2025 Preauthorization Statistics for AR Medicaid Quarter 4

CARRIER NAME	PROVIDER SPECIALTY	DRUG NAME	INDICATION	CASE STATUS	DENIAL REASON	PA COUNT
AR Medicaid - Total Care	N/A	ABILIFY ASIMTUFII Prefilled Syr 960MG/3.2ML	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 10MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 2MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Medicaid - Total Care	N/A	ABILIFY Tablet 5MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACCU-CHEK GUIDE TEST Strip	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACCU-CHEK GUIDE TEST Strip	HYPOGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACYCLOVIR Ointment 5%	HERPESVIRAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ACYCLOVIR Ointment 5%	HERPESVIRAL VESICULAR DERMATITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ADAPALENE-BENZOYL PEROXIDE Gel 0.1;2.5%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ADDERALL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ADDERALL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADDERALL XR Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 100:50MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 100:50MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ADVAIR DISKUS Aero Pow Br Act 250:50MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-ini 140MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	AIMOVIG Soln Auto-inj 70MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	2
AR Medicaid - Total Care	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 Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90;80MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90;80MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90;80MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AIRSUPRA Aerosol 90;80MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-ini 225MG/1.5ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	AJOVY Soln Auto-ini 225MG/1.5ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	Acute Cough	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE HFA Aerosol Soln 108 (90 Base)MCG/ACT	OTHER ASTHMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALBUTEROL SULFATE Tablet 2MG	CONGENITAL AND DEVELOPMENTAL MYASTHENIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ALPRAZOLAM ER Tablet ER 24HR 0.5MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ALPRAZOLAM ER Tablet ER 24HR 1MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ALVAIZ Tablet 36MG	THROMBOCYTOPENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMANTADINE HCL Capsule 100MG	EMOTIONAL LABILITY	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMANTADINE HCL Tablet 100MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMMONIUM LACTATE Cream 12%	OTHER SPECIFIED EPIDERMAL THICKENING	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	AMMONIUM LACTATE Cream 12%	CORNS AND CALLOSITIES	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Caosule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Caosule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Caosule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Caosule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHET ER Caosule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	AMPHETAMINE-DEXTROAMPHETAMINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	ANASTROZOLE Tablet 1MG	SHORT STATURE CHILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	ANORO ELLIPTA Aero Pow Br Act 62.5:25MCG/ACT	CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Solution 1MG/ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	HALLUCINATIONS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 15MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/O PSYCH FEATUR	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	EMOTIONAL LABILITY	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	DEVELOPMENTAL DISORDER SPEECH AND LANGUAGE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	BRIEF PSYCHOTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	IRRITABILITY AND ANGER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 2MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	VISUAL HALLUCINATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	DECREASED WHITE BLOOD CELL COUNT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	TOURETTES DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	OTHER PERSISTENT MOOD AFFECTIVE DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	REACTION TO SEVERE STRESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	TOURETTES DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARIPIPRAZOLE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	6
AR Medicaid - Total Care	N/A	ARMODAFINIL Tablet 150MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ARMOUR THYROID Tablet 60MG	HYPOTHYROIDISM UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 100MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ARNUITY ELLIPTA Aero Pow Br Act 200MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 10MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ASENAPINE MALEATE Tab Sublingual 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 25MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 25MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ATOMOXETINE HCL Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AUSTEDO Tablet ER 24HR 12MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AUSTEDO XR Tablet ER 24HR 12MG	DRUG INDUCED SUBACUTE DYSKINESIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZELAIC ACID Gel 15%	ACNE VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 26.1;5.2MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 39.2/7.8/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	AZSTARYS Capsule 52.3/10.4/MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACITRA-NEOMYCIN-POLYMYXIN-HC Ointment 1%	HORDEOLUM INTERNUM RIGHT UPPER EYELID	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BACLOFEN Solution 10MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	CEREBRAL PALSY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BACLOFEN Suspension 25MG/5ML	CEREBRAL PALSY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BANZEL Tablet 400MG	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 15MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	BELSOMRA Tablet 20MG	PSYCHOPHYSIOLOGIC INSOMNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	BENLYSTA Soln Auto-inj 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BENLYSTA Soln Auto-inj 200MG/ML	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	BENZOYL PEROXIDE Gel 5%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BETAMETHASONE DIPROPIONATE Cream 0.05%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BETAMETHASONE VALERATE Foam 0.12%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BOTOX For Solution 100UNIT	TRACHEOSTOMY STATUS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BREYNA Aerosol 160:4.5MCG/ACT	HEART FAILURE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BREZTRI AEROSPHERE Aerosol 160:9:4.8MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIMONIDINE TARTRATE Solution 0.2%	OCULAR HYPERTENSION UNSPECIFIED EYE	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 25MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BRIVIACT Tablet 50MG	TUBEROUS SCLEROSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BROMOCRIPTINE MESYLATE Tablet 2.5MG	AMENORRHEA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Capsule DR Part 3MG	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Foam 2MG/ACT	CHRONIC MAXILLARY SINUSITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	PNEUMONIA UNSPECIFIED ORGANISM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	TRACHEOSTOMY STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	ACUTE BRONCHITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	DEPENDENCE ON RESPIRATOR VENTILATOR STATUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 0.5MG/2ML	CHRONIC MAXILLARY SINUSITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 32MCG/ACT	CHRONIC MAXILLARY SINUSITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUDESONIDE Suspension 32MCG/ACT	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 150MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUPROPION HCL ER (XL) Tablet ER 24HR 150MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUTALBITAL-APAP-CAFFEINE Capsule 50/300/40/MG	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	BUTALBITAL-APAP-CAFFEINE Capsule 50;300;40MG	TENSION-TYPE HEADACHE UNSPECIFIED INTRACTABLE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAPLYTA Capsule 42MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CARBAMAZEPINE Suspension 100MG/5ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CAYSTON For Solution 75MG	OTHER BACTERIAL INFECTIONS OF UNSPECIFIED SITE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CETIRIZINE HCL Tablet 5MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CETIRIZINE HCL Tablet 5MG	URTICARIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 100MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 100MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	AUDITORY HALLUCINATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CHLORPROMAZINE HCL Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	CIPRO For Suspension 250 MG/5ML(5%)	TRACHEOSTOMY STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CIPRO For Suspension 500 MG/5ML(10%)	URINARY TRACT INFECTION SITE NOT SPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CIPRO HC Suspension 0.2/1/%	UNSPECIFIED OTITIS EXTERNA BILATERAL	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLARAVIS Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS (ONCE-DAILY) Gel 1%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOS (ONCE-DAILY) Gel 1%	ACNE UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	ACNE VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLINDAMYCIN PHOSPHATE Lotion 1%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITH SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Suspension 2.5MG/ML	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	LOC-REL SX EPILEPSY W/SPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLOBAZAM Tablet 10MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	CLONAZEPAM Tablet Disintegrating 0.125MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100/20/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100/20/MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100:20MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 100:20MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 125/30/MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	COBENFY Capsule 50:20MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	COBENFY Capsule 50:20MG	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	CONCERTA Tablet ER 27MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	COSENTYX UNOREADY Soln Auto-inj 300MG/2ML	HIDRADENITIS SUPPURATIVA	Approved	N/A	1
AR Medicaid - Total Care	N/A	CREON Capsule DR Part 24000/76000/UNIT	OTHER CHRONIC PANCREATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	CRYSVITA Solution 10MG/ML	FAMILIAL HYPOPHOSPHATEMIA	Approved	N/A	1

AR Medicaid - Total Care	N/A	CRYSVITA Solution 30MG/ML	FAMILIAL HYPOPHOSPHATEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	CUVITRU Solution (1 GM/5ML/ 2 GM/10ML/ 4 GM/20ML)	COMMON VARIABLE IMMUNODDEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	CUVITRU Solution 4GM/20ML	COMMON VARIABLE IMMUNODEFICIENCY UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DAYVIGO Tablet 10MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEPO-ESTRADIOL Oil 5MG/ML	UNSPECIFIED MENOPAUSAL & PERIMENOPAUSAL DISORDER	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DERMA-SMOOTHE/FS SCALP Oil 0.01%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G6 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXCOM G7 SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DEXLANSOPRAZOLE Capsule DR 60MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 30MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL ER Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DEXMETHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DIAZEPAM Tablet 10MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DICLOFENAC SODIUM ER Tablet ER 24HR 100MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	1
AR Medicaid - Total Care	N/A	DICLOFENAC SODIUM Gel 3%	RESTLESS LEGS SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DICLOFENAC SODIUM Gel 3%	PAIN IN UNSPECIFIED KNEE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DICLOFENAC SODIUM Tablet DR 75MG	OTHER CHRONIC PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	DILTIAZEM HCL ER BEADS Capsule ER 24HR 240MG	TACHYCARDIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Cap DR Sprinkle 125MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DIVALPROEX SODIUM Tablet DR 250MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	DOXEPIN HCL Tablet 3MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DRONABINOL Capsule 2.5MG	GASTROPARESIS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	ATOPIC DERMATITIS UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	DUPIXENT Soln Auto-inj 300MG/2ML	EOSINOPHILIC ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	DUPIXENT Soln Pref Syr 200MG/1.14ML	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ELETRIPTAN HYDROBROMIDE Tablet 20MG	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	1
AR Medicaid - Total Care	N/A	ELIQUIS Tablet 5MG	CHRONIC PULMONARY EMBOLISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMBRACE TALK GLUCOSE TEST Strip	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Approved	N/A	3
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	MIGRAINE W/O AURA NOT INTRACT W/O STAT MIGRAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Auto-inj 120MG/ML	CHRONIC MIGRAINE W/O AURA NOT INTRACT W/O SM	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	EMGALITY Soln Pref Syr 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EMGALITY Soln Pref Syr 120MG/ML	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENALAPRIL MALEATE Solution 1MG/ML	Duchenne or Becker muscular dystrophy	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ENALAPRIL MALEATE Solution 1MG/ML	Duchenne or Becker muscular dystrophy	Approved	N/A	1
AR Medicaid - Total Care	N/A	ENVARSUS XR Tablet ER 24HR 1MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	Developmental and epileptic encephalopathy	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	Developmental and epileptic encephalopathy	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	EPIDIOLEX Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Capsule 15MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Tablet 10MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Tablet 10MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESCITALOPRAM OXALATE Tablet 20MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESLICARBAZEPINE ACETATE Tablet 800MG	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	ESOPHAGEAL VARICES WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	ULCER OF ESOPHAGUS WITHOUT BLEEDING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Capsule DR 40MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ESOMEPRAZOLE MAGNESIUM Packet 40MG	OTHER LONG TERM CURRENT DRUG THERAPY	Approved	N/A	1
AR Medicaid - Total Care	N/A	EUCRISA Ointment 2%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	EVEROLIMUS Tablet Soluble 2MG	TUBEROUS SCLEROSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	EVRYSDI Tablet 5MG	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	EVRYSDI Tablet 5MG	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	Edetamine. nasal spray. 1 mg	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	4
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	DYSPHAGIA OROPHARYNGEAL PHASE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FAMOTIDINE For Suspension 40MG/5ML	NAUSEA WITH VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FANAPT Tablet 1MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FARXIGA Tablet 10MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FASENRA PEN Soln Auto-inj 30MG/ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FASENRA Soln Pref Syr 10MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FASENRA Soln Pref Syr 10MG/0.5ML	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FEXOFENADINE HCL Tablet 180MG	POSTNASAL DRIP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FINTEPLA Solution 2.2MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FINTEPLA Solution 2.2MG/ML	OTHER SEIZURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FIRST-OMEPRAZOLE Suspension 2MG/ML	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINOLONE ACETONIDE SCALP Oil 0.01%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINONIDE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOCINONIDE Solution 0.05%	OTHER SEBORRHEIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOROURACIL Cream 5%	DISSEMINATED SUPERFICIAL ACTINIC POROKERATOSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Capsule 20MG	OTHER SPECIFIED PERSONAL RISK FACTORS NEC	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 10MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	GENERALIZED ANXIETY DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 20MG	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUOXETINE HCL Tablet 60MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUPHENAZINE HCL Tablet 2.5MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE FUROATE-VILANTEROL Aero Pow Br Act 100-25MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	WHEEZING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	OTHER ABNORMALITIES OF BREATHING	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	SHORTNESS OF BREATH	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	COUGH VARIANT ASTHMA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	Chronic cough	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD INTERMITTENT ASTHMA WITH ACUTE EXACERBATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 110MCG/ACT	OTHER ABNORMALITIES OF BREATHING	Approved	N/A	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	Chronic cough	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	VIRAL INTESTINAL INFECTION UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FLUTICASONE PROPIONATE HFA Aerosol 44MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	OTHER PERSISTENT MOOD AFFECTIVE DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOCALIN XR Capsule ER 24HR 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FOLIC ACID Tablet 1MG	INFLAMMATORY POLYARTHROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	FREESTYLE LIBRE 3 PLUS SENSOR Misc	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	FYCOMPA Suspension 0.5MG/ML	LENNOX-GASTAUT SYNDROME INTRACTABLE WITH SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Suspension 0.5MG/ML	EPILEPSY UNS INTRACTABLE W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 6MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Denied	Benefit-Other Coverage	2
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 6MG	LOC-REL SX EPILEPSY W/SPS INTRACT W/STAT EPI	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 8MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	FYCOMPA Tablet 8MG	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Capsule 100MG	IDIOPATHIC PROGRESSIVE NEUROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	OTHER ACUTE POSTPROCEDURAL PAIN	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	ENCOUNTER SCREENING FOR RESPIRATORY TUBERCULOSIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	RESTLESS LEGS SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	GABAPENTIN Solution 250MG/5ML	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	GAMMAGARD LIQUID INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	GAMMAGARD LIQUID INJECTION	OTHER ENCEPHALITIS AND ENCEPHALOMYELITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics: Pediatric Allergy & Immunology	GAMMAGARD LIQUID INJECTION	HEREDITARY HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Medicaid - Total Care	General Practice	GAMMAGARD LIQUID INJECTION	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	GATTEX Kit 5MG	LIVER TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GATTEX Kit 5MG	Short bowel syndrome. unspecified	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	GIMOTI Solution 15MG/ACT	GASTROPARESIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	GLYCOPYRROLATE Solution 1MG/5ML	OTHER FORMS OF DYSPNEA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 1MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 2MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL ER Tablet ER 24HR 3MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	GUANFACINE HCL Tablet 2MG	OTH SYMPTOMS & SIGNS INVOLVING APPEAR & BEHAVIOR	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	HALOPERIDOL Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	HIZENTRA Soln Pref Syr 2GM/10ML	NONFAMILIAL HYPOGAMMAGLOBULINEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	SARCOIDOSIS OF LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 40MG/0.4ML	OTHER AUTOINFLAMMATORY SYNDROMES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HUMIRA (2 PEN) Auto-inj Kit 80MG/0.8ML	HIDRADENITIS SUPPURATIVA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Solution 7.5-325MG/15ML	Low back pain. unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10/325/MG	SPONDYLOSIS W/O MYELOPATH/RADICULOPATHY CERV RGN	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10;325MG	ARTHROPATHIC PSORIASIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 10;325MG	UNS THOR THORACOLUMBAR LUMBOSACRAL IV DISC D/O	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 5;325MG	SPONDYLOSIS W/O MYELOPATH/RADICULPATHY LS RGN	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCODONE-ACETAMINOPHEN Tablet 7.5/325/MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	HYDROCORTISONE Ointment 2.5%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	IBSRELA Tablet 50MG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IMIQUIMOD Cream 3.75%	PLANTAR WART	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INGREZZA Capsule 40MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	3

AR Medicaid - Total Care	N/A	INGREZZA Caosule 80MG	DRUG INDUCED SUBACUTE DYSKINESIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine	INJ FERUMOXYTOL IDA 1 MG NON-ESRD	IRON DEFICIENCY ANEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	General Acute Care Hospital	INJ. PROPOFOL 10 MG	ESOPHAGEAL VARICES WITHOUT BLEEDING	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Pediatrics	INJECT PEGFILGRASTIM EXCLUDES BIOSIMILAR 0.5 MG	MALIGNANT NEOPLASM LONG BONES LEFT LOWER LIMB	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION ABOBOTULINUMTOXINA 5 UNIT	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Ophthalmology	INJECTION AFLIBERCEPT 1 MG	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OD	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION APREPITANT 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION APREPITANT 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION CARBOPLATIN 50 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Pediatrics	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG	MALIGNANT NEOPLASM LONG BONES LEFT LOWER LIMB	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine: Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION INFLIXIMAB, 10 MG	CROHNS DISEASE UNSPECIFIED WITH RECTAL BLEEDING	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION NUSINERSEN 0.1 MG	OTHER INHERITED SPINAL MUSCULAR ATROPHY	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematoloov & Oncoloov	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM UPPER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION PEMBROLIZUMAB 1 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine	INJECTION PEMETREXED 10 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Internal Medicine: Hematoloov & Oncoloov	INJECTION PEMETREXED 10 MG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION RISANKIZUMAB-RZAA INTRAVENOUS 1 MG	CROHNS DISEASE LARGE INTESTINE W/UNS COMP	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION RITUXIMAB-ARRX BIOSIMILAR 10 MG	CASTLEMAN DISEASE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG	ENCOUNTER FOR OTHER PREPROCEDURAL EXAMINATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INJECTION VEDOLIZUMAB 1 MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION. INFLIXIMAB-ABDA. BIOSIMILAR. (RENFLEXIS). 10 MG	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION. INFLIXIMAB-DYYB. BIOSIMILAR. (INFLECTRA). 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION. INFLIXIMAB-DYYB. BIOSIMILAR. (INFLECTRA). 10 MG	RHEUMATOID ARTHRITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	Internal Medicine: Gastroenterology	INJECTION. INFLIXIMAB-DYYB. BIOSIMILAR. (INFLECTRA). 10 MG	CROHNS DISEASE SMALL INTESTINE W/INTEST OBST	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics: Pediatric Gastroenterology	INJECTION. IRON SUCROSE. 1 MG	CROHNS DISEASE UNSPECIFIED WITH RECTAL BLEEDING	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematoloov & Oncoloov	INJECTION. PALONOSETRON HCL 25 MCG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital	INJECTION. PERTUZUMAB. 1 MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine: Hematology & Oncology	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	CASTLEMAN DISEASE	Approved	N/A	1
AR Medicaid - Total Care	Internal Medicine	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	MALIGNANT NEOPLASM LOWER LOBE LT BRONCHUS/LUNG	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	General Acute Care Hospital: Children	INJECTION,ONABOTULINUMTOXINA	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Approved	N/A	1
AR Medicaid - Total Care	N/A	INJECTION,ONABOTULINUMTOXINA	SPASMODIC TORTICOLLIS	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC DIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	DISTURBANCES OF SALIVARY SECRETION	Approved	N/A	2
AR Medicaid - Total Care	Otolaryngology	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER SPECIFIED PARALYTIC SYNDROMES	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital: Children	INJECTION,ONABOTULINUMTOXINA	CRAMP AND SPASM	Approved	N/A	1
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Nurse Practitioner: Primary Care	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	INJECTION,ONABOTULINUMTOXINA	OTHER CEREBRAL PALSY	Approved	N/A	2
AR Medicaid - Total Care	Psychiatry & Neurology: Neurology with Special Qualifications in Child Neurology	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	General Acute Care Hospital: Children	INJECTION,ONABOTULINUMTOXINA	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	Physical Medicine & Rehabilitation	INJECTION,ONABOTULINUMTOXINA	SPASTIC HEMIPLEGIC CEREBRAL PALSY	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN ASPART FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN ASPART FLEXPEN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN DEGLUDEC FLEXTOUCH Soln Pen-inj 200UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN GLARGINE-YFGN Soln Pen-inj 100UNIT/ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INSULIN LISPRO /1 UNIT DIAL Soln Pen-inj 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Svr 156MG/ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Svr 234MG/1.5ML	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	INVEGA SUSTENNA Susp Pref Svr 234MG/1.5ML	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	INVEGA TRINZA Susp Pref Svr 819MG/2.63ML	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	NASAL CONGESTION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	ACUTE CHRONIC RESP FAIL UNS HYPOXIA/HYPERCAPNIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)/MG/3ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	IPRATROPIUM-ALBUTEROL Solution 0.5/2.5 (3)MG/3ML	ACUTE BRONCHOSPASM	Approved	N/A	1
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ISOTRETINOIN Capsule 30MG	ACNE VULGARIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	JANUVIA Tablet 100MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	JANUVIA Tablet 50MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	JARDIANCE Tablet 25MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	JORNAY PM Capsule ER 24HR 80MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	JOURNAVX Tablet 50MG	OTHER SPONDYLOSIS THORACIC REGION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KANJINTI For Solution 150MG	MALIGNANT NEOPLASM UNS SITE LEFT FEMALE BREAST	Denied	Benefit-Other Coveraae	1
AR Medicaid - Total Care	N/A	KATERZIA Suspension 1MG/ML	SECONDARY HYPERTENSION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	KERENDIA Tablet 10MG	TYPE 1 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	DERMATITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	TINEA CORPORIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER SEBORRHEIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	OTHER SPECIFIED SUPERFICIAL MYCOSES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	CANDIDIASIS OF SKIN AND NAIL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOCONAZOLE Cream 2%	ALLERGIC CONTACT DERMATITIS D/T PLANTS EXCP FOOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KETOROLAC TROMETHAMINE Tablet 10MG	PAIN UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	KLAYESTA Powder 100000UNIT/GM	CANDIDIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2/84/MG/ML	OTHER LONG TERM CURRENT DRUG THERAPY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	KONVOMEP For Suspension 2:84MG/ML	GASTROPARESIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 200MG	RETTS SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 50MG	LENNOX-GASTAUT SYNDROME INTRACTABLE WITHOUT SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LACOSAMIDE Tablet 50MG	Developmental and epileptic encephalopathy	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE ER Tablet ER 24HR 300MG	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Chewable 25MG	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Chewable 5MG	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	LAMOTRIGINE Tablet Disintegrating 50MG	IRRITABILITY AND ANGER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 15MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 15MG	KIDNEY TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	LANSOPRAZOLE Tab DR Disint 30MG	DISEASE OF STOMACH AND DUODENUM UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	OTHER SEASONAL ALLERGIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	CHRONIC RHINITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	ALLERGY UNSPECIFIED SUBSEQUENT ENCOUNTER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LEVOCETIRIZINE DIHYDROCHLORIDE Tablet 5MG	UNSPECIFIED EUSTACHIAN TUBE DISORDER BILATERAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIDOCAINE Patch 5%	OTHER MUSCLE SPASM	Approved	N/A	1
AR Medicaid - Total Care	N/A	LIDOCAINE-PRILOCAINE Kit 2.5;2.5%	SARCOIDOSIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 145MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	Gastroenterology	LINZESS Capsule 290MCG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Capsule 290MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	LINZESS Capsule 290MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	OTHER CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	IRRITABLE BOWEL SYNDROME WITHOUT DIARRHEA	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	CONSTIPATION UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	OTHER CONSTIPATION	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LINZESS Caosule 72MCG	CHRONIC IDIOPATHIC CONSTIPATION	Approved	N/A	3
AR Medicaid - Total Care	N/A	LIRAGLUTIDE -WEIGHT MANAGEMENT Soln Pen-inj 18MG/3ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	LIRAGLUTIDE Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 10MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LISDEXAMFETAMINE DIMESYLATE Capsule 40MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LORAZEPAM Concentrate 2MG/ML	RESTLESSNESS AND AGITATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LORAZEPAM Tablet 1MG	ANXIETY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LORAZEPAM Tablet 2MG	SEVERE INTELLECTUAL DISABILITIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	LORAZEPAM Tablet 2MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LOSARTAN POTASSIUM Tablet 25MG	ESSENTIAL PRIMARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LOTEPREDNOL ETABONATE Suspension 0.5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	DRUG INDUCED CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 24MCG	IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	LUBIPROSTONE Capsule 8MCG	CONSTIPATION UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 120MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 120MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 120MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 20MG	BIPOLAR D/O CURRENT EPIS MANIC W/PSYCH FEATURE	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 40MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 60MG	PROBLEM RELATED SOCIAL ENVIRONMENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 60MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	LURASIDONE HCL Tablet 80MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	LYBALVI Tablet 20/10/MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	LYBALVI Tablet 5;10MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	LYUMJEV Solution 100UNIT/ML	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MEDROXYPROGESTERONE ACETATE Susp Pref Syr 150MG/ML	ENCOUNTER FOR CONTRACEPTIVE MANAGEMENT UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MELOXICAM Capsule 10MG	PRIMARY GENERALIZED OSTEOARTHRITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MESALAMINE Caosule DR 400MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	METFORMIN HCL Solution 500MG/5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Caosule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Caosule ER 24HR 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Caosule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Caosule ER 24HR 30MG	OTHER CONDUCT DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (LA) Caosule ER 24HR 30MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 27MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 36MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (OSM) Tablet ER 45MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER (XR) Capsule ER 24HR 15MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL ER Tablet ER 10MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	METHYLPHENIDATE HCL Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	METRONIDAZOLE Cream 0.75%	RASH AND OTHER NONSPECIFIC SKIN ERUPTION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MINOCYCLINE HCL Tablet 100MG	ACNE UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MIRTAZAPINE Tablet 30MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MODAFINIL Tablet 100MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MODAFINIL Tablet 100MG	Multiple sclerosis, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 10MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 12.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	3
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	2

AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 15MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	BODY MASS INDEX BMI 45.0-49.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-ini 2.5MG/0.5ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	MOUNJARO Soln Auto-inj 7.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Medicaid - Total Care	N/A	MOVANTIK Tablet 25MG	DRUG INDUCED CONSTIPATION	Approved	N/A	1
AR Medicaid - Total Care	N/A	MUPIROCIN CALCIUM Cream 2%	INGROWING NAIL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NADOLOL Tablet 40MG	LONG QT SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	NADOLOL Tablet 40MG	LONG QT SYNDROME	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NEFFY Solution 1MG/0.1ML	ALLERGY TO EGGS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NEXIUM Packet 20MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-ini 10MG/1.5ML	HYPOPITUITARISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-ini 15MG/1.5ML	HYPOPITUITARISM	Approved	N/A	2
AR Medicaid - Total Care	N/A	NORDITROPIN FLEXPRO Soln Pen-ini 15MG/1.5ML	HYPOPITUITARISM	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NOVOLOG FLEXPEN Soln Pen-ini 100UNIT/ML	TYPE 1 DIABETES MELLITUS W/UNSPEC COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE W/O AURA NOT INTRACT W/STAT MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NURTEC Tablet Disintegrating 75MG	Headache, unspecified	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NUZYRA Tablet 150MG	CELLULITIS OF LEFT LOWER LIMB	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	NYSTATIN Powder 100000UNIT/GM	CANDIDIASIS OF SKIN AND NAIL	Approved	N/A	1
AR Medicaid - Total Care	Pediatrics	OBINUTUZUMAB INJ	SYSTEMIC LUPUS ERYTHEMATOSUS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	ACUTE SUPPURATIVE OM W/O RUPT EAR DRUM LT EAR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	CHALAZION RIGHT UPPER EYELID	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	MALIGNANT OTITIS EXTERNA BILATERAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OFLOXACIN Solution 0.3%	OTHER MUCOPURULENT CONJUNCTIVITIS UNS EYE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	BIPOLAR DISORDER CURRENT EPISODE MIXED UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	5
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 15MG	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 15MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 15MG	SCHIZOPHRENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 2.5MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	BIPOLAR DISORDER CURRENT EPISODE HYPOMANIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	2
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 5MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet 7.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	MODERATE INTELLECTUAL DISABILITIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	PROFOUND INTELLECTUAL DISABILITIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 10MG	MILD INTELLECTUAL DISABILITIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OLANZAPINE Tablet Disintegrating 20MG	MODERATE INTELLECTUAL DISABILITIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OMEPRAZOLE Caosule DR 20MG	CROHNS DISEASE SMALL INTESTINE W/O COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OMEPRAZOLE Caosule DR 40MG	Gastro-esophageal reflux disease with esophagitis, without bleeding	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OMEPRAZOLE-SODIUM BICARBONATE Caosule 40:1100MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 INTRO GEN 5 Kit	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	3
AR Medicaid - Total Care	N/A	OMNIPOD 5 DEXG7G6 PODS GEN 5 Misc	TYPE 1 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	ONDANSETRON HCL Solution 4MG/5ML	VOMITING UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ONYDA XR Suspension ER 0.1MG/ML	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	OPSYNVI Tablet 10;40MG	PRIMARY PULMONARY HYPERTENSION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OPZELURA Cream 1.5%	ATOPIC DERMATITIS UNSPECIFIED	Denied	Benefit-Other Coverage	2
AR Medicaid - Total Care	N/A	ORILISSA Tablet 150MG	Deep endometriosis of the posterior cul-de-sac	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OTEZLA Tablet 30MG	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OXCARBAZEPINE ER Tablet ER 24HR 600MG	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OXYCODONE HCL Tablet 15MG	CHRONIC PAIN SYNDROME	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	Metabolic syndrome	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	2
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	5
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS W/OTH SPEC COMPLICATION	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	PREDIABETES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	OZEMPIC (0.25 OR 0.5 MG/DOSE) Soln Pen-ini 2MG/3ML	TYPE 2 DM WITH DIABETIC NEUROPATHY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OZEMPIC (1 MG/DOSE) Soln Pen-ini 4MG/3ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Approved	N/A	1
AR Medicaid - Total Care	N/A	OZEMPIC (2 MG/DOSE) Soln Pen-ini 8MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PALIPERIDONE ER Tablet ER 24HR 3MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	PAROXETINE HCL Tablet 10MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	PHENTERMINE HCL Capsule 15MG	Obesity, class 2	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	POSACONAZOLE Tablet DR 100MG	LUNG TRANSPLANT STATUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	POTASSIUM CHLORIDE Packet 20MEQ	HYPOKALEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	POTASSIUM CHLORIDE Solution 40 MEQ/15ML(20%)	HYPOKALEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PREGABALIN Capsule 300MG	TYPE 1 DIABETES MELLITUS W/DIABETIC NEPHROPATHY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PREGABALIN Solution 20MG/ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROGLYCEM Suspension 50MG/ML	HYPOGLYCEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROMACTA Packet 25MG	IMMUNE THROMBOCYTOPENIC PURPURA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 50MG	IMMUNE THROMBOCYTOPENIC PURPURA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 50MG	THROMBOCYTOPENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 50MG	OTHER SECONDARY THROMBOCYTOPENIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROMACTA Tablet 75MG	THROMBOCYTOPENIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROPRANOLOL HCL ER Capsule ER 24HR 60MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROPRANOLOL HCL ER Capsule ER 24HR 80MG	ANXIETY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	PROTONIX Packet 40MG	CELLULITIS OF OTHER SITES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QBRELIS Solution 1MG/ML	ELEVATED BLOOD-PRESSURE READING WITHOUT DX HTN	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	POST-TRAUMATIC STRESS DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	OPPOSITIONAL DEFIANT DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 100MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	3
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 150MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	CHRONIC MOTOR OR VOCAL TIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QELBREE Capsule ER 24HR 200MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	4
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE ER Tablet ER 24HR 50MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 100MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	3
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 150MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 200MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	SCHIZOPHRENIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 25MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 300MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	4
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	QUETIAPINE FUMARATE Tablet 50MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	4
AR Medicaid - Total Care	N/A	QULLIVANT XR For Susp ER 25MG/5ML	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QULLIVANT XR For Susp ER 25MG/5ML	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	QULLIVANT XR For Susp ER 25MG/5ML	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUIPTA Tablet 10MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUIPTA Tablet 60MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	QUVIVIQ Tablet 50MG	INSOMNIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	OUVIVIO Tablet 50MG	INSOMNIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RAMELTEON Tablet 8MG	POST-TRAUMATIC STRESS DISORDER CHRONIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RELISTOR Tablet 150MG	DRUG INDUCED CONSTIPATION	Denied	Admin-Denied Excluded	3
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-ini 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-ini 140MG/ML	MIXED HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-ini 140MG/ML	OTHER HYPERLIPIDEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-ini 140MG/ML	HYPERLIPIDEMIA UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	REPATHA SURECLICK Soln Auto-ini 140MG/ML	ASHD NATIVE CORONARY ARTERY W/O ANGINA PECTORIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RESTASIS Emulsion 0.05%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Approved	N/A	1
AR Medicaid - Total Care	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	REXULTI Tablet 0.5MG	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	REXULTI Tablet 1MG	MAJOR DEPRESSIVE DISORDER RECURRENT UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RINVOQ Tablet ER 24HR 15MG	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RINVOQ Tablet ER 24HR 30MG	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Solution 1MG/ML	OTHER DISORDERS OF PSYCHOLOGICAL DEVELOPMENT	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	OTHER PERSISTENT MOOD AFFECTIVE DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	UNSPECIFIED EPISODIC MOOD DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	3
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	OTH SPEC BEHAVIOR EMOTIONAL D/O ONSET CHILD ADOL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	6
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 0.5MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	3
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	AUTISTIC DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	UNSPECIFIED MOOD AFFECTIVE DISORDER	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1

AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	MAJ DEPRESS D/O SINGLE EPIS SEV W/PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 1MG	BIPOLAR DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 2MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 3MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet 4MG	BIPOLAR II DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 1MG	INTERMITTENT EXPLOSIVE DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 1MG	CONDUCT DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RISPERIDONE Tablet Disintegrating 1MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	RIZATRIPTAN BENZOATE Tablet 10MG	CHRONIC MIGRAINE W/O AURA INTRACT W/O STAT MIGR	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	RYBELSUS Tablet 3MG	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Concentrate 20MG/ML	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 100MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 100MG	Major depressive disorder, single episode	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 25MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SERTRALINE HCL Tablet 25MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYRIZI PEN Soln Auto-ini 150MG/ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	SKYRIZI Soln Cartridge 360MG/2.4ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SKYRIZI Solution 600MG/10ML	CROHNS DISEASE UNS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100/MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	1
AR Medicaid - Total Care	N/A	SOFOSBUVIR-VELPATASVIR Tablet 400/100MG	CHRONIC VIRAL HEPATITIS C	Approved	N/A	2
AR Medicaid - Total Care	N/A	SPIRIVA HANDIHALER Capsule 18MCG	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	RESPIRATORY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	SEVERE PERSISTENT ASTHMA UNCOMPLICATED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 1.25MCG/ACT	RESPIRATORY DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPIRIVA RESPIMAT Aerosol Soln 2.5MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SPRAVATO (56 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJ DEPRESS D/O RECURRENT SEV W/O PSYCH FEATURES	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SPRAVATO (84 MG DOSE) Soln Ther Pack 28MG/DEVICE	MAJOR DEPRESSIVE DISORDER RECURRENT MODERATE	Approved	N/A	1
AR Medicaid - Total Care	N/A	STIOLTO RESPIMAT Aerosol Soln 2.5;2.5MCG/ACT	PULMONARY FIBROSIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUBOXONE Film 12;3MG	OPIOID DEPENDENCE UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUCRALFATE Suspension 1GM/10ML	CYCLICAL VOMITING SYNDROME UNRELATED TO MIGRAINE	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUDOGEST Tablet 30MG	ALLERGIC RHINITIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SULINDAC Tablet 200MG	OTHER POLYOSTEOARTHRITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SUMATRIPTAN Solution 5MG/ACT	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUNOSI Tablet 75MG	NARCOLEPSY WITHOUT CATAPLEXY	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SUPREP BOWEL PREP KIT Solution 17.5/3.13/1.6/GM/177ML	CHRONIC ANAL FISSURE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5/MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 160/4.5MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	3
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	WHEEZING	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5/MCG/ACT	MILD INTERMITTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5MCG/ACT	MODERATE PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	2
AR Medicaid - Total Care	N/A	SYMBICORT Aerosol 80/4.5MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TACLONEX Suspension 0.005/0.064/%	DERMATITIS UNSPECIFIED	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	TADALAFIL Tablet 20MG	MALE ERECTILE DYSFUNCTION UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TADALAFIL Tablet 5MG	ENLARGED PROSTATE W/LOWER URINARY TRACT SYMPTOMS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TALTZ Soln Auto-ini 80MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TALTZ Soln Auto-ini 80MG/ML	PSORIASIS VULGARIS	Approved	N/A	2
AR Medicaid - Total Care	N/A	TEGRETOL Suspension 100MG/5ML	UNSPECIFIED CONVULSIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TEGRETOL Suspension 100MG/5ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TEGRETOL Suspension 100MG/5ML	LOC-REL SX EPILEPSY W/CPS NOT INTRACT W/O SE	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	HYPOPITUITARISM	Approved	N/A	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	HORMONE REPLACEMENT THERAPY POSTMENOPAUSAL	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TESTOSTERONE CYPIONATE Solution 200MG/ML	GENDER IDENTITY DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TIZANIDINE HCl Capsule 4MG	Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TOLTERODINE TARTRATE Tablet 2MG	URGE INCONTINENCE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TOPIRAMATE ER Capsule ER 24HR 50MG	MOOD DISORDER KNOWN PHYSIOLOGICAL CONDITION UNS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRAMADOL HCL Tablet 50MG	OTH SPONDYLOSIS W/RADICULOPATHY LUMBAR REGION	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 100:62.5:25MCG/ACT	CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNS	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRELEGY ELLIPTA Aero Pow Br Act 200/62.5/25/MCG/ACT	ACUTE RESPIRATORY FAILURE WITH HYPOXIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TREMFYA ONE-PRESS Soln Pen-inj 100MG/ML	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TREMFYA PEN Soln Auto-ini 200MG/2ML	CROHNS DISEASE SMALL & LARGE INTEST W/UNS COMP	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRETINOIN Cream 0.025%	ACNE VULGARIS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	BIT/STUNG NONVENOM INSECT OTH ARTHROPOD INIT ENC	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	PSORIASIS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Cream 0.1%	PSORIASIS VULGARIS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRIAMCINOLONE ACETONIDE Ointment 0.1%	OTHER ATOPIC DERMATITIS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRILEPTAL Suspension 300MG/5ML	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	OTHER CONSTIPATION	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	TRULANCE Tablet 3MG	CHRONIC IDIOPATHIC CONSTIPATION	Denied	Admin-Denied Excluded	3
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 0.75MG/0.5ML	HYPERGLYCEMIA UNSPECIFIED	Approved	N/A	2
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 0.75MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 0.75MG/0.5ML	HYPERGLYCEMIA UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 1.5MG/0.5ML	TYPE 2 DIABETES MELLITUS W/DIAB POLYNEUROPATHY	Approved	N/A	1
AR Medicaid - Total Care	N/A	TRULICITY Soln Auto-ini 3MG/0.5ML	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED O/S	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS INTRACTABLE W/STATUS MIGRAINOSUS	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	UBRELVY Tablet 100MG	MIGRAINE W/O AURA INTRACT W/STAT MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	UBRELVY Tablet 50MG	OTH MIGRAINE NOT INTRACT W/O STATUS MIGRAINOSUS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VALTOCO 20 MG DOSE Liqd Ther Pack 2 x 10MG/0.1ML	OTH GEN EPILEPSY INTRACTABLE W/O STATUS EPI	Denied	Benefit-Other Coverage	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Capsule ER 24HR 75MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE UNS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 225MG	OTHER SPECIFIED ANXIETY DISORDERS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENLAFAXINE HCL ER Tablet ER 24HR 75MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	COUGH VARIANT ASTHMA	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	MILD PERSISTENT ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	ILLNESS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	ACUTE BRONCHITIS UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VENTOLIN HFA Aerosol Soln 108 (90 Base)MCG/ACT	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VEOZAH Tablet 45MG	MENOPAUSAL AND FEMALE CLIMACTERIC STATES	Approved	N/A	1
AR Medicaid - Total Care	N/A	VEVYE Solution 0.1%	Meibomian gland dysfunction right eye, upper and lower eyelids	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS W/UNS COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VICTOZA Soln Pen-inj 18MG/3ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VIGAFYDE Solution 100MG/ML	LOC-REL SX EPILEPSY W/CPS INTRACT W/O STAT EPI	Approved	N/A	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 10MG	MAJOR DEPRESSIVE DISORDER SINGLE EPISODE MILD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 10MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VILAZODONE HCL Tablet 20MG	HYPOTHYROIDISM UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VOQUEZNA Tablet 10MG	GASTRO-ESOPH REFLUX DISEASE WITHOUT ESOPHAGITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 3MG	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 3MG	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 3MG	MAJ DEPRESS D/O RECURRENT SEV W/PSYCH SYMPTOMS	Approved	N/A	1
AR Medicaid - Total Care	N/A	VRAYLAR Capsule 4.5MG	BIPOLAR D/O CURR MIXED SEVERE W/O PSYCH FEATURES	Approved	N/A	1
AR Medicaid - Total Care	N/A	VTAMA Cream 1%	OTHER ATOPIC DERMATITIS	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	GENERALIZED ANXIETY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 10MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	5
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ADJUSTMENT DISORDER MIXD DISTURB EMOTION CONDUCT	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ILLNESS UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	6
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	6
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ADJUSTMENT DISORDER WITH ANXIETY	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	CONDUCT DISORDER UNSPECIFIED	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	11
AR Medicaid - Total Care	N/A	VYVANSE Capsule 30MG	REACTIVE ATTACHMENT DISORDER OF CHILDHOOD	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O UNSPECIFIED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O OTHER TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	5
AR Medicaid - Total Care	N/A	VYVANSE Capsule 40MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	7
AR Medicaid - Total Care	N/A	VYVANSE Capsule 50MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSE Capsule 60MG	Binge eating disorder, moderate	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 60MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	2
AR Medicaid - Total Care	N/A	VYVANSE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 70MG	ATTN-DEFICIT HYPERACTIVITY D/O COMBINED TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 70MG	ANTISOCIAL PERSONALITY DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Capsule 70MG	DISRUPTIVE MOOD DYSREGULATION DISORDER	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	VYVANSE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O INATTENTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	VYVANSE Tablet Chewable 20MG	ATTN-DEFICIT HYPERACTIVITY D/O HYPERACTIVE TYPE	Approved	N/A	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	OBESITY UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 40.0-44.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	WEGOVY Soln Auto-inj 0.25MG/0.5ML	BODY MASS INDEX BMI 60.0-69.9 ADULT	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	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 Medicaid - Total Care	N/A	XARELTO Tablet 2.5MG	ESSENTIAL PRIMARY HYPERTENSION	Approved	N/A	1
AR Medicaid - Total Care	N/A	XATMEP Solution 2.5MG/ML	ACUTE LYMPHOBLASTIC LEUKEMIA NOT ACHIEVED REMISS	Approved	N/A	1
AR Medicaid - Total Care	N/A	XCOPRI Tab Ther Pack 14 x 12.5 MG &14 x 25 MG	GEN IDIOPATHIC EPILEPSY INTRACT W/O STATUS EPI	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XCOPRI Tablet 200MG	MIGRAINE UNS NOT INTRACT W/O STATUS MIGRAINOSUS	Approved	N/A	1
AR Medicaid - Total Care	N/A	XIFAXAN Tablet 550MG	NONINFECTIVE GASTROENTERITIS & COLITIS UNS	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	XIFAXAN Tablet 550MG	IRRITABLE BOWEL SYNDROME WITH DIARRHEA	Denied	Admin-Denied Excluded	4
AR Medicaid - Total Care	N/A	XIIDRA Solution 5%	DRY EYE SYNDROME OF BILATERAL LACRIMAL GLANDS	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	XOLAIR Syringe Pref Syr 75MG/0.5ML	UNSPECIFIED ASTHMA UNCOMPLICATED	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP DISORDER UNSPECIFIED	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	SLEEP DISORDER UNSPECIFIED	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	6
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	OVERWEIGHT	Denied	Admin-Denied Excluded	1
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 2.5MG/0.5ML	MORBID SEVERE OBESITY DUE TO EXCESS CALORIES	Denied	Medical Necessity Not Met	2
AR Medicaid - Total Care	N/A	ZEPBOUND Soln Auto-inj 5MG/0.5ML	OBSTRUCTIVE SLEEP APNEA ADULT PEDIATRIC	Denied	Medical Necessity Not Met	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 20MG	AUTISTIC DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZIPRASIDONE HCL Capsule 20MG	OPPOSITIONAL DEFIANT DISORDER	Approved	N/A	1
AR Medicaid - Total Care	N/A	ZONISADE Suspension 100MG/5ML	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE W/O SE	Approved	N/A	1