/MG	ACUTE SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24:26MG	HEART FAILURE UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24:26MG	OTHER CARDIOMYOPATHIES	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	ISCHEMIC CARDIOMYOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24:26MG	HEART FAILURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	LEFT VENTRICULAR FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	OTHER ILL-DEFINED HEART DISEASES	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 24;26MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	3
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49/51/MG	HEART FAILURE, UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49/51/MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49/51/MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49:51MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49;51MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49:51MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 49:51MG	UNSPECIFIED SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97/103/MG	DILATED CARDIOMYOPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97/103/MG	HEART FAILURE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97:103MG	Right heart failure, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97:103MG	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC CHF	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97:103MG	CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SACUBITRIL-VALSARTAN Tablet 97;103MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SALICYLIC ACID ER Solution 28.5%	VIRAL WART UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	POSTTRAUMATIC WOUND INFECTION NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	UNSPECIFIED OPEN WOUND LEFT FOOT INITIAL ENCNTR	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	DISRUPT EXTERNAL OPERATION WOUND NEC SUBSQT ENC	Approved	N/A	2
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	NON-PRESS CHR ULCR OTH PART LT LW LEG FAT EXPOS	Approved	N/A	1
AR Exchange - HIM	N/A	SANTYL Ointment 250UNIT/GM	DISRUPTION WOUND UNSPECIFIED SUBSEQUENT ENCNTR	Approved	N/A	1
AR Exchange - HIM	N/A	SAPHNELO Solution 300MG/2ML	DISCOID LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SAPHNELO Solution 300MG/2ML	OTH ORGAN/SYS INVLV SYSTEMIC LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SAVELLA TITRATION PACK Misc 12.5 & 25 & 50MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 100MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 12.5MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	SAVELLA Tablet 25MG	FIBROMYALGIA	Approved	N/A	2
AR Exchange - HIM	N/A	SAVELLA Tablet 25MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 50MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	SAVELLA Tablet 50MG	FIBROMYALGIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SAVELLA Tablet 50MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAVELLA Tablet 50MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SAXENDA Soln Pen-inj 18MG/3ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SCEMBLIX Tablet 40MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	SCOPOLAMINE Patch 72HR 1MG/3DAYS	VOMITING OF PREGNANCY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SEGLUROMET Tablet 7.5;1000MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	SEMGLEE (YFGN) Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	SEMGLEE (YFGN) Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Exchange - HIM	N/A	SEMGLEE (YFGN) Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SERNIVO Emulsion 0.05%	OTHER SPECIFIED CONGENITAL MALFORMATIONS OF SKIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SERTRALINE HCL 50 MG TABLET		Denied	Paid Claim	1
AR Exchange - HIM	N/A	SERTRALINE HCL Capsule 200MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SERTRALINE HCL Tablet 25MG	Maior deoressive disorder. sinole episode	Approved	N/A	1
AR Exchange - HIM	N/A	SEVELAMER HCL Tablet 800MG	END STAGE RENAL DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SEYSARA Tablet 100MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DISORDER	Approved	N/A	4
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	13
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	TESTICULAR HYPOFUNCTION	Approved	N/A	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ERECTILE DYSF FOLLOWING RADICAL PROSTATECTOMY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	15
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 100MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	RAYNAUDS SYNDROME WITHOUT GANGRENE	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 20MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	ERECTILE DYSFUNCTION DUE TO ART INSUFFICIENCY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 25MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	CORPORO-VENOUS OCCLUSIVE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	OTHER MALE ERECTILE DYSFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	DRUG-INDUCED ERECTILE DYSFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DISORDER	Approved	N/A	3
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	12
AR Exchange - HIM	N/A	SILDENAFIL CITRATE Tablet 50MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Approved	N/A	1
AR Exchange - HIM	N/A	SIMPLERA SYNC SENSOR Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SIMPONI Soln Auto-inj 50MG/0.5ML	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SIMVASTATIN Tablet 40MG	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SIROLIMUS Solution 1MG/ML	STEM CELLS TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	SITAGLIPTIN Tablet 25MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYLA IUD 13.5MG	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT UNS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYLA IUD 13.5MG	ENCOUNTER INSERTION INTRAUTERINE CONTRACEPT DEVC	Approved	N/A	1

AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	PSORIATIC ARTHRITIS MUTILANS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	PSORIATIC SPONDYLITIS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	OTHER PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	19
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML	PSORIASIS VULGARIS	Approved	N/A	22
AR Exchange - HIM	N/A	SKYRIZI PEN Soln Auto-inj 150MG/ML-starter	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 180MG/1.2ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	LEFT SIDED COLITIS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRON RECTOSIGMOIDITIS W/RECTAL BLEED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	3
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE COLITIS UNS W/RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNSPECIFIED WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Admin-Missing Information	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE SMALL INTESTINE W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS W/UNSPECIFIED COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DZ SMALL & LARGE INTEST W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	OTHER ULCERATIVE COLITIS WITH RECTAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	5
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Soln Pref Syr 150MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE SMALL & LARGE INTEST W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Approved	N/A	1
AR Exchange - HIM	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DZ SMALL & LARGE INTEST W/RECTAL BLEED	Approved	N/A	1
AR Exchange - HIM	N/A	SLOW FE Tablet ER 45MG	DEFICIENCY OF OTHER SPECIFIED B GROUP VITAMINS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SODIUM OXYBATE Solution 500MG/ML	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SODIUM OXYBATE Solution 500MG/ML	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	18
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	3
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	ACUTE HEPATITIS C WITHOUT HEPATIC COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400;100MG	CHRONIC VIRAL HEPATITIS C	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400;100MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	45
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400;100MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Approved	N/A	2
AR Exchange - HIM	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400;100MG	UNS VIRAL HEPATITIS C WITHOUT HEPATIC COMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOLIQUA Soln Pen-ini 100-33UNT-MCG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Exchange - HIM	N/A	SOLIQUA Soln Pen-ini 100-33UNT-MCG/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	SOLIQUA Soln Pen-ini 100-33UNT-MCG/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	SOLOSEC Packet 2GM	ACUTE VAGINITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SOLOSEC Packet 2GM	ACUTE VAGINITIS	Approved	N/A	2
AR Exchange - HIM	N/A	SOTYKTU Tablet 6MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	3
AR Exchange - HIM	Family practice	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	9
AR Exchange - HIM	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	10
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	69
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	9
AR Exchange - HIM	Family practice	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL & LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine: Gastroenteroloov	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE OF SMALL INTESTINE WITH FISTULA	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	2
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	OTHER PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	STELARA Soln Pref Syr 90MG/ML	PITYRIASIS RUBRA PILARIS	Approved	N/A	1
AR Exchange - HIM	N/A	STOBOCLO Soln Pref Syr 60MG/ML	OTHER OSTEOPOROSIS W/O CURRENT PATHOLOGICAL FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Svr 100MG/0.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Svr 300MG/1.5ML	OPIOID DEPENDENCE IN REMISSION	Approved	N/A	2
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Svr 300MG/1.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	20
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Svr 300MG/1.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Benefit-Coverage Terminated	1
AR Exchange - HIM	N/A	SUBLOCADE Soln Pref Svr 300MG/1.5ML	OPIOID DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	SUBOXONE Film 8:2MG	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	SUBOXONE Film 8:2MG	OPIOID ABUSE UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	SUCRALFATE Tablet 1GM		Approved	N/A	1
AR Exchange - HIM	N/A	SUFLAVE For Solution 178.7GM	Personal history of colon polyps unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	SULFACETAMIDE-SULFUR IN UREA Emulsion 10;5%	PERIORAL DERMATITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Soln Auto-inj 6MG/0.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Soln Auto-inj 6MG/0.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Solution 6MG/0.5ML	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	Chronic migraine with aura, not intractable, with status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 100MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 25MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	INTERNAL MEDICINE	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	SUMATRIPTAN SUCCINATE Tablet 50MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITH CATAPLEXY	Approved	N/A	2
AR Exchange - HIM	N/A	SUNOSI Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	SUNOSI Tablet 75MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SUNOSI Tablet 75MG	SOMNOLENCE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SYMBICORT Aerosol 160:4.5MCG/ACT	UNSPECIFIED CHRONIC BRONCHITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SYMPROIC Tablet 0.2MG	DRUG INDUCED CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	SYMTUZA Tablet 800;150;200;10MG	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	SYMTUZA Tablet 800;150;200;10MG	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Physician Assistant	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	Hospitalist	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Family Medicine	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	PAIN IN RIGHT KNEE	Approved	N/A	2
AR Exchange - HIM	Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery: Sports Medicine	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Orthopaedic Surgery	SYNVISC OR SYNVISC-ONE	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	VITILIGO	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	LICHEN SCLEROSUS ET ATROPHICUS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	ECZEMATOUS DERMATITIS OF LEFT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	OTHER ATOPIC DERMATITIS	Approved	N/A	9
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.03%	GRANULOMA ANNULARE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	LOCALIZED SCLERODERMA MORPHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PHIMOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	GENERALIZED PUSTULAR PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DYSHIDROSIS POMPHOLYX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DYSHIDROSIS POMPHOLYX	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	INTRINSIC ALLERGIC ECZEMA	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	10
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC DERMATITIS UNS EYE UNS EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	GRANULOMA ANNULARE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	TINEA CRURIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	METHICILLIN SUSCEPTIBLE STAPH INFEC DX CLASS ELS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	UNSPECIFIED CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	LICHEN SCLEROSUS ET ATROPHICUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ERYTHEMA INTERTRIGO	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPECIFIED DERMATITIS	Approved	N/A	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPECIFIED EPIDERMAL THICKENING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SPECIFIED DERMATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ECZEMATOUS DERMATITIS OF RIGHT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PRURIGO NODULARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PERIORAL DERMATITIS	Approved	N/A	4
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DISCOID LUPUS ERYTHEMATOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	NUMMULAR DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC CONTACT DERMATITIS UNSPECIFIED CAUSE	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS VULGARIS	Approved	N/A	14
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Approved	N/A	25
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DISEASES OF LIPS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ALOPECIA AREATA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	ALLERGIC CONTACT DERMATITIS D/T OTH CHEM PRODUCT	Approved	N/A	1
AR Exchange - HIM	N/A	TACROLIMUS Ointment 0.1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	5
AR Exchange - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL (PAH) Tablet 20MG	Pulmonary hypertension, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	Secondary pulmonary arterial hypertension	Approved	N/A	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Approved	N/A	5
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	OTHER MALE ERECTILE DYSFUNCTION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ERECTILE DYSF FOLLOWING RADICAL PROSTATECTOMY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DISORDER	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/O LOWER URINARY TRACT SX	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	ERECTILE DYSFUNCTION DUE TO DISEASES CLASS ELSW	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	TADALAFIL Tablet 5MG	MALE ERECTILE DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAGRISSO Tablet 80MG	MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	TAKHZYRO Soln Pref Syr 300MG/2ML	DEFECTS IN THE COMPLEMENT SYSTEM	Approved	N/A	2
AR Exchange - HIM	N/A	TAKHZYRO Soln Pref Syr 300MG/2ML	DEFECTS IN THE COMPLEMENT SYSTEM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS VULGARIS	Approved	N/A	8
AR Exchange - HIM	N/A	TALTZ Soln Auto-inj 80MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TASIGNA Capsule 200MG	CHRONIC MYELOID LEUKEMIA BCR/ABL-POS NOT REMISS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TASIMELTEON Capsule 20MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAVABOROLE Solution 5%	NAIL DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAVABOROLE Solution 5%	TINEA UNGUIUM	Approved	N/A	3
AR Exchange - HIM	N/A	TAVABOROLE Solution 5%	TINEA UNGUIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAVNEOS Capsule 10MG	WEGENERS GRANULOMATOSIS WITH RENAL INVOLVEMENT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TAZAROTENE Cream 0.05%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	Internal Medicine: Medical Oncology	TEBENTAFUSP-TEBN injection, 1 microgram	MALIGNANT NEOPLASM OF LEFT CHOROID	Approved	N/A	1
AR Exchange - HIM	N/A	TECENTRIQ Solution 1200MG/20ML	MALIGNANT NEOPLASM OF RIGHT MAIN BRONCHUS	Approved	N/A	1
AR Exchange - HIM	N/A	TECENTRIQ Solution 1200MG/20ML	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 100MG	MALIGNANT NEOPLASM OF PARIETAL LOBE	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 100MG	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 20MG	MALIGNANT NEOPLASM OF TEMPORAL LOBE	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 20MG	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 250MG	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF BRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TEMOZOLOMIDE Capsule 5MG	MALIGNANT NEOPLASM OF BRAIN UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TERBINAFINE HCL Tablet 250MG	TINEA UNGUIUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TERBINAFINE HCL Tablet 250MG	TINEA PEDIS	Approved	N/A	1
AR Exchange - HIM	N/A	TERIPARATIDE Soln Pen-inj 560MCG/2.24ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	1
AR Exchange - HIM	N/A	TERIPARATIDE Soln Pen-inj 560MCG/2.24ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	ENDOCRINE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 1.62%	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/1.25GM(1.62%)	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/1.25GM(1.62%)	TRANSSEXUALISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/1.25GM(1.62%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/ACT(1.62%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TESTOSTERONE Gel 20.25 MG/ACT(1.62%)	TESTICULAR HYPOFUNCTION	Approved	N/A	1
AR Exchange - HIM	N/A	TESTOSTERONE Gel 50 MG/5GM(1%)	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-ini 210MG/1.91ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-ini 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-ini 210MG/1.91ML	SEVERE PERSISTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TEZSPIRE Soln Auto-ini 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Exchange - HIM	N/A	TEZSPIRE Soln Pref Syr 210MG/1.91ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	THALOMID Capsule 100MG	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	THIAMINE MONONITRATE Tablet 100MG	THIAMINE DEFICIENCY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	THYROGEN For Solution 0.9MG	MALIGNANT NEOPLASM OF THYROID GLAND	Approved	N/A	1
AR Exchange - HIM	N/A	THYROID Tablet 60MG	DISORDER OF THYROID UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TINIDAZOLE Tablet 500MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TINIDAZOLE Tablet 500MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Approved	N/A	1
AR Exchange - HIM	N/A	TINIDAZOLE Tablet 500MG	CAMPYLOBACTER ENTERITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TIOTROPIUM BROMIDE Caosule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	TIOTROPIUM BROMIDE Caosule 18MCG	UNSPECIFIED ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	TIOTROPIUM BROMIDE Caosule 18MCG	Other soecified chronic obstructive oulmonary disease	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Caosule 100MCG	POSTPROCEDURAL HYPOTHYROIDISM	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Capsule 200MCG	AUTOIMMUNE THYROIDITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TIROSINT Capsule 25MCG	AUTOIMMUNE THYROIDITIS	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Capsule 50MCG	HYPOTHYROIDISM UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TIROSINT Capsule 50MCG	OTHER SPECIFIED HYPOTHYROIDISM	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT Capsule 75MCG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TIROSINT-SOL Solution 150MCG/ML	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TOBRADEX ST Suspension 0.3:0.05%	PHOTOKERATITIS BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOLVAPTAN Tab Ther Pack 45 & 15MG	POLYCYSTIC KIDNEY ADULT TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	TOLVAPTAN Tab Ther Pack 45 & 15MG	POLYCYSTIC KIDNEY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOLVAPTAN Tab Ther Pack 60 & 30MG	POLYCYSTIC KIDNEY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TONMYA Tab Sublinqual 2.8MG	FIBROMYALGIA	Approved	N/A	1
AR Exchange - HIM	N/A	TOPIRAMATE Cap Sprinkle 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMATE ER CP24 Sprinkle 150MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	TOPIRAMATE ER CP24 Sprinkle 200MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMATE ER CP24 Sprinkle 25MG	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMATE ER CP24 Sprinkle 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	TOPIRAMATE ER Capsule ER 24HR 25MG	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMATE ER Capsule ER 24HR 50MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	TOPIRAMATE ER Capsule ER 24HR 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOPIRAMATE Tablet 25MG	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	TOPIRAMATE Tablet 25MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	TOUJEO MAX SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-ini 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-ini 300UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TOUJEO SOLOSTAR Soln Pen-inj 300UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRADIENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRADIENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRADIENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRADIENTA Tablet 5MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL ER Tablet ER 24HR 100MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 100MG	UNSPECIFIED INJURY OF NECK INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRIMARY OSTEOARTHRITIS RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYNEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SACROILIITIS NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain only	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	NEOPLASM RELATED PAIN ACUTE CHRONIC	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	DISLOCATION JAW UNSPECIFIED SIDE SUBSEQUENT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LUMBAR RGN	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN SYNDROME	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	DEVIATED NASAL SEPTUM	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYOSTEOARTHRITIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS RIGHT KNEE	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SYSTEMIC INVOLVEMENT CONNECTIVE TISSUE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CNCTV TISS DISC STENOS IV FORAMINA ABD OTH RGNS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT HIP	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER CHRONIC PAIN	Approved	N/A	34
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	HODGKIN LYMPHOMA UNS NODES HEAD FACE & ENCK	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Low back pain, unspecified	Approved	N/A	21
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT KNEE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNS FX UNS LUMBAR VERT INIT CLOS FRACTURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POSTLAMINECTOMY SYNDROME NEC	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Myalgia, unspecified site	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	NEURALGIA AND NEURITIS UNSPECIFIED	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT HIP	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RA WITHOUT RHEUMATOID FACTOR UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SACROCOCCYGEAL DISORDERS NEC	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INTERVERTEBRAL DISC D/O W/RADICULOPATHY LS RGN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	FIBROMYALGIA	Approved	N/A	11
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOLYSIS CERVICAL REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA UNSPECIFIED SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LONG TERM CURRENT USE OF OPIATE ANALGESIC	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA LEFT SIDE	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH CERVICAL DISC DEGENERATION UNS CERV REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	NONDSPLC FX DIST PHAL RT LESSER TOES INIT CLO FX	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPONDYLOSIS LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	TYPE 2 DIABETES MELLITUS W/DIABETIC DERMATITIS	Approved	N/A	1

AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER POLYOSTEOARTHRITIS	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CERVICALGIA	Approved	N/A	8
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ENDOMETRIOSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED FOOT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY CERVICAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	TYPE 2 DM W/DIABETIC AUTONOMIC POLYNEUROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	NEURALGIA AND NEURITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RIGHT UPPER QUADRANT PAIN	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	EPISODIC TENSION-TYPE HEADACHE NOT INTRACTABLE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ENCOUNTER FOR ISSUE OF REPEAT PRESCRIPTION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Vertebroxenic low back pain	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE	Approved	N/A	5
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER SPONDYLOSIS LUMBOSACRAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PLANTAR FASCIAL FIBROMATOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	FRACTURE OF NECK UNSPECIFIED SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN THORACIC SPINE	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED JOINT	Approved	N/A	8
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG		Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RA WITHOUT RHEUMATOID FACTOR RIGHT HAND	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Low back pain, unspecified	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS UNS HIP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CELLULITIS OF FACE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNSPECIFIED RENAL COLIC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SCIATICA LEFT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Spinal stenosis, lumbar region without neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY LUMBAR REGION	Approved	N/A	8
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY LUMBOSACRAL REGION	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Spinal stenosis, lumbar region with neurogenic claudication	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CONTUSION OF RIGHT HIP SUBSEQUENT ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN SYNDROME	Approved	N/A	36
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other low back pain	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	COMPLEX REGIONAL PAIN SYNDROME I RT LOWER LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CERVICAL DISC DISORDER C5-C6 LEVEL RADICULOPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN UNSPECIFIED HAND	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY THOR RGN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC PAIN DUE TO TRAUMA	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ATHEROSCLER NATV ART EXTREM W/GANGREN OTH EXTREM	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	DYSTONIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT SHOULDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	DORSALGIA UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	COMPLEX TEAR MED MENISCUS CURR LT KNEE INIT ENC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA RIGHT SIDE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH INTERVERTEBRAL DISC DEGEN THORACIC REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CERVICAL DISC DISORDER UNS UNS CERVICAL REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY LUMB RGN	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOLISTHESIS LUMBAR REGION	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN RIGHT SHOULDER	Approved	N/A	4
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	MULTIPLE FRACTURES RIBS UNSPECIFIED SIDE SEQUELA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	LUMBAGO WITH SCIATICA LEFT SIDE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	INTRASPINAL ABSCESS AND GRANULOMA	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYARTHRITIS UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ABDOMINAL OR PELVIC SWELLING, MASS, OR LUMP, PERIUMBILIC	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Malignant neoplasm of bilateral ovaries	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	ANGINA PECTORIS WITH DOCUMENTED SPASM	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT KNEE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPINAL STENOSIS CERVICAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRIMARY OSTEOARTHRITIS UNSPECIFIED ANKLE & FOOT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RADICULOPATHY LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	SPONDYLOLISTHESIS LUMBOSACRAL REGION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Pelvic and perineal pain unspecified side	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	2
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	OTH INTERVERTEBRAL DISC DISPLACEMENT LS REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	POLYNEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	Family practice	TRAMADOL HCL Tablet 50MG	BULLOUS IMPETIGO	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL HCL Tablet 50MG	PAIN IN LEFT SHOULDER	Approved	N/A	3
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5/325/MG	DORSALGIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	UNSPECIFIED OSTEOARTHRITIS UNSPECIFIED SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.525MG	OTH CERVICAL DISC DISPLACEMENT UNS CERV REGION	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	COMPLETE ROT CUFF TEAR/RUPT RT SHLDR NOT TRAUMAT	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	SPRAIN UNS PARTS THORAX INITIAL ENCOUNTER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	UNILATERAL PRIMARY OSTEOARTHRITIS LEFT KNEE	Approved	N/A	1
AR Exchange - HIM	N/A	TRAMADOL-ACETAMINOPHEN Tablet 37.5325MG	SPRAIN LIGAMENTS CERVICAL SPINE INITIAL ENCOUNTR	Approved	N/A	1
AR Exchange - HIM	N/A	TRAZIMERA For Solution 420MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TRAZODONE HCL Tablet 100MG		Approved	N/A	1
AR Exchange - HIM	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	Other specified chronic obstructive pulmonary disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	12
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	DISTAL INTERPHALANGEAL PSORIATIC ARTHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	7
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML Starter	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 100MG/ML/TREMFYA PEN Soln Auto-inj 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	ULCERATIVE CHRONIC PANCOLITIS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	OTHER ULCERATIVE COLITIS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA PEN Soln Auto-inj 200MG/2ML	CROHNS DZ SMALL & LARGE INTEST W/INTEST OBST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	PSORIASIS VULGARIS	Approved	N/A	7
AR Exchange - HIM	N/A	TREMFYA Soln Pref Syr 100MG/ML	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Emergency Room	TREMFYA Soln Pref Syr 200MG/2ML	CROHNS DISEASE LARGE INTESTINE W/O COMP	Approved	N/A	2
AR Exchange - HIM	N/A	TREMFYA Solution 200MG/20ML	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TREMFYA Solution 200MG/20ML	CROHNS DISEASE LARGE INTESTINE W/OTH COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TREMPYA-CD/UC INDUCTION Soln Auto-inj 200MG/2ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRESIBA FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	ACNE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	DISORDER OF PIGMENTATION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.025%	ACNE VULGARIS	Approved	N/A	4
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	ACNE UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.05%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.1%	ROSACEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRETINOIN Cream 0.1%	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	TRETINOIN Gel 0.025%	OTHER DISORDERS OF DIMINISHED MELANIN FORMATION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	LOCAL INF THE SKIN & SUBCUTANEOUS TISSUE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.05%	INFANTILE ACUTE CHRONIC ECZEMA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRIKAFTA Tab Ther Pack 100;50;75 & 150MG	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRIKAFTA Tab Ther Pack 50;25;37.5 & 75MG	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	OTHER MIXED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	3
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	OTHER SPECIFIED DEPRESSIVE EPISODES	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	6
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	10
AR Exchange - HIM	N/A	TRINTELLIX Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	3
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	SOFT TISSUE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	OTHER SPECIFIED DEPRESSIVE EPISODES	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	BIPOLAR D/O CURRENT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	BIPOLAR DISORDER FULL REMISSION MRE MIXED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	7
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 20MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1

AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	8
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	GENERALIZED HYPERHIDROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRINTELLIX Tablet 5MG	Major depressive disorder, single episode	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRUE METRIX BLOOD GLUCOSE TEST Strip	GESTATIONAL DM IN PREGNANCY UNSPECIFIED CONTROL	Approved	N/A	1
AR Exchange - HIM	N/A	TRUE METRIX BLOOD GLUCOSE TEST Strip	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRUE METRIX GO GLUCOSE METER Kit w/Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	TRUE METRIX METER Kit w/Device	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	40
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	OTH SPEC DIABETES MELLITUS W/OTH ORAL COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	5
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	PREDIABETES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	IMPAIRED FASTING GLUCOSE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	6
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	59
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	OTH SPEC DIABETES MELLITUS W/O COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	3
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	ILLNESS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 0.75MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	38
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	23
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	LONG TERM CURRENT USE OF INSULIN	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH FOOT ULCER	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB NEURO COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	25
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH CIRCULATORY COMP	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH DIAB KIDNEY COMP	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	4
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 3MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	20
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DM W/HYPEROSMOLARITY W/O NKHHC	Approved	N/A	1
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	2
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	10
AR Exchange - HIM	N/A	TRULICITY Soln Auto-inj 4.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	13
AR Exchange - HIM	N/A	TRUQAP Tab Ther Pack 200MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TRYPTYR Solution 0.003%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	TUKYSA Tablet 150MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TURALIO Capsule 125MG	VILLONODULAR SYNOVITIS PIGMENTED UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	TWIST STARTER KIT Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	TWYNEO Cream 0.1-3%	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	TYKERB Tablet 250MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	TYMLOS Soln Pen-inj 3120MCG/1.56ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Approved	N/A	3
AR Exchange - HIM	N/A	TYPHIM VI Soln Pref Syr 25MCG/0.5ML		Denied	Formulary/Plan Benefit	2
AR Exchange - HIM	N/A	TYRVAYA Solution 0.03MG/ACT	DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	6
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Admin-Denied Step Therapy	5
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CLUSTER HEADACHE SYNDROME UNS NOT INTRACTABLE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	6
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Admin-Denied Step Therapy	8
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Chronic migraine with aura, not intractable, without status migrainosus	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	33
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	OTH MIGRAINE NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	PERSIST MIGRAINE AURA W/O INFARCT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	PERSONAL HISTORY OTH DISEASES NS & SENSE ORGANS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Approved	N/A	3
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	ABDOMINAL MIGRAINE NOT INTRACTABLE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE WITH AURA	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Chronic migraine with aura, intractable, with status migrainosus	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	22
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	UNSPECIFIED INJURY OF HEAD INITIAL ENCOUNTER	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	7
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	24
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	13
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	5
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	OTHER MIGRAINE INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	CHRONIC TENSION-TYPE HEADACHE NOT INTRACTABLE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	13
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	8
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Chronic migraine with aura, not intractable, without status migrainosus	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	6
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Headache, unspecified	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	4
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	MIGRAINE W/AURA NOT INTRACT W/STATUS MIGRAINOSUS	Approved	N/A	3
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 100MG	Headache, unspecified	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE W/AURA INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	6
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Admin-Denied Alternatives	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE W/AURA NOT INTRACT W/O STAT MIGRAINOSUS	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	Headache, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGR	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	CHRONIC MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	MIGRAINE UNS NOT INTRACT W/STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	4
AR Exchange - HIM	N/A	UBRELYT Tablet 50MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	UDENYCA Soln Pref Syr 6MG/0.6ML	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	UPLIZNA Solution 100MG/10ML	IgG4-related disease	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UPTRAVI Tablet 200MCG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UPTRAVI Tablet 800MCG	PRIMARY PULMONARY HYPERTENSION	Approved	N/A	1
AR Exchange - HIM	N/A	URSODIOL Capsule 300MG	PRURITUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 100MG/0.28ML	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 250MG/0.7ML	OTHER SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 250MG/0.7ML	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Exchange - HIM	N/A	UZEDY Susp Pref Syr 75MG/0.21ML	PARANOID SCHIZOPHRENIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	LIVER TRANSPLANT STATUS	Approved	N/A	2
AR Exchange - HIM	N/A	VALGANCICLOVIR HCL Tablet 450MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALSARTAN Tablet 160MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALSARTAN Tablet 160MG	IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALSARTAN Tablet 40MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 10 MG DOSE Liquid 10MG/0.1ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liad Ther Pack 2 x 7.5MG/0.1ML	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liad Ther Pack 2 x 7.5MG/0.1ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liad Ther Pack 2 x 7.5MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 15 MG DOSE Liad Ther Pack 2 x 7.5MG/0.1ML	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 20 MG DOSE Liad Ther Pack 2 x 10MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VALTOCO 20 MG DOSE Liad Ther Pack 2 x 10MG/0.1ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	VALTOCO 5 MG DOSE Liquid 5MG/0.1ML	GEN IDIOPATHIC EPILEPSY NOT INTRACT W/O STAT EPI	Approved	N/A	1
AR Exchange - HIM	N/A	VARENICLINE TARTRATE (STARTER) Tab Ther Pack 0.5 MG X 11 &1 MG X 42	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	VARENICLINE TARTRATE Tablet 0.5MG	TOBACCO USE	Approved	N/A	1
AR Exchange - HIM	N/A	VARENICLINE TARTRATE Tablet 1MG	NICOTINE DEPENDENCE CIGARETTES UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	VARENICLINE TARTRATE Tablet 1MG	NICOTINE DEPENDENCE UNSPECIFIED UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	VARUBI (180 MG DOSE) Tab Ther Pack 2 x 90MG	MALIGNANT NEOPLASM OF CERVIX UTERI UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VARUBI (180 MG DOSE) Tab Ther Pack 2 x 90MG	MALIGNANT NEOPLASM OF BASE OF TONGUE	Approved	N/A	2
AR Exchange - HIM	N/A	VARUBI (180 MG DOSE) Tab Ther Pack 2 x 90MG	Malignant neoplasm of bilateral ovaries	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VASCEPA Capsule 1GM	PURE HYPERGLYCERIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VASCEPA Capsule 1GM	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VAXCHORA For Suspension		Denied	Formulary/Plan Benefit	2
AR Exchange - HIM	N/A	VECTIBIX Solution 100MG/5ML	MALIGNANT NEOPLASM OF ASCENDING COLON	Approved	N/A	1
AR Exchange - HIM	N/A	VEGZELMA Solution 100MG/4ML	MALIGNANT NEOPLASM OF TRANSVERSE COLON	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEGZELMA Solution 100MG/4ML	MALIGNANT NEOPLASM OF SIGMOID COLON	Approved	N/A	2
AR Exchange - HIM	N/A	VEGZELMA Solution 100MG/4ML	MALIGNANT NEOPLASM OF COLON UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VEGZELMA Solution 100MG/4ML	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	N/A	VELPHORO Tablet Chewable 500MG	END STAGE RENAL DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	VELPHORO Tablet Chewable 500MG	DISORDER OF PHOSPHORUS METABOLISM UNSPECIFIED	Denied	Medical Necessity Not Met	1

AR Exchange - HIM	N/A	VEMLIDY Tablet 25MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Approved	N/A	1
AR Exchange - HIM	N/A	VEMLIDY Tablet 25MG	BLASTOMYCOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEMLIDY Tablet 25MG	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VENCLEXTA STARTING PACK Tab Ther Pack 10 & 50 & 100MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	CHRONIC LYMPHOCYT LEUKEMIA B-CELL TYPE NO REMISS	Approved	N/A	1
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	2
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	SMALL CELL B-CELL LYMPHOMA UNSPECIFIED SITE	Approved	N/A	1
AR Exchange - HIM	N/A	VENCLEXTA Tablet 100MG	ACUTE MYELOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	VENLAFAXINE HCL ER Capsule ER 24HR 150MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Exchange - HIM	N/A	VENLAFAXINE HCL ER Capsule ER 24HR 150MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Exchange - HIM	N/A	VENLAFAXINE HCL ER Capsule ER 24HR 75MG		Approved	N/A	1
AR Exchange - HIM	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	OTHER SPEC MENOPAUSAL & PERIMENOPAUSAL DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	10
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	SYMPTOMATIC POSTPROCEDURAL OVARIAN FAILURE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	LONG TERM CURRENT USE OF AROMATASE INHIBITORS	Approved	N/A	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	SYMPTOMATIC PREMATURE MENOPAUSE	Approved	N/A	1
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Denied	Medical Necessity Not Met	11
AR Exchange - HIM	N/A	VEOZAH Tablet 45MG	FLUSHING	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VERAPAMIL HCL ER Capsule ER 24HR 180MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VEREGEN Ointment 15%	OTHER VIRAL WARTS	Approved	N/A	1
AR Exchange - HIM	N/A	VERQUVO Tablet 2.5MG	CHRONIC SYSTOLIC CONGESTIVE HEART FAILURE	Approved	N/A	1
AR Exchange - HIM	Internal medicine	VERZENIO Tablet 100MG	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 100MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 100MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	VERZENIO Tablet 100MG	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	SEC MALIG NEOPLASM RETROPERITONEUM & PERITONEUM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIGNANT NEOPLASM UNS SITE RIGHT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	VERZENIO Tablet 150MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	VEVYE Syndye Solution 0.1%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VIBERZI Tablet 100MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Approved	N/A	1
AR Exchange - HIM	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VIVITROL For Susoension 380MG	ALCOHOL DEPENDENCE UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VIVOTIF Capsule DR	CONTACT W/ AND EXPOSURE OTH INTESTINAL INFECT DZ	Approved	N/A	1
AR Exchange - HIM	N/A	VIVOTIF Capsule DR	CONTACT W/ AND EXPOSURE OTH INTESTINAL INFECT DZ	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	VOOLIEZNA TRIPLE PAK Therapy Pack 500:500:20MG	HELICOBACTER PYLORI CAUSE OF DZ CLASSIFIED ELSW	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOOLIEZNA TRIPLE PAK Therapy Pack 500:500:20MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOOLIEZNA Tablet 10MG	HEARTBURN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOOLIEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	12
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	Other esophagitis without bleeding	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	BARRETTS ESOPHAGUS WITHOUT DYSPLASIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	3
AR Exchange - HIM	N/A	VOQUEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	5
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	ACUTE GASTRITIS WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	UNSPECIFIED CHRONIC GASTRITIS WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Approved	N/A	4
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Esophagitis, unspecified without bleeding	Approved	N/A	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	OTHER SPECIFIED BACTERIAL INTESTINAL INFECTIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VOQUEZNA Tablet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VOSEVI Tablet 400/100/100/MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Exchange - HIM	N/A	VOSEVI Tablet 400/100/100MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Exchange - HIM	N/A	VOWST Capsule	Enterocolitis due to Clostridium difficile, recurrent	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	20
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	Major depressive disorder, single episode	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT DEPRESS MILD/MOD SEVERITY UNS	Approved	N/A	6
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR II DISORDER	Approved	N/A	12
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE D/O SINGLE EPIS PART REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	OTHER SPECIFIED DEPRESSIVE EPISODES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	28
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE D/O RECURRENT PARTIAL REMISSION	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	OTHER BIPOLAR DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	23
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	9
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	9
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	OTHER SPECIFIED ANXIETY DISORDERS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	8
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE SEV	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BORDERLINE PERSONALITY DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	DYSTHYMIC DISORDER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJOR DEPRESSIVE DISORDER, RECURRENT UNSPECIFIED	Approved	N/A	6
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 1.5MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT MANIC W/O PSYCH FEATURE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	OTHER RECURRENT DEPRESSIVE DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT DEPRES MILD/MOD SEVERITY UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR REMISS MOST RECENT EPISODE UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER PARTIAL REMISSION MRE DEPRESSED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	DYSTHYMIC DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	OTHER BIPOLAR DISORDER	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	9
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR II DISORDER	Approved	N/A	9
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	EMOTIONAL LABILITY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	SUICIDAL IDEATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MILD	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	PERSISTENT MOOD AFFECTIVE DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER CURRENT EPISODE MIXED MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	18
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	BIPOLAR DISORDER PARTIAL REMISSION MRE MANIC	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	18
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR II DISORDER	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURRENT EPISODE DEPRESSED MODERATE	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	3
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	5
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/PSYCH FEATURE	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT MILD	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR D/O CURR DEPRESS SEVERE W/O PSYCH FEATUR	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	2
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	PERSISTENT MOOD AFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	4
AR Exchange - HIM	N/A	VRAYLAR Capsule 6MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Exchange - HIM	N/A	VTAMA Cream 1%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	VTAMA Cream 1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VUMERITY Capsule DR 231MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	VUMERITY Capsule DR 231MG	MULTIPLE SCLERDSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	2
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE WITHOUT AURA	Approved	N/A	1
AR Exchange - HIM	N/A	VYEPTI Solution 100MG/ML	CHRONIC MIGRAINE WITHOUT AURA, WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYLEESI Soln Auto-inj 1.75MG/0.3ML	FEMALE ORGASMIC DISORDER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	VYLEESI Soln Auto-inj 1.75MG/0.3ML	HYPOACTIVE SEXUAL DESIRE DISORDER	Denied	Admin-Denied Excluded	2

AR Exchange - HIM	N/A	VYNDAMAX Caosule 61MG	ORGAN-LIMITED AMYLOIDOSIS	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Caosule 10MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Caosule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYVANSE Caosule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Caosule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVANSE Caosule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Exchange - HIM	N/A	VYVANSE Caosule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	VYVANSE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Exchange - HIM	N/A	VYVGART SYRTRULO Soln Pref Syr 1000/10000/MG-UNT/5ML	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	VYVGART HYTRULO Solution 180/2000/MG-UNIT/ML	MYASTHENIA GRAVIS WITHOUT ACUTE EXACERBATION	Approved	N/A	1
AR Exchange - HIM	N/A	WAKIX Tablet 17.8MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WAKIX Tablet 17.8MG	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WAKIX Tablet 4.45MG	NARCOLEPSY WITHOUT CATAPLEXY	Approved	N/A	1
AR Exchange - HIM	N/A	WAKIX Tablet 4.45MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WAKIX Tablet 4.45MG	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MIXED HYPERLIPIDEMIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	26
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	HEART FAILURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	CHRONIC KIDNEY DISEASE STAGE 2 MILD	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Other obesity not elsewhere classified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 31.0-31.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	Internal medicine	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Other hyperlipidemia	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	PERSONAL HX TIA & CEREB INFARCT NO RESID DEFICIT	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	DILATED CARDIOMYOPATHY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	25
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	9
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	6
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	CARDIOMYOPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE COR ART W/OTH FORMS ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	SLEEP APNEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	7
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 60.0-69.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 70 OR GREATER ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OTHER CARDIOMYOPATHIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	7
AR Exchange - HIM	Family practice	WEGOVY Soln Auto-inj 0.25MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 29.0-29.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	7
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	NONALCOHOLIC STEATOHEPATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OTHER SLEEP APNEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	Obesity, class 1	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	FATTY CHANGE OF LIVER NOT ELSEWHERE CLASSIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	5
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 0.5MG/0.5ML	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1.7MG/0.75ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	ST ELEVATION MYOCARDIAL INFARCTION UNS SITE	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	OLD MYOCARDIAL INFARCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	NON-ST ELEVATION MYOCARDIAL INFARCTION	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 1MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	OVERWEIGHT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	CEREBRAL INFARCTION UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	CARDIOMYOPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	BODY MASS INDEX BMI 29.0-29.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	Obesity, class 3	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Exchange - HIM	N/A	WEGOVY Soln Auto-inj 2.4MG/0.75ML	CEREBRAL INFARCT D/T THROMB UNS MID CEREBRAL ART	Approved	N/A	1
AR Exchange - HIM	N/A	WELIREG Tablet 40MG	MALIGNANT NEOPLASM UNS KIDNEY EXCEPT RENL PELVIS	Approved	N/A	1
AR Exchange - HIM	N/A	WELIREG Tablet 40MG	MALIGNANT NEOPLASM OVERLAP SITES URINARY ORGANS	Approved	N/A	1
AR Exchange - HIM	N/A	WINLEVI Cream 1%	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	WINLEVI Cream 1%	ACNE VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	WINREVAIR Kit 45MG	Pulmonary hypertension, unspecified	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XALKORI Capsule 200MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XALKORI Capsule 250MG	MALIGNANT NEOPLASM LOWER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	XALKORI Capsule 250MG	MALIGNANT NEOPLASM UPPER LOBE RT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tab Ther Pack 14 x 50 MG &14 x100 MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 100MG	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 150MG	OTH GEN EPILEPSY NOT INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 25MG	OTHER SEIZURES	Approved	N/A	1
AR Exchange - HIM	N/A	XCOPRI Tablet 50MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	2
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	Other acariasis	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	BLEPHARITIS, UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	ULCERATIVE BLEPHARITIS RIGHT EYE UNS EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	Infestation by Demodex mites	Approved	N/A	12
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	OTHER ACARIASIS	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	UNSPECIFIED BLEPHARITIS RIGHT UPPER EYELID	Approved	N/A	4
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	SQUAMOUS BLEPHARITIS RIGHT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	XDEMVY Solution 0.25%	HORDEOLUM INTERNUM LEFT LOWER EYELID	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XELJANZ Tablet 5MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	RA WITH RHEUMATOID FACTOR UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	ANKYLOSING SPONDYLITIS MULTIPLE SITES IN SPINE	Approved	N/A	1
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XELJANZ XR Tablet ER 24HR 11MG	RA W/RHEUMATOID FCT MX SITE W/O ORGAN/SYS INVLV	Approved	N/A	1
AR Exchange - HIM	N/A	XELODA Tablet 150MG	MALIGNANT NEOPLASM OF RECTUM	Approved	N/A	1
AR Exchange - HIM	Internal medicine	XGEVA Solution 120MG/1.7ML	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	MALIG NEOPLASM LOWER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	SECONDARY MALIGNANT NEOPLASM OF BONE	Approved	N/A	2
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	MALIG NEOPLASM UPPER-OUTER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	SECONDARY MALIGNANT NEOPLASM OF BONE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XGEVA Solution 120MG/1.7ML	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	1
AR Exchange - HIM	N/A	XHANCE Exhaler Suso 93MCG/ACT	NASAL POLYP UNSPECIFIED	Approved	N/A	3
AR Exchange - HIM	N/A	XHANCE Exhaler Suso 93MCG/ACT	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIAFLEX For Solution 0.9MG	INDURATION PENIS PLASTICA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XIAFLEX For Solution 0.9MG	INDURATION PENIS PLASTICA	Approved	N/A	2
AR Exchange - HIM	N/A	XIAFLEX For Solution 0.9MG	PALMAR FASCIAL FIBROMATOSIS DUPUYTREN	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ENCEPHALOPATHY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	OTHER SPECIFIED DISEASES OF INTESTINE	Approved	N/A	1

AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	UNSPECIFIED CIRRHOSIS OF LIVER	Approved	N/A	2
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	BACTERIAL INTESTINAL INFECTION UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	ABDOMINAL DISTENSION GASEOUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	DIARRHEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Small intestinal bacterial overgrowth, hydrogen-subtype	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Medical Necessity Not Met	16
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	UNSPECIFIED ABDOMINAL PAIN	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	UNSPECIFIED CIRRHOSIS OF LIVER	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Small intestinal bacterial overgrowth, unspecified	Approved	N/A	1
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	Hepatic encephalopathy	Approved	N/A	12
AR Exchange - HIM	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Approved	N/A	17
AR Exchange - HIM	N/A	XIIDRA Solution 5%	Meibomian gland dysfunction right eye, upper and lower eyelids	Approved	N/A	1
AR Exchange - HIM	N/A	XIIDRA Solution 5%	DERMATOCHALASIS OF RIGHT UPPER EYELID	Approved	N/A	1
AR Exchange - HIM	N/A	XIIDRA Solution 5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	4
AR Exchange - HIM	N/A	XIIDRA Solution 5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Exchange - HIM	N/A	XIIDRA Solution 5%	KERATOCONJUNCTIVITIS SICCA NOT SJOGREN BILATERAL	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XOFLUZA (40 MG DOSE) Tab Ther Pack 1 x 40MG	FLU D/T OTH ID FLU VIRUS OTH RESP MANIFESTATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR For Solution 150MG	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	IDIOPATHIC URTICARIA	Approved	N/A	3
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 75MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Exchange - HIM	N/A	XOLAIR Soln Auto-inj 75MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 150MG/ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 150MG/ML	OTHER URTICARIA	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 150MG/ML	IDIOPATHIC URTICARIA	Approved	N/A	2
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	IDIOPATHIC URTICARIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	IDIOPATHIC URTICARIA	Approved	N/A	2
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Exchange - HIM	N/A	XOLAIR Soln Pref Syr 75MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Exchange - HIM	N/A	XPHOZAH Tablet 30MG	END STAGE RENAL DISEASE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XPHOZAH Tablet 30MG	OTHER DISORDERS OF PHOSPHORUS METABOLISM	Approved	N/A	1
AR Exchange - HIM	N/A	XTAMPZA ER Cap 12HR Deter 18MG	OTHER CHRONIC PAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XTANDI Capsule 40MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XTANDI Tablet 40MG	MALIGNANT NEOPLASM OF PROSTATE	Approved	N/A	2
AR Exchange - HIM	N/A	XTANDI Tablet 40MG	MALIGNANT NEOPLASM OF PROSTATE	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XULTOPHY Soln Pen-inj 100/3.6/UNIT-MG/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Exchange - HIM	N/A	XULTOPHY Soln Pen-inj 100/3.6/UNIT-MG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Exchange - HIM	N/A	XULTOPHY Soln Pen-inj 100/3.6/UNIT-MG/ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Exchange - HIM	N/A	XYOSTED Soln Auto-inj 100MG/0.5ML	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XYOSTED Soln Auto-inj 50MG/0.5ML	OTHER SPEC ABNORMAL FINDINGS BLOOD CHEMISTRY	Approved	N/A	1
AR Exchange - HIM	N/A	XYOSTED Soln Auto-inj 50MG/0.5ML	HYPOPITUITARISM	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XYOSTED Soln Auto-inj 50MG/0.5ML	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XYOSTED Soln Auto-inj 75MG/0.5ML	TESTICULAR HYPOFUNCTION	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XYREM Solution 500MG/ML	NARCOLEPSY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	XYWAV Solution 500MG/ML	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XYWAV Solution 500MG/ML	NARCOLEPSY WITH CATAPLEXY	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	XYWAV Solution 500MG/ML	IDIOPATHIC HYPERSOMNIA WITHOUT LONG SLEEP TIME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	YAZ Tablet 3-0.02/.MG	OTHER SPEC ABNORMAL UTERINE & VAGINAL BLEEDING	Approved	N/A	1
AR Exchange - HIM	N/A	YEZTUGO Solution 463.5MG/1.5ML	CONTACT W/ AND EXPOSURE UNS COMMUNICABLE DISEASE	Approved	N/A	1
AR Exchange - HIM	N/A	YEZTUGO Solution 463.5MG/1.5ML	Encounter for HIV pre-exposure prophylaxis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	YEZTUGO Solution 463.5MG/1.5ML	CONTACT WITH AND SUSPECTED EXPOSURE TO HIV	Approved	N/A	1
AR Exchange - HIM	N/A	YEZTUGO Tablet 300MG	CONTACT W/ & EXPOSURE INTESTINL INFECT DZ E COLI	Approved	N/A	1
AR Exchange - HIM	N/A	YEZTUGO Tablet 300MG	CONTACT WITH AND SUSPECTED EXPOSURE TO HIV	Approved	N/A	1
AR Exchange - HIM	N/A	YUFLYMA (2 PEN) Auto-inj Kit 40MG/0.4ML	RA WITHOUT RHEUMATOID FACTOR MULTIPLE SITES	Approved	N/A	1
AR Exchange - HIM	N/A	YUPELRI Solution 175MCG/3ML	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	YUTREPIA Capsule 106MCG	Pulmonary hypertension due to lung diseases and hypoxia	Approved	N/A	1
AR Exchange - HIM	N/A	ZALEPLON Capsule 5MG	SEDATIVE HYPNOTIC/ANXIOLYTIC DEPEND UNCOMP	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 300MCG/0.5ML	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF COLON	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 300MCG/0.5ML	AGRANULOCYTOSIS SECONDARY TO CANCER CHEMOTHERAPY	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	DIFFUSE LARGE B-CELL LYMPHOMA NODE ING & LW LIMB	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MULTIPLE MYELOMA NOT HAVING ACHIEVED REMISSION	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIGNANT NEOPLASM OF MIDDLE LOBE BRONCHUS/LUNG	Approved	N/A	1
AR Exchange - HIM	N/A	ZARXIO Soln Pref Syr 480MCG/0.8ML	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ZAVZPRET Solution 10MG/ACT	MIGRAINE W/O AURA INTRACT W/O STAT MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZEGALOGUE Soln Auto-inj 0.6MG/0.6ML	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEMAIRA For Solution 1000MG	ALPHA-1-ANTITRYPSIN DEFICIENCY	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEMBRACE SYMTOUCH Soln Auto-ini 3MG/0.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ZENATANE Capsule 20MG	ACNE VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZENATANE Capsule 30MG	ACNE VULGARIS	Approved	N/A	2
AR Exchange - HIM	N/A	ZENATANE Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ZENATANE Capsule 40MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZENATANE Capsule 40MG	ACNE VULGARIS	Approved	N/A	3
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 20000;63000UNIT	CYSTIC FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 40000/126000/UNIT	OTHER SPECIFIED DISEASES OF PANCREAS	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 40000/126000/UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 40000:126000UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	2
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 5000:24000UNIT	OTHER CHRONIC PANCREATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 60000:189600UNIT	OTHER SPECIFIED DISEASES OF PANCREAS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZENPEP Capsule DR Part 60000:189600UNIT	EXOCRINE PANCREATIC INSUFFICIENCY	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	8
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	BODY MASS INDEX BMI 31.0-31.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 10MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 12.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	HYPOTHYROIDISM UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 15MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	PRIMARY CENTRAL SLEEP APNEA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	PRIMARY PULMONARY HYPERTENSION	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 26.0-26.9 ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	DRUG-INDUCED OBESITY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 60.0-69.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	DM D/T UNDERLY COND W/DIAB NEUROPATH ARTHROPATHY	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	8
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA (ADULT)(PEDIATRIC)	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	47
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 31.0-31.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Admin-Denied Excluded	4
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ABNORMAL WEIGHT GAIN	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 38.0-38.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 2	Denied	Admin-Denied Excluded	17
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	11
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	ASHD NATIVE COR ART W/UNSTABLE ANGINA PECTORIS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 27.0-27.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	PREDIABETES	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Admin-Denied Excluded	6
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 32.0-32.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	23
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	20
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Obesity, class 2	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	8
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	POLYCYSTIC OVARIAN SYNDROME	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 35.0-35.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 70 OR GREATER ADULT	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 37.0-37.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY DYSMORPHIC DISORDER	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 33.0-33.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	Insulin resistance, unspecified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	10
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	29
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	DIETARY COUNSELING AND SURVEILLANCE	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 34.0-34.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	69
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	42
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OTHER SLEEP APNEA	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Denied	Medical Necessity Not Met	6
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	BODY MASS INDEX BMI 30.0-30.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	5
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	SLEEP APNEA UNSPECIFIED	Approved	N/A	1

AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	14
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	14
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	BODY MASS INDEX BMI 39.0-39.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBESITY UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	13
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OTHER OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Soln Auto-inj 7.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 10MG/0.5ML	Other obesity not elsewhere classified	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	Obesity, class 3	Denied	Admin-Denied Excluded	2
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	Obesity, class 1	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 2.5MG/0.5ML	BODY MASS INDEX BMI 50-59.9 ADULT	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 5MG/0.5ML	PREDIABETES	Denied	Admin-Denied Excluded	1
AR Exchange - HIM	N/A	ZEPBOUND Solution 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPOSIA Capsule 0.92MG	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZEPOSIA STARTER KIT Cap Ther Pack 0.23MG &0.46MG0.92MG(21)	MULTIPLE SCLEROSIS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZEPOSIA STARTER KIT Cap Ther Pack 0.23MG &0.46MG0.92MG(21)	Relapsing-remitting multiple sclerosis	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZILEUTON ER Tablet ER 12HR 600MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZIPRASIDONE HCL Capsule 20MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZIPRASIDONE HCL Capsule 40MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 10.8MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	NEOPLASM OF UNCERTAIN BEHAVIOR UNS BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM UPPER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM UPPER-INNER QUAD LT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM LOWER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM CENTRAL PORTION LT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM LOWER-OUTER QUAD RT FEMALE BREAST	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM UPPER-INNER QUAD RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLADEX Implant 3.6MG	MALIG NEOPLASM CENTRAL PORTION RT FEMALE BREAST	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLEDRONIC ACID Solution 5MG/100ML	AGE-RELATED OSTEOPOROSIS W/O CURRNT PATH FX	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Denied	Admin-Denied Step Therapy	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Solution 5MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 2.5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 2.5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 2.5MG	OTHER HEADACHE SYNDROME	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 2.5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 5MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Admin-Denied Step Therapy	1
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLMITRIPTAN Tablet Disintegrating 5MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Capsule 7.5MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	INSOMNIA UNSPECIFIED	Approved	N/A	2
AR Exchange - HIM	N/A	ZOLPIDEM TARTRATE Tablet 10MG	PRIMARY INSOMNIA	Approved	N/A	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.15%	ACUTE ECZEMATOID OTITIS EXTERNA BILATERAL	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.15%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.3%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.3%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZORYVE Cream 0.3%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	3
AR Exchange - HIM	N/A	ZORYVE Cream 0.3%	PSORIASIS VULGARIS	Approved	N/A	1
AR Exchange - HIM	N/A	ZORYVE Foam 0.3%	SEBORRHEIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZURZUVAE Capsule 25MG	Postpartum depression	Approved	N/A	2
AR Exchange - HIM	N/A	ZURZUVAE Capsule 25MG	Postpartum depression	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	N/A	ZYMFENTRA (2 PEN) Auto-inj Kit 120MG/ML	ULCERATIVE COLITIS UNS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Exchange - HIM	Internal Medicine	daptomycin	OTHER ACUTE OSTEOMYELITIS LEFT ANKLE AND FOOT	Denied	Medical Necessity Not Met	1