

Colorado Coverage Determinations

Outcome	Count of Eoc Id
Approved	2306
Denied	1718
Total	4024

Colorado Coverage Determination Denials

by Type

Denial Reason	Count of Eoc Id
Criteria Not Met	1120
Not Medically Accepted Indication	274
Lack of Response	269
Benefit Exclusion	55
Total	1718

Colorado Coverage Determination Appeals

by Type

Event Type	Outcome	Count of Eoc Id
First Level of Appeal	Approved	305
Second Level of Appeal	Approved	10
Total	Approved	315

Colorado Coverage Determinations

by Drug

Drug Name	Outcome	Count of Eoc Id	%
ABILIFY 5 MG TABLET	Denied	1	100.00%
ABILIFY MAINTENA ER 300 MG SYR	Approved	1	50.00%
ABILIFY MAINTENA ER 300 MG SYR	Denied	1	50.00%
ABILIFY MAINTENA ER 300 MG VL	Approved	1	100.00%
ABILIFY MAINTENA ER 400 MG VL	Approved	1	100.00%
ABIRATERONE ACETATE 250 MG TAB	Approved	1	100.00%
ABSORICA 30 MG CAPSULE	Denied	1	100.00%
ABSORICA 40 MG CAPSULE	Denied	1	100.00%
ABSORICA LD 8 MG CAPSULE	Approved	1	100.00%
ACCU-CHEK AVIVA PLUS TEST STRP	Denied	2	100.00%
ACCU-CHEK FASTCLIX LANCET DRUM	Approved	1	100.00%
ACCU-CHEK GUIDE MONITOR SYSTEM	Approved	1	100.00%
ACCU-CHEK GUIDE TEST STRIP	Approved	1	100.00%
ACETAMINOPHEN 650 MG/20.3 ML	Denied	1	100.00%
ACETAMINOPHEN-COD #3 TABLET	Approved	1	100.00%
ACETAZOLAMIDE ER 500 MG CAP	Denied	1	100.00%
ACITRETIN 10 MG CAPSULE	Denied	1	100.00%
ACITRETIN 25 MG CAPSULE	Approved	1	100.00%
ACTEMRA 162 MG/0.9 ML SYRINGE	Denied	2	100.00%
ACTEMRA ACTPEN 162 MG/0.9 ML	Denied	1	100.00%
ACYCLOVIR 5% CREAM	Denied	1	100.00%
ACYCLOVIR 5% OINTMENT	Approved	4	28.57%
ACYCLOVIR 5% OINTMENT	Denied	10	71.43%
ACZONE 7.5% GEL PUMP	Approved	15	44.12%
ACZONE 7.5% GEL PUMP	Denied	19	55.88%
ADAPALENE 0.1% CREAM	Denied	1	100.00%
ADAPALENE 0.3% GEL PUMP	Denied	1	100.00%
ADAPALENE-BNZYL PEROX 0.1-2.5%	Approved	7	87.50%
ADAPALENE-BNZYL PEROX 0.1-2.5%	Denied	1	12.50%
ADDERALL 10 MG TABLET	Denied	1	100.00%
ADDERALL 15 MG TABLET	Approved	1	100.00%
ADDERALL 20 MG TABLET	Approved	2	50.00%
ADDERALL 20 MG TABLET	Denied	2	50.00%
ADDERALL 30 MG TABLET	Denied	1	100.00%
ADDERALL 5 MG TABLET	Approved	1	100.00%
ADDERALL XR 10 MG CAPSULE	Approved	1	50.00%
ADDERALL XR 10 MG CAPSULE	Denied	1	50.00%
ADDERALL XR 20 MG CAPSULE	Denied	3	100.00%
ADDERALL XR 25 MG CAPSULE	Approved	1	100.00%
ADDERALL XR 30 MG CAPSULE	Approved	2	66.67%
ADDERALL XR 30 MG CAPSULE	Denied	1	33.33%
ADDERALL XR 5 MG CAPSULE	Approved	2	100.00%
ADDYI 100 MG TABLET	Denied	1	100.00%

ADEMPAS 0.5 MG TABLET	Denied	1	100.00%
ADEMPAS 1 MG TABLET	Approved	1	100.00%
ADEMPAS 1.5 MG TABLET	Approved	1	100.00%
ADEMPAS 2 MG TABLET	Approved	1	100.00%
ADEMPAS 2.5 MG TABLET	Approved	1	100.00%
ADZENYS XR-ODT 18.8 MG TABLET	Approved	1	100.00%
ADZENYS XR-ODT 9.4 MG TABLET	Approved	1	100.00%
AFREZZA 90-4 UNIT / 90-8 UNIT	Approved	1	100.00%
AIMOVIG 140 MG/ML AUTOINJECTOR	Approved	22	84.62%
AIMOVIG 140 MG/ML AUTOINJECTOR	Denied	4	15.38%
AIMOVIG 70 MG/ML AUTOINJECTOR	Approved	5	100.00%
AIRDUO DIGIHALER 232-14 MCG	Approved	1	100.00%
AIRDUO RESPICLICK 113-14 MCG	Denied	1	100.00%
AJOVY 225 MG/1.5 ML AUTOINJECT	Approved	11	100.00%
AJOVY 225 MG/1.5 ML SYRINGE	Approved	11	78.57%
AJOVY 225 MG/1.5 ML SYRINGE	Denied	3	21.43%
ALBENDAZOLE 200 MG TABLET	Denied	2	100.00%
ALBUTEROL HFA 90 MCG INHALER	Approved	1	7.69%
ALBUTEROL HFA 90 MCG INHALER	Denied	12	92.31%
ALECENSA 150 MG CAPSULE	Denied	1	100.00%
ALINIA 500 MG TABLET	Approved	2	33.33%
ALINIA 500 MG TABLET	Denied	4	66.67%
ALMOTRIPTAN MALATE 12.5 MG TAB	Approved	1	50.00%
ALMOTRIPTAN MALATE 12.5 MG TAB	Denied	1	50.00%
ALOGLIPTIN 12.5 MG TABLET	Approved	1	100.00%
ALOGLIPTIN 25 MG TABLET	Approved	5	62.50%
ALOGLIPTIN 25 MG TABLET	Denied	3	37.50%
ALPRAZOLAM XR 0.5 MG TABLET	Approved	2	66.67%
ALPRAZOLAM XR 0.5 MG TABLET	Denied	1	33.33%
ALPRAZOLAM XR 2 MG TABLET	Approved	1	100.00%
ALVESCO 160 MCG INHALER	Denied	2	100.00%
AMBIEN 10 MG TABLET	Denied	2	100.00%
AMINOCAPROIC ACID 500 MG TAB	Approved	1	100.00%
AMITIZA 24 MCG CAPSULES	Approved	1	100.00%
AMITIZA 8 MCG CAPSULE	Approved	1	50.00%
AMITIZA 8 MCG CAPSULE	Denied	1	50.00%
AMNESTEEM 10 MG CAPSULE	Approved	1	100.00%
AMNESTEEM 20 MG CAPSULE	Approved	1	100.00%
AMNESTEEM 40 MG CAPSULE	Approved	3	100.00%
AMOX-CLAV 250-62.5 MG/5 ML SUS	Denied	1	100.00%
AMZEEQ 4% FOAM	Denied	1	100.00%
ANDROGEL 1.62% GEL PUMP	Denied	2	100.00%
ANDROGEL 1.62%(1.25G) GEL PCKT	Denied	2	100.00%
ANNOVERA VAGINAL RING	Approved	2	66.67%
ANNOVERA VAGINAL RING	Denied	1	33.33%
ANORO ELLIPTA 62.5-25 MCG INH	Approved	2	25.00%
ANORO ELLIPTA 62.5-25 MCG INH	Denied	6	75.00%

ANUCORT-HC 25 MG SUPPOSITORY	Approved	2	16.67%
ANUCORT-HC 25 MG SUPPOSITORY	Denied	10	83.33%
ANUSOL-HC 2.5% CREAM	Denied	1	100.00%
ANUSOL-HC 25 MG SUPPOSITORY	Denied	1	100.00%
APIDRA SOLOSTAR 100 UNITS/ML	Denied	1	100.00%
ARIKAYCE 590 MG/8.4 ML VIAL	Approved	1	100.00%
ARIPIRAZOLE 2 MG TABLET	Approved	2	100.00%
ARIPIRAZOLE 5 MG TABLET	Approved	2	50.00%
ARIPIRAZOLE 5 MG TABLET	Denied	2	50.00%
ARISTADA ER 1064 MG/3.9 ML SYR	Denied	1	100.00%
ARMODAFINIL 150 MG TABLET	Denied	2	100.00%
ARMODAFINIL 200 MG TABLET	Denied	1	100.00%
ARMODAFINIL 250 MG TABLET	Approved	2	100.00%
ARNUITY ELLIPTA 100 MCG INH	Approved	1	100.00%
ARNUITY ELLIPTA 200 MCG INH	Approved	1	100.00%
ASMANEX HFA 50 MCG INHALER	Denied	1	100.00%
ASMANEX TWISTHALER 220 MCG #14	Denied	1	100.00%
ATOMOXETINE HCL 10 MG CAPSULE	Approved	1	100.00%
ATOMOXETINE HCL 18 MG CAPSULE	Approved	1	100.00%
ATOMOXETINE HCL 40 MG CAPSULE	Approved	3	75.00%
ATOMOXETINE HCL 40 MG CAPSULE	Denied	1	25.00%
ATROVENT 17 MCG HFA INHALER	Approved	1	50.00%
ATROVENT 17 MCG HFA INHALER	Denied	1	50.00%
AUBAGIO 14 MG TABLET	Denied	3	100.00%
AUGMENTIN 125-31.25 MG/5 ML	Denied	1	100.00%
AUTOSOFT 90 MIS 43"/6MM	Denied	1	100.00%
AUVI-Q 0.1 MG AUTO-INJECTOR	Approved	6	100.00%
AUVI-Q 0.3 MG AUTO-INJECTOR	Denied	1	100.00%
AVENOVA LID-LASH SPRAY	Denied	1	100.00%
AVITA 0.025% GEL	Approved	1	100.00%
AVONEX PEN 30 MCG/0.5 ML KIT	Approved	1	100.00%
AZELAIC ACID 15% GEL	Approved	1	25.00%
AZELAIC ACID 15% GEL	Denied	3	75.00%
AZELASTIN-FLUTIC 137-50MCG SPR	Approved	1	50.00%
AZELASTIN-FLUTIC 137-50MCG SPR	Denied	1	50.00%
AZURETTE 28 DAY TABLET	Approved	1	100.00%
BACLOFEN 5 MG TABLET	Approved	2	100.00%
BALZIVA 28 TABLET	Approved	1	100.00%
BAQSIMI 3 MG SPRAY ONE PACK	Approved	2	66.67%
BAQSIMI 3 MG SPRAY ONE PACK	Denied	1	33.33%
BAQSIMI 3 MG SPRAY TWO PACK	Approved	9	90.00%
BAQSIMI 3 MG SPRAY TWO PACK	Denied	1	10.00%
BASAGLAR 100 UNIT/ML KWIKPEN	Denied	1	100.00%
BD 3 ML SYRINGE WITH NEEDLE	Approved	1	100.00%
BD NEEDLES 18GX1"	Approved	1	100.00%
BELBUCA 150 MCG FILM	Approved	1	100.00%
BELBUCA 75 MCG FILM	Approved	1	100.00%

BELSOMRA 10 MG TABLET	Approved	1	33.33%
BELSOMRA 10 MG TABLET	Denied	2	66.67%
BELSOMRA 15 MG TABLET	Approved	1	100.00%
BELSOMRA 20 MG TABLET	Approved	4	80.00%
BELSOMRA 20 MG TABLET	Denied	1	20.00%
BELVIQ XR 20 MG TABLET	Denied	1	100.00%
BENICAR 5 MG TABLET	Approved	1	100.00%
BENLYSTA 200 MG/ML AUTOINJECT	Approved	1	100.00%
BENZONATATE 200 MG CAPSULE	Denied	1	100.00%
BEPREVE 1.5% EYE DROPS	Denied	2	100.00%
BERINERT 500 UNIT KIT	Approved	1	50.00%
BERINERT 500 UNIT KIT	Denied	1	50.00%
BESIVANCE 0.6% SUSP	Denied	3	100.00%
BEYAZ 28 TABLET	Approved	1	100.00%
BIJUVA 1 MG-100 MG CAPSULE	Denied	2	100.00%
BIKTARVY 50-200-25 MG TABLET	Approved	3	50.00%
BIKTARVY 50-200-25 MG TABLET	Denied	3	50.00%
BONJESTA ER 20-20 MG TABLET	Approved	2	100.00%
BOTOX 100 UNIT VIAL	Approved	1	50.00%
BOTOX 100 UNIT VIAL	Denied	1	50.00%
BOTOX 200 UNIT VIAL	Approved	6	66.67%
BOTOX 200 UNIT VIAL	Denied	3	33.33%
BRAFTOVI 75 MG CAPSULE	Approved	1	100.00%
BREO ELLIPTA 100-25 MCG INH	Approved	7	46.67%
BREO ELLIPTA 100-25 MCG INH	Denied	8	53.33%
BREO ELLIPTA 200-25 MCG INH	Approved	8	53.33%
BREO ELLIPTA 200-25 MCG INH	Denied	7	46.67%
BRIVIACT 50 MG TABLET	Denied	1	100.00%
BROMSITE 0.075% EYE DROPS	Denied	1	100.00%
BUDESONIDE 0.5 MG/2 ML SUSP	Approved	1	100.00%
BUDESONIDE MICRONIZED POWDER	Denied	1	100.00%
BUDESONIDE-FORMOTEROL 160-4.5	Approved	6	35.29%
BUDESONIDE-FORMOTEROL 160-4.5	Denied	11	64.71%
BUDESONIDE-FORMOTEROL 80-4.5	Approved	1	16.67%
BUDESONIDE-FORMOTEROL 80-4.5	Denied	5	83.33%
BUPRENO-NALOX 2-0.5 MG SL FILM	Approved	5	41.67%
BUPRENO-NALOX 2-0.5 MG SL FILM	Denied	7	58.33%
BUPRENORPHINE 10 MCG/HR PATCH	Approved	2	100.00%
BUPRENORPHINE 2 MG TABLET SL	Approved	1	33.33%
BUPRENORPHINE 2 MG TABLET SL	Denied	2	66.67%
BUPRENORPHINE 20 MCG/HR PATCH	Approved	1	100.00%
BUPRENORPHINE 5 MCG/HR PATCH	Approved	5	83.33%
BUPRENORPHINE 5 MCG/HR PATCH	Denied	1	16.67%
BUPRENORPHINE 8 MG TABLET SL	Approved	2	100.00%
BUPRENORPHN-NALOXN 2-0.5 MG SL	Approved	2	100.00%
BUPRENORP-NALOX 4-1 MG SL FILM	Approved	2	28.57%
BUPRENORP-NALOX 4-1 MG SL FILM	Denied	5	71.43%

BUPRENORP-NALOX 8-2 MG SL FILM	Approved	1	12.50%
BUPRENORP-NALOX 8-2 MG SL FILM	Denied	7	87.50%
BUPROPION HCL SR 150 MG TABLET	Denied	1	100.00%
BUPROPION HCL XL 450 MG TABLET	Denied	2	100.00%
BUTRANS 20 MCG/HR PATCH	Approved	1	100.00%
BYDUREON 2 MG PEN INJECT	Denied	2	100.00%
BYDUREON BCISE 2 MG AUTOINJECT	Denied	4	100.00%
BYETTA 5 MCG DOSE PEN INJ	Approved	1	33.33%
BYETTA 5 MCG DOSE PEN INJ	Denied	2	66.67%
BYSTOLIC 10 MG TABLET	Approved	5	71.43%
BYSTOLIC 10 MG TABLET	Denied	2	28.57%
BYSTOLIC 2.5 MG TABLET	Denied	1	100.00%
BYSTOLIC 20 MG TABLET	Approved	1	100.00%
BYSTOLIC 5 MG TABLET	Approved	6	75.00%
BYSTOLIC 5 MG TABLET	Denied	2	25.00%
CABOMETYX 60 MG TABLET	Approved	1	100.00%
CALCIPOTR 0.005%-CLOBETA 0.05%	Denied	1	100.00%
CALCITRIOL 3 MCG/G OINTMENT	Denied	1	100.00%
CAMBIA 50 MG POWDER PACKET	Approved	5	83.33%
CAMBIA 50 MG POWDER PACKET	Denied	1	16.67%
CAPECITABINE 500 MG TABLET	Approved	6	100.00%
Caretouch Universl Cpap Filter	Denied	1	100.00%
CARISOPRODOL 350 MG TABLET	Approved	1	100.00%
CAROSPIR 25 MG/5 ML SUSPENSION	Approved	1	100.00%
CARVEDILOL ER 20 MG CAPSULE	Approved	1	50.00%
CARVEDILOL ER 20 MG CAPSULE	Denied	1	50.00%
CEFTRIAXONE 2 GM VIAL	Approved	1	100.00%
CELEBREX 100 MG CAPSULE	Denied	1	100.00%
CELECOXIB 100 MG CAPSULE	Approved	1	100.00%
CEQUA 0.09% SOLUTION	Approved	1	100.00%
CHANTIX 1 MG CONT MONTH BOX	Approved	1	100.00%
CHOLESTYRAMINE LIGHT PACKET	Denied	1	100.00%
CHOLESTYRAMINE PACKET	Approved	1	50.00%
CHOLESTYRAMINE PACKET	Denied	1	50.00%
CIALIS 20 MG TABLET	Denied	1	100.00%
CICLOPIROX 0.77% CREAM	Denied	1	100.00%
CICLOPIROX 1% SHAMPOO	Denied	1	100.00%
CICLOPIROX 8% SOLUTION	Denied	1	100.00%
CIMZIA 2X200 MG/ML SYRINGE KIT	Approved	8	61.54%
CIMZIA 2X200 MG/ML SYRINGE KIT	Denied	5	38.46%
CINACALCET HCL 60 MG TABLET	Denied	1	100.00%
CITALOPRAM HBR 40 MG TABLET	Approved	1	100.00%
CLARAVIS 10 MG CAPSULE	Approved	1	100.00%
CLARAVIS 20 MG CAPSULE	Approved	5	83.33%
CLARAVIS 20 MG CAPSULE	Denied	1	16.67%
CLARAVIS 30 MG CAPSULE	Approved	10	71.43%
CLARAVIS 30 MG CAPSULE	Denied	4	28.57%

CLARAVIS 40 MG CAPSULE	Approved	26	76.47%
CLARAVIS 40 MG CAPSULE	Denied	8	23.53%
CLIMARA 0.025 MG/DAY PATCH	Denied	1	100.00%
CLIMARA 0.05 MG/DAY PATCH	Approved	1	100.00%
CLIND PH-BENZOYL PEROX 1.2-5%	Approved	3	50.00%
CLIND PH-BENZOYL PEROX 1.2-5%	Denied	3	50.00%
CLINDAMYCIN PHOSPHATE 1% GEL	Denied	1	100.00%
CLINDA-TRETINOIN 1.2%-0.025%	Approved	2	66.67%
CLINDA-TRETINOIN 1.2%-0.025%	Denied	1	33.33%
CLOBETASOL 0.05% CREAM	Approved	10	41.67%
CLOBETASOL 0.05% CREAM	Denied	14	58.33%
CLOBETASOL 0.05% GEL	Denied	1	100.00%
CLOBETASOL 0.05% OINTMENT	Approved	1	7.14%
CLOBETASOL 0.05% OINTMENT	Denied	13	92.86%
CLOBETASOL 0.05% SHAMPOO	Denied	2	100.00%
CLOBETASOL 0.05% SOLUTION	Approved	6	46.15%
CLOBETASOL 0.05% SOLUTION	Denied	7	53.85%
CLOBETASOL EMOLLIENT 0.05% CRM	Approved	1	50.00%
CLOBETASOL EMOLLIENT 0.05% CRM	Denied	1	50.00%
CLOBETASOL PROP 0.05% SPRAY	Approved	2	100.00%
CLONAZEPAM 1 MG DIS TABLET	Approved	1	100.00%
CLONIDINE HCL ER 0.1 MG TABLET	Approved	1	50.00%
CLONIDINE HCL ER 0.1 MG TABLET	Denied	1	50.00%
COAGUCHEK XS PT TEST STRIPS	Approved	1	100.00%
COLCHICINE 0.6 MG CAPSULE	Denied	3	100.00%
COLCHICINE 0.6 MG TABLET	Approved	1	100.00%
COLESEVELAM 625 MG TABLET	Approved	1	33.33%
COLESEVELAM 625 MG TABLET	Denied	2	66.67%
COLESTIPOL HCL GRANULES PACKET	Denied	1	100.00%
COMBIGAN 0.2%-0.5% EYE DROPS	Approved	3	75.00%
COMBIGAN 0.2%-0.5% EYE DROPS	Denied	1	25.00%
COMBIVENT RESPIMAT 20-100 MCG	Denied	1	100.00%
CONCERTA ER 18 MG TABLET	Approved	1	100.00%
CONCERTA ER 36 MG TABLET	Denied	2	100.00%
CONDYLOX 0.5% GEL	Approved	1	100.00%
CONTOUR NEXT TEST STRIP	Approved	11	91.67%
CONTOUR NEXT TEST STRIP	Denied	1	8.33%
CONTRACE ER 8-90 MG TABLET	Denied	3	100.00%
COPAXONE 40 MG/ML SYRINGE	Denied	1	100.00%
CORTISPORIN-TC EAR SUSPENSION	Denied	2	100.00%
COSENTYX 150 MG/ML PEN INJECT	Approved	1	50.00%
COSENTYX 150 MG/ML PEN INJECT	Denied	1	50.00%
COSENTYX 300 MG DOSE-2 PENS	Approved	1	20.00%
COSENTYX 300 MG DOSE-2 PENS	Denied	4	80.00%
COSENTYX 300 MG DOSE-2 SYRINGE	Approved	1	50.00%
COSENTYX 300 MG DOSE-2 SYRINGE	Denied	1	50.00%
CPAP & BIPAP MIS HOSE	Denied	1	100.00%

CRESTOR 20 MG TABLET	Denied	1	100.00%
CRINONE 8% GEL	Approved	1	100.00%
CRYSSELLE-28 TABLET	Approved	1	100.00%
CRYSVITA 20 MG/ML VIAL	Approved	1	100.00%
CYMBALTA 60 MG CAPSULE	Approved	1	100.00%
CYTOMEL 25 MCG TABLET	Denied	1	100.00%
CYTOMEL 5 MCG TABLET	Approved	1	100.00%
DAPSONE 5% GEL	Approved	3	100.00%
DAPSONE 7.5% GEL PUMP	Approved	1	20.00%
DAPSONE 7.5% GEL PUMP	Denied	4	80.00%
DAPTOMYCIN 350 MG VIAL	Approved	1	100.00%
DDAVP 0.01% NASAL SPRAY	Denied	1	100.00%
DEFERASIROX 500 MG TB FOR SUSP	Approved	1	100.00%
DEPLIN-ALGAL OIL 15 MG CAPSULE	Denied	1	100.00%
DEPO-TESTOSTERONE 200 MG/ML	Denied	2	100.00%
DESCOVY 200-25 MG TABLET	Approved	8	72.73%
DESCOVY 200-25 MG TABLET	Denied	3	27.27%
DESMOPRESSIN 10 MCG/0.1 ML SPR	Approved	2	100.00%
DESONATE 0.05% GEL	Denied	1	100.00%
DESVENLAFAXINE ER 50 MG TAB	Approved	2	100.00%
DESVENLAFAXINE SUC ER 100 MG	Approved	2	28.57%
DESVENLAFAXINE SUC ER 100 MG	Denied	5	71.43%
DESVENLAFAXINE SUC ER 25 MG TB	Approved	2	66.67%
DESVENLAFAXINE SUC ER 25 MG TB	Denied	1	33.33%
DESVENLAFAXINE SUC ER 50 MG TB	Approved	6	50.00%
DESVENLAFAXINE SUC ER 50 MG TB	Denied	6	50.00%
DESVENLAFAXINE SUCCNT ER 100MG	Approved	3	100.00%
DESVENLAFAXINE SUCCNT ER 25 MG	Approved	4	66.67%
DESVENLAFAXINE SUCCNT ER 25 MG	Denied	2	33.33%
DESVENLAFAXINE SUCCNT ER 50 MG	Approved	8	80.00%
DESVENLAFAXINE SUCCNT ER 50 MG	Denied	2	20.00%
DEXILANT DR 30 MG CAPSULE	Approved	1	100.00%
DEXILANT DR 60 MG CAPSULE	Approved	13	81.25%
DEXILANT DR 60 MG CAPSULE	Denied	3	18.75%
DEXMETHYLPHENIDATE 2.5 MG TAB	Denied	1	100.00%
DEXMETHYLPHENIDATE ER 20 MG CP	Approved	1	33.33%
DEXMETHYLPHENIDATE ER 20 MG CP	Denied	2	66.67%
DEXMETHYLPHENIDATE ER 25 MG CP	Approved	1	100.00%
DEXMETHYLPHENIDATE ER 5 MG CAP	Approved	2	40.00%
DEXMETHYLPHENIDATE ER 5 MG CAP	Denied	3	60.00%
DEXTROAMP-AMPHET ER 10 MG CAP	Approved	8	100.00%
DEXTROAMP-AMPHET ER 15 MG CAP	Approved	3	100.00%
DEXTROAMP-AMPHET ER 20 MG CAP	Approved	17	85.00%
DEXTROAMP-AMPHET ER 20 MG CAP	Denied	3	15.00%
DEXTROAMP-AMPHET ER 25 MG CAP	Approved	1	100.00%
DEXTROAMP-AMPHET ER 30 MG CAP	Approved	11	91.67%
DEXTROAMP-AMPHET ER 30 MG CAP	Denied	1	8.33%

DEXTROAMP-AMPHET ER 5 MG CAP	Approved	1	100.00%
DIASTAT ACUDIAL 5-7.5-10 MG KT	Approved	1	100.00%
DIAZEPAM 10 MG RECTAL GEL SYST	Approved	1	100.00%
DICLOFENAC SODIUM 3% GEL	Denied	1	100.00%
DIFICID 200 MG TABLET	Approved	1	100.00%
DIGOXIN 0.05 MG/ML SOLUTION	Approved	1	100.00%
DIVIGEL 0.5 MG GEL PACKET	Denied	1	100.00%
DIVIGEL 1 MG GEL PACKET	Denied	1	100.00%
DONNATAL TABLET	Denied	1	100.00%
DORZOLAMIDE-TIMOLOL 2%-0.5%	Approved	1	100.00%
DOXEPIN HCL 3 MG TABLET	Approved	2	66.67%
DOXEPIN HCL 3 MG TABLET	Denied	1	33.33%
DOXEPIN HCL 6 MG TABLET	Approved	1	50.00%
DOXEPIN HCL 6 MG TABLET	Denied	1	50.00%
DOXYCYCLINE HCL DR 150 MG TAB	Approved	1	100.00%
DOXYCYCLINE IR-DR 40 MG CAP	Denied	1	100.00%
DOXYCYCLINE MONO 100 MG TABLET	Approved	1	100.00%
DOXYLAMINE-PYRIDOXINE 10-10 MG	Denied	1	100.00%
DROXIA 200 MG CAPSULE	Approved	1	100.00%
DRYSOL DAB-O-MATIC SOLUTION	Approved	1	100.00%
DUEXIS 800-26.6 MG TABLET	Approved	2	66.67%
DUEXIS 800-26.6 MG TABLET	Denied	1	33.33%
DULERA 100 MCG-5 MCG INHALER	Approved	5	62.50%
DULERA 100 MCG-5 MCG INHALER	Denied	3	37.50%
DULERA 200 MCG-5 MCG INHALER	Approved	2	66.67%
DULERA 200 MCG-5 MCG INHALER	Denied	1	33.33%
DULOXETINE HCL DR 30 MG CAP	Approved	7	63.64%
DULOXETINE HCL DR 30 MG CAP	Denied	4	36.36%
DULOXETINE HCL DR 40 MG CAP	Approved	2	66.67%
DULOXETINE HCL DR 40 MG CAP	Denied	1	33.33%
DULOXETINE HCL DR 60 MG CAP	Approved	1	100.00%
DUOBRII 0.01%-0.045% LOTION	Approved	1	100.00%
DUPIXENT 200 MG/1.14 ML SYRING	Approved	1	50.00%
DUPIXENT 200 MG/1.14 ML SYRING	Denied	1	50.00%
DUPIXENT 300 MG/2 ML PEN	Denied	2	100.00%
DUPIXENT 300 MG/2 ML SYRINGE	Approved	11	32.35%
DUPIXENT 300 MG/2 ML SYRINGE	Denied	23	67.65%
DUREZOL 0.05% EYE DROPS	Approved	2	33.33%
DUREZOL 0.05% EYE DROPS	Denied	4	66.67%
DUROLANE 60 MG/3 ML SYRINGE	Denied	1	100.00%
DYMISTA NASAL SPRAY	Denied	1	100.00%
EDARBYCLOR 40-25 MG TABLET	Denied	1	100.00%
ELETRIPTAN HBR 20 MG TABLET	Denied	1	100.00%
ELETRIPTAN HBR 40 MG TABLET	Approved	5	62.50%
ELETRIPTAN HBR 40 MG TABLET	Denied	3	37.50%
ELIDEL 1% CREAM	Denied	1	100.00%
ELIQUIS 5 MG TABLET	Approved	3	60.00%

ELIQUIS 5 MG TABLET	Denied	2	40.00%
ELIQUIS DVT-PE TREAT START 5MG	Approved	1	100.00%
ELMIRON 100 MG CAPSULE	Approved	4	100.00%
ELURYNG VAGINAL RING	Approved	35	83.33%
ELURYNG VAGINAL RING	Denied	7	16.67%
EMGALITY 120 MG/ML PEN	Approved	15	93.75%
EMGALITY 120 MG/ML PEN	Denied	1	6.25%
EMGALITY 120 MG/ML SYRINGE	Approved	4	80.00%
EMGALITY 120 MG/ML SYRINGE	Denied	1	20.00%
EMGALITY 300 MG (100 MG X3SYR)	Approved	1	100.00%
ENABLEX 7.5 MG TABLET	Approved	1	100.00%
ENBREL 25 MG/0.5 ML SYRINGE	Approved	2	100.00%
ENBREL 50 MG/ML MINI CARTRIDGE	Approved	2	66.67%
ENBREL 50 MG/ML MINI CARTRIDGE	Denied	1	33.33%
ENBREL 50 MG/ML SURECLICK	Approved	25	100.00%
ENBREL 50 MG/ML SYRINGE	Approved	2	100.00%
ENDOMETRIN 100 MG SUPPOSITORY	Denied	1	100.00%
ENOXAPARIN 100 MG/ML SYRINGE	Approved	8	88.89%
ENOXAPARIN 100 MG/ML SYRINGE	Denied	1	11.11%
ENOXAPARIN 150 MG/ML SYRINGE	Approved	1	100.00%
ENOXAPARIN 30 MG/0.3 ML SYR	Approved	7	87.50%
ENOXAPARIN 30 MG/0.3 ML SYR	Denied	1	12.50%
ENOXAPARIN 40 MG/0.4 ML SYR	Approved	24	96.00%
ENOXAPARIN 40 MG/0.4 ML SYR	Denied	1	4.00%
ENOXAPARIN 60 MG/0.6 ML SYR	Approved	3	60.00%
ENOXAPARIN 60 MG/0.6 ML SYR	Denied	2	40.00%
ENOXAPARIN 80 MG/0.8 ML SYR	Approved	7	77.78%
ENOXAPARIN 80 MG/0.8 ML SYR	Denied	2	22.22%
ENSTILAR 0.005%-0.064% FOAM	Approved	1	50.00%
ENSTILAR 0.005%-0.064% FOAM	Denied	1	50.00%
ENTECAVIR 0.5 MG TABLET	Approved	4	57.14%
ENTECAVIR 0.5 MG TABLET	Denied	3	42.86%
ENTECAVIR 1 MG TABLET	Denied	1	100.00%
ENTRESTO 24 MG-26 MG TABLET	Approved	7	70.00%
ENTRESTO 24 MG-26 MG TABLET	Denied	3	30.00%
ENTRESTO 49 MG-51 MG TABLET	Approved	4	66.67%
ENTRESTO 49 MG-51 MG TABLET	Denied	2	33.33%
ENTRESTO 97 MG-103 MG TABLET	Approved	4	100.00%
ENTYVIO 300 MG VIAL	Denied	1	100.00%
ENVARUSUS XR 1 MG TABLET	Approved	1	100.00%
EPCLUSA 400 MG-100 MG TABLET	Approved	1	33.33%
EPCLUSA 400 MG-100 MG TABLET	Denied	2	66.67%
EPIDUO FORTE 0.3-2.5% GEL PUMP	Approved	1	20.00%
EPIDUO FORTE 0.3-2.5% GEL PUMP	Denied	4	80.00%
EPINEPHRINE 1 MG/ML AMPUL	Approved	1	100.00%
EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Denied	1	100.00%
ERLEADA 60 MG TABLET	Approved	1	100.00%

ERTACZO 2% CREAM	Denied	1	100.00%
ERY-TAB DR 250 MG TABLET	Denied	1	100.00%
ESBRIET 267 MG CAPSULE	Approved	1	100.00%
ESBRIET 267 MG TABLET	Denied	1	100.00%
ESCITALOPRAM 10 MG TABLET	Approved	2	33.33%
ESCITALOPRAM 10 MG TABLET	Denied	4	66.67%
ESCITALOPRAM 20 MG TABLET	Approved	9	81.82%
ESCITALOPRAM 20 MG TABLET	Denied	2	18.18%
ESOMEPRAZOLE MAG DR 40 MG CAP	Approved	7	36.84%
ESOMEPRAZOLE MAG DR 40 MG CAP	Denied	12	63.16%
ESTRADIOL 0.05 MG PATCH	Approved	1	100.00%
ESTRADIOL 0.1 MG PATCH	Approved	2	40.00%
ESTRADIOL 0.1 MG PATCH	Denied	3	60.00%
ESTRADIOL 10 MCG VAGINAL INSRT	Approved	2	13.33%
ESTRADIOL 10 MCG VAGINAL INSRT	Denied	13	86.67%
ESTRADIOL TDS 0.1 MG/DAY	Denied	1	100.00%
ESTRING 2 MG VAGINAL RING	Approved	4	50.00%
ESTRING 2 MG VAGINAL RING	Denied	4	50.00%
ESTROGEL 0.06% GEL	Denied	4	100.00%
ESTROGEN-METHYLTESTOS H.S. TAB	Approved	1	100.00%
ESZOPICLONE 1 MG TABLET	Denied	2	100.00%
ESZOPICLONE 2 MG TABLET	Approved	2	100.00%
ESZOPICLONE 3 MG TABLET	Approved	5	38.46%
ESZOPICLONE 3 MG TABLET	Denied	8	61.54%
ETONOGESTREL-EE VAGINAL RING	Approved	61	89.71%
ETONOGESTREL-EE VAGINAL RING	Denied	7	10.29%
EUCRISA 2% OINTMENT	Approved	4	66.67%
EUCRISA 2% OINTMENT	Denied	2	33.33%
EUFLEXXA 20 MG/2 ML SYRINGE	Denied	2	100.00%
EVAMIST 1.53 MG/SPRAY	Denied	1	100.00%
EVEROLIMUS 0.75 MG TABLET	Approved	1	100.00%
EZETIMIBE-SIMVASTATIN 10-40 MG	Approved	1	100.00%
FARXIGA 10 MG TABLET	Approved	7	87.50%
FARXIGA 10 MG TABLET	Denied	1	12.50%
FARXIGA 5 MG TABLET	Approved	4	57.14%
FARXIGA 5 MG TABLET	Denied	3	42.86%
FASENRA 30 MG/ML SYRINGE	Approved	2	100.00%
FASENRA PEN 30 MG/ML	Approved	1	50.00%
FASENRA PEN 30 MG/ML	Denied	1	50.00%
FEBUXOSTAT 40 MG TABLET	Approved	3	75.00%
FEBUXOSTAT 40 MG TABLET	Denied	1	25.00%
FEBUXOSTAT 80 MG TABLET	Approved	1	100.00%
FEM PH VAGINAL JELLY	Denied	1	100.00%
FENTANYL 100 MCG/HR PATCH	Approved	2	100.00%
FENTANYL 12 MCG/HR PATCH	Approved	3	100.00%
FENTANYL 25 MCG/HR PATCH	Approved	3	60.00%
FENTANYL 25 MCG/HR PATCH	Denied	2	40.00%

FENTANYL 50 MCG/HR PATCH	Approved	2	66.67%
FENTANYL 50 MCG/HR PATCH	Denied	1	33.33%
FENTANYL 75 MCG/HR PATCH	Approved	2	66.67%
FENTANYL 75 MCG/HR PATCH	Denied	1	33.33%
FETZIMA ER 20 MG CAPSULE	Approved	1	100.00%
FINACEA 15% GEL	Denied	1	100.00%
FINASTERIDE 1 MG TABLET	Denied	2	100.00%
FIRVANQ 25 MG/ML SOLUTION	Approved	1	100.00%
FLOVENT 100 MCG DISKUS	Denied	3	100.00%
FLOVENT 250 MCG DISKUS	Denied	1	100.00%
FLOVENT HFA 110 MCG INHALER	Approved	12	35.29%
FLOVENT HFA 110 MCG INHALER	Denied	22	64.71%
FLOVENT HFA 220 MCG INHALER	Approved	1	16.67%
FLOVENT HFA 220 MCG INHALER	Denied	5	83.33%
FLOVENT HFA 44 MCG INHALER	Approved	11	44.00%
FLOVENT HFA 44 MCG INHALER	Denied	14	56.00%
FLUCONAZOLE 200 MG TABLET	Approved	1	100.00%
FLUNISOLIDE 0.025% SPRAY	Denied	1	100.00%
FLUOCINOLONE 0.01% BODY OIL	Denied	2	100.00%
FLUOCINONIDE 0.05% CREAM	Approved	1	25.00%
FLUOCINONIDE 0.05% CREAM	Denied	3	75.00%
FLUOCINONIDE 0.05% GEL	Denied	1	100.00%
FLUOCINONIDE 0.05% SOLUTION	Approved	1	100.00%
FLUOXETINE DR 90 MG CAPSULE	Approved	1	100.00%
FLUOXETINE HCL 10 MG TABLET	Approved	7	58.33%
FLUOXETINE HCL 10 MG TABLET	Denied	5	41.67%
FLUOXETINE HCL 20 MG TABLET	Approved	1	33.33%
FLUOXETINE HCL 20 MG TABLET	Denied	2	66.67%
FLUOXETINE HCL 60 MG TABLET	Approved	3	100.00%
FLURBIPROFEN 100 MG TABLET	Denied	1	100.00%
FLUTICASONE-SALMETEROL 232-14	Denied	2	100.00%
FLUVOXAMINE MALEATE 25 MG TAB	Approved	1	50.00%
FLUVOXAMINE MALEATE 25 MG TAB	Denied	1	50.00%
FLUVOXAMINE MALEATE 50 MG TAB	Approved	1	50.00%
FLUVOXAMINE MALEATE 50 MG TAB	Denied	1	50.00%
FOCALIN XR 5 MG CAPSULE	Denied	1	100.00%
FOLIC ACID 1 MG TABLET	Approved	5	83.33%
FOLIC ACID 1 MG TABLET	Denied	1	16.67%
FONDAPARINUX 2.5 MG/0.5 ML SYR	Approved	1	100.00%
FORTEO 600 MCG/2.4 ML PEN INJ	Approved	4	80.00%
FORTEO 600 MCG/2.4 ML PEN INJ	Denied	1	20.00%
FREESTYLE LIBRE 14 DAY READER	Approved	1	50.00%
FREESTYLE LIBRE 14 DAY READER	Denied	1	50.00%
FREESTYLE LIBRE 14 DAY SENSOR	Approved	4	57.14%
FREESTYLE LIBRE 14 DAY SENSOR	Denied	3	42.86%
FREESTYLE LITE METER	Denied	1	100.00%
FREESTYLE LITE TEST STRIP	Denied	2	100.00%

FROVATRIPTAN SUCC 2.5 MG TAB	Approved	2	100.00%
GAMUNEX-C 20 GRAM/200 ML VIAL	Denied	1	100.00%
GAMUNEX-C 40 GRAM/400 ML VIAL	Approved	1	100.00%
GEL-ONE 30 MG/3 ML SYRINGE	Denied	1	100.00%
GENOTROPIN 12 MG CARTRIDGE	Approved	4	100.00%
GENOTROPIN 5 MG CARTRIDGE	Approved	1	100.00%
GILENYA 0.5 MG CAPSULE	Approved	3	100.00%
GLATIRAMER 40 MG/ML SYRINGE	Approved	1	25.00%
GLATIRAMER 40 MG/ML SYRINGE	Denied	3	75.00%
GLUCAGON 1 MG EMERGENCY KIT	Approved	1	100.00%
GRALISE ER 300 MG TABLET	Denied	1	100.00%
GRALISE ER 600 MG TABLET	Approved	1	20.00%
GRALISE ER 600 MG TABLET	Denied	4	80.00%
GUARDIAN LINK 3 TRANSMITTER	Approved	1	100.00%
GUARDIAN SENSOR 3	Approved	2	100.00%
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	Approved	1	100.00%
HEALTHPRO GLUCOSE TEST STRIPS	Denied	1	100.00%
HEPARIN 30 UNITS/3 ML (10/ML)	Approved	1	100.00%
HEPARIN 500 UNIT/5 ML (100/ML)	Approved	1	100.00%
HUMALOG 100 UNIT/ML CARTRIDGE	Approved	1	100.00%
HUMALOG 100 UNIT/ML KWIKPEN	Denied	1	100.00%
HUMALOG 100 UNIT/ML VIAL	Approved	1	50.00%
HUMALOG 100 UNIT/ML VIAL	Denied	1	50.00%
HUMALOG 100 UNITS/ML KWIKPEN	Approved	3	75.00%
HUMALOG 100 UNITS/ML KWIKPEN	Denied	1	25.00%
HUMALOG JR 100 UNIT/ML KWIKPEN	Approved	2	66.67%
HUMALOG JR 100 UNIT/ML KWIKPEN	Denied	1	33.33%
HUMIRA 40 MG/0.8 ML SYRINGE	Approved	4	66.67%
HUMIRA 40 MG/0.8 ML SYRINGE	Denied	2	33.33%
HUMIRA PEN 40 MG/0.8 ML	Approved	6	85.71%
HUMIRA PEN 40 MG/0.8 ML	Denied	1	14.29%
HUMIRA PEN CROHN-UC-HS 40 MG	Approved	1	100.00%
HUMIRA PEN PS-UV-ADOL HS 40 MG	Approved	2	100.00%
HUMIRA(CF) 40 MG/0.4 ML SYRING	Approved	13	92.86%
HUMIRA(CF) 40 MG/0.4 ML SYRING	Denied	1	7.14%
HUMIRA(CF) PEN 40 MG/0.4 ML	Approved	35	81.40%
HUMIRA(CF) PEN 40 MG/0.4 ML	Denied	8	18.60%
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Approved	2	50.00%
HUMIRA(CF) PEN CRHN-UC-HS 80MG	Denied	2	50.00%
HUMIRA(CF) PEN PS-UV-AHS 80-40	Approved	4	66.67%
HUMIRA(CF) PEN PS-UV-AHS 80-40	Denied	2	33.33%
HUMULIN 70/30 KWIKPEN	Denied	2	100.00%
HUMULIN 70-30 VIAL	Approved	1	50.00%
HUMULIN 70-30 VIAL	Denied	1	50.00%
HUMULIN N 100 UNIT/ML VIAL	Approved	1	25.00%
HUMULIN N 100 UNIT/ML VIAL	Denied	3	75.00%
HUMULIN R 100 UNIT/ML VIAL	Denied	1	100.00%

HUMULIN R 500 UNIT/ML KWIKPEN	Approved	1	100.00%
HUMULIN R 500 UNITS/ML VIAL	Approved	2	100.00%
HYDROCODONE-ACETAMIN 10-325 MG	Approved	11	78.57%
HYDROCODONE-ACETAMIN 10-325 MG	Denied	3	21.43%
HYDROCODONE-ACETAMIN 5-325 MG	Approved	17	89.47%
HYDROCODONE-ACETAMIN 5-325 MG	Denied	2	10.53%
HYDROCODONE-ACETAMIN 7.5-325	Approved	3	60.00%
HYDROCODONE-ACETAMIN 7.5-325	Denied	2	40.00%
HYDROCODONE-IBUPROFEN 7.5-200	Approved	2	100.00%
HYDROCORTISON-ACETIC ACID SOLN	Approved	1	100.00%
HYDROCORTISONE AC 25 MG SUPP	Approved	1	25.00%
HYDROCORTISONE AC 25 MG SUPP	Denied	3	75.00%
HYDROCORT-PRAMOXINE 2.5-1% CRM	Approved	1	100.00%
HYDROMORPHONE 2 MG TABLET	Approved	7	77.78%
HYDROMORPHONE 2 MG TABLET	Denied	2	22.22%
HYDROMORPHONE 4 MG TABLET	Approved	2	100.00%
HYDROXYPROGEST 250 MG/ML VIAL	Approved	1	50.00%
HYDROXYPROGEST 250 MG/ML VIAL	Denied	1	50.00%
HYOSCYAMINE ER 0.375 MG TAB	Approved	2	100.00%
HYSINGLA ER 20 MG TABLET	Approved	1	100.00%
HYSINGLA ER 40 MG TABLET	Denied	1	100.00%
IBANDRONATE SODIUM 150 MG TAB	Approved	2	25.00%
IBANDRONATE SODIUM 150 MG TAB	Denied	6	75.00%
IBRANCE 125 MG TABLET	Approved	1	100.00%
IMATINIB MESYLATE 400 MG TAB	Approved	1	100.00%
IMBRUVICA 140 MG CAPSULE	Approved	1	100.00%
IMBRUVICA 420 MG TABLET	Approved	2	100.00%
IMIQUIMOD 5% CREAM PACKET	Approved	1	50.00%
IMIQUIMOD 5% CREAM PACKET	Denied	1	50.00%
IMVEXXY 10 MCG MAINTENANCE PAK	Denied	3	100.00%
IMVEXXY 10 MCG STARTER PACK	Approved	1	100.00%
INCRUSE ELLIPTA 62.5 MCG INH	Approved	2	100.00%
INDOMETHACIN ER 75 MG CAPSULE	Denied	2	100.00%
INGREZZA 40 MG CAPSULE	Denied	1	100.00%
INGREZZA 80 MG CAPSULE	Approved	1	50.00%
INGREZZA 80 MG CAPSULE	Denied	1	50.00%
INLYTA 1 MG TABLET	Denied	1	100.00%
INLYTA 5 MG TABLET	Approved	1	100.00%
INSULIN LISPRO 100 UNIT/ML PEN	Denied	1	100.00%
INSULIN LISPRO 100 UNIT/ML VL	Approved	1	50.00%
INSULIN LISPRO 100 UNIT/ML VL	Denied	1	50.00%
INTRAROSA 6.5 MG VAG INSERT	Approved	1	33.33%
INTRAROSA 6.5 MG VAG INSERT	Denied	2	66.67%
INTROVALE 0.15-0.03 MG TABLET	Approved	1	100.00%
INVEGA ER 3 MG TABLET	Approved	1	100.00%
INVEGA SUSTENNA 234 MG/1.5 ML	Approved	2	100.00%
INVOKANA 100 MG TABLET	Approved	4	50.00%

INVOKANA 100 MG TABLET	Denied	4	50.00%
INVOKANA 300 MG TABLET	Approved	2	40.00%
INVOKANA 300 MG TABLET	Denied	3	60.00%
ISOTRETINOIN 30 MG CAPSULE	Approved	3	33.33%
ISOTRETINOIN 30 MG CAPSULE	Denied	6	66.67%
ISOTRETINOIN 40 MG CAPSULE	Approved	6	60.00%
ISOTRETINOIN 40 MG CAPSULE	Denied	4	40.00%
ITRACONAZOLE 100 MG CAPSULE	Approved	1	100.00%
IVERMECTIN 1% CREAM	Approved	1	100.00%
IVERMECTIN 3 MG TABLET	Denied	2	100.00%
JANUMET XR 50-1,000 MG TABLET	Approved	5	100.00%
JANUVIA 100 MG TABLET	Approved	5	71.43%
JANUVIA 100 MG TABLET	Denied	2	28.57%
JARDIANCE 10 MG TABLET	Approved	5	38.46%
JARDIANCE 10 MG TABLET	Denied	8	61.54%
JARDIANCE 25 MG TABLET	Approved	5	62.50%
JARDIANCE 25 MG TABLET	Denied	3	37.50%
JUBLIA 10% TOPICAL SOLUTION	Denied	1	100.00%
KALYDECO 150 MG TABLET	Approved	2	100.00%
KARIVA 28 DAY TABLET	Denied	1	100.00%
KETOROLAC 60 MG/2 ML VIAL	Denied	1	100.00%
KETOSTIX REAGENT STRIP	Approved	1	100.00%
K-PHOS ORIGINAL TABLET	Approved	1	100.00%
KYLEENA 19.5 MG SYSTEM	Denied	1	100.00%
LAMICTAL 100 MG TABLET	Approved	1	100.00%
LAMICTAL 200 MG TABLET	Denied	2	100.00%
LAMOTRIGINE ODT 200 MG TABLET	Approved	1	100.00%
LANSOPRAZOLE DR 15 MG CAPSULE	Approved	1	100.00%
LANSOPRAZOLE DR 30 MG CAPSULE	Denied	1	100.00%
LANSOPRAZOLE ODT 15 MG TABLET	Approved	1	100.00%
LANTUS 100 UNIT/ML VIAL	Approved	1	100.00%
LANTUS SOLOSTAR 100 UNIT/ML	Approved	10	43.48%
LANTUS SOLOSTAR 100 UNIT/ML	Denied	13	56.52%
LATUDA 20 MG TABLET	Approved	4	66.67%
LATUDA 20 MG TABLET	Denied	2	33.33%
LATUDA 40 MG TABLET	Approved	4	80.00%
LATUDA 40 MG TABLET	Denied	1	20.00%
LATUDA 60 MG TABLET	Approved	2	40.00%
LATUDA 60 MG TABLET	Denied	3	60.00%
LETROZOLE 2.5 MG TABLET	Approved	1	100.00%
LEUPROLIDE 2WK 14 MG/2.8 ML KT	Denied	4	100.00%
LEVALBUTEROL 1.25 MG/3 ML SOL	Approved	2	50.00%
LEVALBUTEROL 1.25 MG/3 ML SOL	Denied	2	50.00%
LEVALBUTEROL CONC 1.25 MG/0.5	Approved	1	100.00%
LEVALBUTEROL TAR HFA 45MCG INH	Approved	6	66.67%
LEVALBUTEROL TAR HFA 45MCG INH	Denied	3	33.33%
LEVBID ER 0.375 MG TABLET	Denied	1	100.00%

LEVEMIR 100 UNIT/ML VIAL	Approved	1	50.00%
LEVEMIR 100 UNIT/ML VIAL	Denied	1	50.00%
LEVEMIR FLEXTOUCH 100 UNIT/ML	Approved	4	66.67%
LEVEMIR FLEXTOUCH 100 UNIT/ML	Denied	2	33.33%
LEVOCARNITINE 330 MG TABLET	Approved	1	100.00%
LEVOFLOXACIN 25 MG/ML SOLUTION	Approved	1	100.00%
LEVULAN KERASTICK	Denied	1	100.00%
LEXAPRO 10 MG TABLET	Approved	2	50.00%
LEXAPRO 10 MG TABLET	Denied	2	50.00%
LEXAPRO 20 MG TABLET	Approved	1	100.00%
LEXAPRO 5 MG TABLET	Denied	1	100.00%
LIDOCAINE 5% PATCH	Approved	4	8.70%
LIDOCAINE 5% PATCH	Denied	42	91.30%
LINZESS 145 MCG CAPSULE	Approved	9	64.29%
LINZESS 145 MCG CAPSULE	Denied	5	35.71%
LINZESS 290 MCG CAPSULE	Approved	2	100.00%
LINZESS 72 MCG CAPSULE	Approved	2	33.33%
LINZESS 72 MCG CAPSULE	Denied	4	66.67%
LITHIUM CARBONATE 600 MG CAP	Approved	1	50.00%
LITHIUM CARBONATE 600 MG CAP	Denied	1	50.00%
LIVALO 1 MG TABLET	Approved	1	100.00%
LIVALO 2 MG TABLET	Approved	2	66.67%
LIVALO 2 MG TABLET	Denied	1	33.33%
LIVALO 4 MG TABLET	Approved	4	100.00%
L-METHYLFOLATE 15 MG CAPLET	Denied	1	100.00%
L-METHYLFOLATE CALCIUM 7.5 MG	Denied	2	100.00%
LO LOESTRIN FE 1-10 TABLET	Approved	10	41.67%
LO LOESTRIN FE 1-10 TABLET	Denied	14	58.33%
LOKELMA 10 GRAM POWDER PACKET	Approved	1	50.00%
LOKELMA 10 GRAM POWDER PACKET	Denied	1	50.00%
LOPROX 1% SHAMPOO	Denied	1	100.00%
LOSARTAN POTASSIUM 25 MG TAB	Approved	1	100.00%
LOTEMAX 0.5% OPHTHALMIC GEL	Denied	2	100.00%
LOTEMAX SM 0.38% OPHTH GEL	Denied	6	100.00%
LOTEPREDNOL ETABONATE 0.5% DRP	Approved	2	40.00%
LOTEPREDNOL ETABONATE 0.5% DRP	Denied	3	60.00%
LOVENOX 80 MG/0.8 ML SYRINGE	Approved	1	100.00%
LUMIGAN 0.01% EYE DROPS	Denied	1	100.00%
LUNESTA 1 MG TABLET	Approved	1	100.00%
LUNESTA 3 MG TABLET	Denied	2	100.00%
LUPRON DEPOT 22.5 MG 3MO KIT	Denied	1	100.00%
LUPRON DEPOT 3.75 MG KIT	Approved	1	50.00%
LUPRON DEPOT 3.75 MG KIT	Denied	1	50.00%
LUPRON DEPOT-PED 11.25 MG KIT	Approved	1	100.00%
LUPRON DEPOT-PED 30 MG 3MO KIT	Approved	1	100.00%
LYNPARZA 100 MG TABLET	Approved	3	100.00%
LYNPARZA 150 MG TABLET	Approved	2	100.00%

LYRICA 100 MG CAPSULE	Denied	1	100.00%
LYRICA 200 MG CAPSULE	Denied	1	100.00%
LYRICA 225 MG CAPSULE	Denied	1	100.00%
LYRICA 50 MG CAPSULE	Denied	3	100.00%
LYRICA 75 MG CAPSULE	Denied	5	100.00%
LYUMJEV 100 UNIT/ML KWIKPEN	Approved	2	100.00%
LYUMJEV 100 UNIT/ML VIAL	Denied	2	100.00%
MAGNESIUM OXIDE 400 MG TABLET	Denied	1	100.00%
MAKENA 275 MG/1.1 ML AUTOINJCT	Denied	1	100.00%
MAVYRET 100-40 MG TABLET	Approved	2	66.67%
MAVYRET 100-40 MG TABLET	Denied	1	33.33%
MEDROXYPROGESTERONE 150 MG/ML	Approved	2	50.00%
MEDROXYPROGESTERONE 150 MG/ML	Denied	2	50.00%
MESALAMINE 1,000 MG SUPP	Approved	1	33.33%
MESALAMINE 1,000 MG SUPP	Denied	2	66.67%
MESALAMINE 4 GM/60 ML KIT	Denied	1	100.00%
MESALAMINE DR 400 MG CAPSULE	Approved	1	100.00%
MESNEX 400 MG TABLET	Denied	1	100.00%
METAXALONE 800 MG TABLET	Approved	2	25.00%
METAXALONE 800 MG TABLET	Denied	6	75.00%
METFORMIN ER 1,000 MG OSM-TAB	Denied	1	100.00%
METHADONE HCL 10 MG TABLET	Approved	1	100.00%
METHADONE HCL 5 MG TABLET	Approved	1	100.00%
METHYLERGONOVINE 0.2 MG TABLET	Denied	1	100.00%
METHYLPHENIDATE ER 18 MG TAB	Approved	2	100.00%
METHYLPHENIDATE ER 20 MG TAB	Approved	1	100.00%
METHYLPHENIDATE ER 27 MG TAB	Approved	1	100.00%
METHYLPHENIDATE ER 36 MG TAB	Approved	6	100.00%
METHYLPHENIDATE ER 72 MG TAB	Approved	1	100.00%
METHYLPHENIDATE ER(LA) 10MG CP	Approved	1	25.00%
METHYLPHENIDATE ER(LA) 10MG CP	Denied	3	75.00%
METHYLPHENIDATE LA 10 MG CAP	Approved	1	50.00%
METHYLPHENIDATE LA 10 MG CAP	Denied	1	50.00%
METHYLPHENIDATE LA 20 MG CAP	Approved	1	100.00%
METOPROLOL SUCC ER 25 MG TAB	Denied	1	100.00%
METOPROLOL SUCC ER 50 MG TAB	Denied	1	100.00%
METRONIDAZOLE TOP 1% GEL PUMP	Approved	1	100.00%
METRONIDAZOLE TOPICAL 1% GEL	Denied	5	100.00%
MICARDIS 20 MG TABLET	Approved	1	100.00%
MICROLET LANCETS	Denied	1	100.00%
MIDAZOLAM HCL 10 MG/2 ML VIAL	Approved	1	100.00%
MINASTRIN 24 FE CHEWABLE TAB	Denied	1	100.00%
MINIMED 670G INSULIN PUMP	Approved	1	100.00%
MINIMED RESERVOIR 3 ML	Approved	1	100.00%
MINIVELLE 0.075 MG PATCH	Denied	1	100.00%
MIO INFUSION SET 32"	Approved	1	100.00%
MIRAPEX ER 2.25 MG TABLET	Approved	1	100.00%

MIRENA 52 MG SYSTEM	Approved	1	100.00%
MIRVASO 0.33% GEL PUMP	Approved	1	100.00%
MITIGARE 0.6 MG CAPSULE	Denied	1	100.00%
MODAFINIL 100 MG TABLET	Approved	8	72.73%
MODAFINIL 100 MG TABLET	Denied	3	27.27%
MODAFINIL 200 MG TABLET	Approved	5	31.25%
MODAFINIL 200 MG TABLET	Denied	11	68.75%
MOMETASONE FUROATE 50 MCG SPRY	Denied	2	100.00%
MOMETASONE FUROATE POWDER	Denied	1	100.00%
MONOVISC 88 MG/4 ML SYRINGE	Denied	2	100.00%
MORPHINE SULF ER 15 MG TABLET	Approved	10	90.91%
MORPHINE SULF ER 15 MG TABLET	Denied	1	9.09%
MORPHINE SULF ER 30 MG TABLET	Approved	7	100.00%
MORPHINE SULF ER 60 MG TABLET	Approved	4	80.00%
MORPHINE SULF ER 60 MG TABLET	Denied	1	20.00%
MORPHINE SULFATE ER 30 MG CAP	Approved	1	100.00%
MORPHINE SULFATE ER 60 MG CAP	Approved	2	66.67%
MORPHINE SULFATE ER 60 MG CAP	Denied	1	33.33%
MORPHINE SULFATE ER 90 MG CAP	Approved	1	100.00%
MORPHINE SULFATE IR 15 MG TAB	Approved	6	85.71%
MORPHINE SULFATE IR 15 MG TAB	Denied	1	14.29%
MORPHINE SULFATE IR 30 MG TAB	Approved	1	50.00%
MORPHINE SULFATE IR 30 MG TAB	Denied	1	50.00%
MOTEGRITY 2 MG TABLET	Approved	2	100.00%
MOVANTIK 25 MG TABLET	Approved	4	50.00%
MOVANTIK 25 MG TABLET	Denied	4	50.00%
MS CONTIN ER 15 MG TABLET	Approved	1	100.00%
MULTAQ 400 MG TABLET	Denied	1	100.00%
MYCOPHENOLIC ACID DR 180 MG TB	Approved	1	100.00%
MYCOPHENOLIC ACID DR 360 MG TB	Approved	6	100.00%
MYDAYIS ER 25 MG CAPSULE	Approved	1	100.00%
MYDAYIS ER 37.5 MG CAPSULE	Approved	1	100.00%
MYDAYIS ER 50 MG CAPSULE	Approved	2	100.00%
MYFORTIC 180 MG TABLET	Approved	2	100.00%
MYFORTIC 360 MG TABLET	Approved	1	100.00%
MYORISAN 20 MG CAPSULE	Approved	1	100.00%
MYORISAN 30 MG CAPSULE	Approved	2	66.67%
MYORISAN 30 MG CAPSULE	Denied	1	33.33%
MYORISAN 40 MG CAPSULE	Approved	1	50.00%
MYORISAN 40 MG CAPSULE	Denied	1	50.00%
MYRBETRIQ ER 25 MG TABLET	Approved	1	16.67%
MYRBETRIQ ER 25 MG TABLET	Denied	5	83.33%
MYRBETRIQ ER 50 MG TABLET	Approved	2	50.00%
MYRBETRIQ ER 50 MG TABLET	Denied	2	50.00%
NAPROXEN SOD CR 500 MG TABLET	Denied	1	100.00%
NASONEX 50 MCG NASAL SPRAY	Denied	1	100.00%
NATAZIA 28 TABLET	Approved	2	66.67%

NATAZIA 28 TABLET	Denied	1	33.33%
NATURE-THROID 48.75 MG TABLET	Approved	1	100.00%
NEOCATE INFANT DHA-ARA POWDER	Approved	1	50.00%
NEOCATE INFANT DHA-ARA POWDER	Denied	1	50.00%
NEOCATE SYNEO INFANT POWDER	Approved	1	100.00%
NEULASTA 6 MG/0.6 ML SYRINGE	Approved	1	100.00%
NEULASTA ONPRO 6 MG/0.6 ML KIT	Denied	1	100.00%
NEURONTIN 600 MG TABLET	Denied	1	100.00%
NEVANAC 0.1% DROPTAINER	Approved	1	100.00%
NEXIUM DR 40 MG CAPSULE	Denied	1	100.00%
NEXLETOL 180 MG TABLET	Denied	1	100.00%
NIACIN ER 500 MG TABLET	Denied	1	100.00%
NINLARO 4 MG CAPSULE	Approved	1	100.00%
NITROFURANTOIN MCR 25 MG CAP	Approved	1	100.00%
NITROFURANTOIN MONO-MCR 100 MG	Denied	1	100.00%
NIZATIDINE 150 MG CAPSULE	Denied	1	100.00%
NORCO 10-325 TABLET	Approved	1	100.00%
NORDITROPIN FLEXPEN 10 MG/1.5	Approved	1	100.00%
NORETH-ESTRAD-FE 1-0.02(24)-75	Approved	2	100.00%
NORG-EE 0.18-0.215-0.25/0.025	Approved	2	100.00%
NORITATE 1% CREAM	Denied	1	100.00%
NORMAL SALINE FLUSH SYRINGE	Approved	1	100.00%
NOVOLIN 70-30 FLEXPEN	Approved	1	100.00%
NP THYROID 120 MG TABLET	Approved	1	100.00%
NP THYROID 30 MG TABLET	Approved	1	25.00%
NP THYROID 30 MG TABLET	Denied	3	75.00%
NP THYROID 60 MG TABLET	Approved	4	50.00%
NP THYROID 60 MG TABLET	Denied	4	50.00%
NP THYROID 90 MG TABLET	Approved	2	50.00%
NP THYROID 90 MG TABLET	Denied	2	50.00%
NUCALA 100 MG/ML SYRINGE	Approved	1	50.00%
NUCALA 100 MG/ML SYRINGE	Denied	1	50.00%
NUCYNTA 100 MG TABLET	Approved	3	100.00%
NUCYNTA 50 MG TABLET	Approved	4	100.00%
NUCYNTA 75 MG TABLET	Approved	1	100.00%
NUCYNTA ER 200 MG TABLET	Approved	2	100.00%
NUEDEXTA 20-10 MG CAPSULE	Approved	1	100.00%
NURTEC ODT 75 MG TABLET	Approved	18	69.23%
NURTEC ODT 75 MG TABLET	Denied	8	30.77%
NUVARING VAGINAL RING	Approved	50	96.15%
NUVARING VAGINAL RING	Denied	2	3.85%
OALIVA 10 MG TABLET	Approved	1	100.00%
OALIVA 5 MG TABLET	Approved	2	66.67%
OALIVA 5 MG TABLET	Denied	1	33.33%
OCREVUS 300 MG/10 ML VIAL	Approved	1	100.00%
OCTAGAM 10% VIAL	Approved	1	100.00%
OCTAGAM 5% VIAL	Approved	1	100.00%

OCTREOTIDE ACET 50 MCG/ML AMP	Denied	1	100.00%
ODEFSEY TABLET	Approved	2	66.67%
ODEFSEY TABLET	Denied	1	33.33%
OLANZAPINE ODT 10 MG TABLET	Approved	1	100.00%
OLMESARTAN MEDOXOMIL 5 MG TAB	Approved	1	100.00%
OLOPATADINE HCL 0.2% EYE DROP	Approved	1	25.00%
OLOPATADINE HCL 0.2% EYE DROP	Denied	3	75.00%
OLUMIANT 2 MG TABLET	Approved	1	100.00%
OLUX-E 0.05% FOAM	Denied	1	100.00%
OMEPRAZOLE DR 20 MG TABLET	Denied	1	100.00%
OMNIPOD 5 PACK POD	Approved	1	100.00%
OMNIPOD DASH 5 PACK POD	Approved	1	100.00%
OMNITROPE 10 MG/1.5 ML CRTG	Denied	1	100.00%
OMNITROPE 5 MG/1.5 ML CRTG	Approved	1	50.00%
OMNITROPE 5 MG/1.5 ML CRTG	Denied	1	50.00%
ONETOUCH VERIO TEST STRIP	Approved	2	100.00%
ONFI 10 MG TABLET	Approved	1	100.00%
ONGLYZA 5 MG TABLET	Approved	1	100.00%
ON-THE-SPOT 2.5% ACNE CREAM	Denied	1	100.00%
OPIUM TINCTURE 10 MG/ML	Approved	2	100.00%
ORACEA 40 MG CAPSULE	Approved	2	66.67%
ORACEA 40 MG CAPSULE	Denied	1	33.33%
ORENCIA CLICKJECT 125 MG/ML	Approved	1	50.00%
ORENCIA CLICKJECT 125 MG/ML	Denied	1	50.00%
ORIAHNN 300-1-0.5MG/300MG CAPS	Denied	1	100.00%
ORLISSA 150 MG TABLET	Approved	2	50.00%
ORLISSA 150 MG TABLET	Denied	2	50.00%
ORLISSA 200 MG TABLET	Denied	1	100.00%
ORTHO TRI-CYCLEN 28 TABLET	Denied	1	100.00%
ORTHOVISC 15 MG/ML SYRINGE	Denied	1	100.00%
OSPHENA 60 MG TABLET	Denied	2	100.00%
OTEZLA 28 DAY STARTER PACK	Approved	1	50.00%
OTEZLA 28 DAY STARTER PACK	Denied	1	50.00%
OTEZLA 30 MG TABLET	Approved	3	27.27%
OTEZLA 30 MG TABLET	Denied	8	72.73%
OVACE PLUS 10% WASH	Approved	1	100.00%
OXCARBAZEPINE 150 MG TABLET	Approved	1	33.33%
OXCARBAZEPINE 150 MG TABLET	Denied	2	66.67%
OXCARBAZEPINE 300 MG TABLET	Approved	5	50.00%
OXCARBAZEPINE 300 MG TABLET	Denied	5	50.00%
OXCARBAZEPINE 600 MG TABLET	Approved	3	75.00%
OXCARBAZEPINE 600 MG TABLET	Denied	1	25.00%
OXYCODON-ACETAMINOPHEN 7.5-325	Approved	4	100.00%
OXYCODONE HCL 10 MG TABLET	Approved	13	92.86%
OXYCODONE HCL 10 MG TABLET	Denied	1	7.14%
OXYCODONE HCL 15 MG TABLET	Approved	8	100.00%
OXYCODONE HCL 20 MG TABLET	Approved	3	100.00%

OXYCODONE HCL 30 MG TABLET	Approved	2	66.67%
OXYCODONE HCL 30 MG TABLET	Denied	1	33.33%
OXYCODONE HCL 5 MG TABLET	Approved	12	85.71%
OXYCODONE HCL 5 MG TABLET	Denied	2	14.29%
OXYCODONE HCL ER 10 MG TABLET	Approved	1	100.00%
OXYCODONE HCL ER 15 MG TABLET	Approved	1	100.00%
OXYCODONE HCL ER 20 MG TABLET	Approved	1	100.00%
OXYCODONE HCL ER 40 MG TABLET	Approved	1	100.00%
OXYCODONE-ACETAMINOPHEN 10-325	Approved	10	100.00%
OXYCODONE-ACETAMINOPHEN 5-325	Approved	9	100.00%
OXYCONTIN ER 10 MG TABLET	Approved	2	50.00%
OXYCONTIN ER 10 MG TABLET	Denied	2	50.00%
OXYCONTIN ER 20 MG TABLET	Approved	1	100.00%
OXYCONTIN ER 40 MG TABLET	Approved	6	100.00%
OZEMPIC 0.25-0.5 MG DOSE PEN	Approved	3	42.86%
OZEMPIC 0.25-0.5 MG DOSE PEN	Denied	4	57.14%
OZEMPIC 1 MG DOSE PEN	Approved	2	100.00%
PALIPERIDONE ER 3 MG TABLET	Approved	1	100.00%
PALIPERIDONE ER 6 MG TABLET	Approved	1	100.00%
PALIPERIDONE ER 9 MG TABLET	Approved	1	100.00%
PAROXETINE MESYLATE 7.5 MG CAP	Approved	1	100.00%
PATANASE 665 MCG NASAL SPRAY	Approved	1	100.00%
PAZEO 0.7% EYE DROPS	Approved	2	50.00%
PAZEO 0.7% EYE DROPS	Denied	2	50.00%
PENNSAID 2% PUMP	Approved	1	100.00%
PENTASA 500 MG CAPSULE	Approved	1	100.00%
PICATO 0.015% GEL	Denied	1	100.00%
PIMECROLIMUS 1% CREAM	Approved	3	27.27%
PIMECROLIMUS 1% CREAM	Denied	8	72.73%
PIMTREA 28 DAY TABLET	Approved	1	100.00%
PIOGLITAZONE HCL 30 MG TABLET	Denied	1	100.00%
PLENVU POWDER PACKETS	Approved	1	33.33%
PLENVU POWDER PACKETS	Denied	2	66.67%
PRADAXA 150 MG CAPSULE	Approved	6	54.55%
PRADAXA 150 MG CAPSULE	Denied	5	45.45%
PRALUENT 150 MG/ML PEN	Approved	4	44.44%
PRALUENT 150 MG/ML PEN	Denied	5	55.56%
PRALUENT 75 MG/ML PEN	Approved	4	28.57%
PRALUENT 75 MG/ML PEN	Denied	10	71.43%
PRAMIPEXOLE ER 1.5 MG TABLET	Denied	1	100.00%
PRECISION XTR B-KETONE STRIP	Approved	1	100.00%
PREGABALIN 100 MG CAPSULE	Denied	17	100.00%
PREGABALIN 150 MG CAPSULE	Approved	1	16.67%
PREGABALIN 150 MG CAPSULE	Denied	5	83.33%
PREGABALIN 200 MG CAPSULE	Approved	1	25.00%
PREGABALIN 200 MG CAPSULE	Denied	3	75.00%
PREGABALIN 25 MG CAPSULE	Approved	1	25.00%

PREGABALIN 25 MG CAPSULE	Denied	3	75.00%
PREGABALIN 300 MG CAPSULE	Approved	2	33.33%
PREGABALIN 300 MG CAPSULE	Denied	4	66.67%
PREGABALIN 50 MG CAPSULE	Approved	2	9.52%
PREGABALIN 50 MG CAPSULE	Denied	19	90.48%
PREGABALIN 75 MG CAPSULE	Approved	4	16.00%
PREGABALIN 75 MG CAPSULE	Denied	21	84.00%
PREMARIN VAGINAL CREAM-APPL	Approved	6	54.55%
PREMARIN VAGINAL CREAM-APPL	Denied	5	45.45%
PREMPRO 0.3 MG-1.5 MG TABLET	Approved	2	100.00%
PREMPRO 0.45-1.5 MG TABLET	Approved	1	100.00%
PRIFTIN 150 MG TABLET	Denied	1	100.00%
PRIMSOL 50 MG/5 ML ORAL SOLN	Approved	1	100.00%
PRISTIQ ER 100 MG TABLET	Approved	1	100.00%
PRISTIQ ER 25 MG TABLET	Approved	1	100.00%
PRISTIQ ER 50 MG TABLET	Approved	1	50.00%
PRISTIQ ER 50 MG TABLET	Denied	1	50.00%
PROAIR HFA 90 MCG INHALER	Denied	3	100.00%
PROAIR RESPICLICK 90 MCG INHLR	Approved	2	66.67%
PROAIR RESPICLICK 90 MCG INHLR	Denied	1	33.33%
PROCORT 1.85%-1.15% CREAM	Approved	1	100.00%
PROGESTERONE 500 MG/10 ML VIAL	Denied	1	100.00%
PROLIA 60 MG/ML SYRINGE	Approved	3	30.00%
PROLIA 60 MG/ML SYRINGE	Denied	7	70.00%
PROMACTA 50 MG TABLET	Approved	1	50.00%
PROMACTA 50 MG TABLET	Denied	1	50.00%
PROPRANOLOL ER 120 MG CAPSULE	Approved	5	71.43%
PROPRANOLOL ER 120 MG CAPSULE	Denied	2	28.57%
PROPRANOLOL ER 160 MG CAPSULE	Approved	2	50.00%
PROPRANOLOL ER 160 MG CAPSULE	Denied	2	50.00%
PROPRANOLOL ER 60 MG CAPSULE	Approved	6	60.00%
PROPRANOLOL ER 60 MG CAPSULE	Denied	4	40.00%
PROPRANOLOL ER 80 MG CAPSULE	Approved	3	33.33%
PROPRANOLOL ER 80 MG CAPSULE	Denied	6	66.67%
PROTOPIC 0.1% OINTMENT	Denied	1	100.00%
PULMICORT 180 MCG FLEXHALER	Approved	5	50.00%
PULMICORT 180 MCG FLEXHALER	Denied	5	50.00%
PULMICORT 90 MCG FLEXHALER	Approved	2	33.33%
PULMICORT 90 MCG FLEXHALER	Denied	4	66.67%
PULMOZYME 1 MG/ML AMPUL	Approved	3	100.00%
QBREXZA 2.4% CLOTH	Approved	5	100.00%
QSYMIA 11.25 MG-69 MG CAPSULE	Denied	1	100.00%
QUDEXY XR 100 MG CAPSULE	Approved	1	100.00%
QUETIAPINE ER 150 MG TABLET	Approved	1	100.00%
QUETIAPINE ER 200 MG TABLET	Approved	1	100.00%
QUETIAPINE ER 300 MG TABLET	Approved	2	100.00%
QUETIAPINE ER 50 MG TABLET	Approved	2	100.00%

QUILLICHEW ER 20 MG CHEW TAB	Approved	1	100.00%
QVAR REDIHALER 40 MCG	Approved	10	40.00%
QVAR REDIHALER 40 MCG	Denied	15	60.00%
QVAR REDIHALER 80 MCG	Approved	6	28.57%
QVAR REDIHALER 80 MCG	Denied	15	71.43%
RABEPRAZOLE SOD DR 20 MG TAB	Approved	3	75.00%
RABEPRAZOLE SOD DR 20 MG TAB	Denied	1	25.00%
RALOXIFENE HCL 60 MG TABLET	Approved	4	100.00%
RAMELTEON 8 MG TABLET	Approved	1	33.33%
RAMELTEON 8 MG TABLET	Denied	2	66.67%
RANOLAZINE ER 500 MG TABLET	Approved	2	66.67%
RANOLAZINE ER 500 MG TABLET	Denied	1	33.33%
REBIF 44 MCG/0.5 ML SYRINGE	Approved	2	100.00%
RECTIV 0.4% OINTMENT	Approved	1	50.00%
RECTIV 0.4% OINTMENT	Denied	1	50.00%
RELISTOR 150 MG TABLET	Denied	1	100.00%
REMICADE 100 MG VIAL	Approved	1	100.00%
REMODULIN 10 MG/ML VIAL	Approved	1	100.00%
RENFLIXIS 100 MG VIAL	Approved	1	100.00%
REPATHA 140 MG/ML SURECLICK	Approved	3	27.27%
REPATHA 140 MG/ML SURECLICK	Denied	8	72.73%
REPATHA 140 MG/ML SYRINGE	Denied	3	100.00%
REPATHA 420 MG/3.5ML PUSHTRONX	Approved	1	33.33%
REPATHA 420 MG/3.5ML PUSHTRONX	Denied	2	66.67%
RESTASIS 0.05% EYE EMULSION	Approved	21	95.45%
RESTASIS 0.05% EYE EMULSION	Denied	1	4.55%
RESTASIS MULTIDOSE 0.05% EYE	Approved	3	100.00%
RETEVMO 80 MG CAPSULE	Approved	1	100.00%
RETIN-A 0.05% CREAM	Denied	1	100.00%
RETIN-A MICRO PUMP 0.06% GEL	Approved	1	100.00%
RETIN-A MICRO PUMP 0.08% GEL	Denied	2	100.00%
REVLIMID 25 MG CAPSULE	Approved	1	100.00%
REXULTI 1 MG TABLET	Approved	3	60.00%
REXULTI 1 MG TABLET	Denied	2	40.00%
REXULTI 2 MG TABLET	Approved	1	50.00%
REXULTI 2 MG TABLET	Denied	1	50.00%
REXULTI 3 MG TABLET	Denied	1	100.00%
REYVOW 100 MG TABLET	Approved	1	100.00%
REYVOW 50 MG TABLET	Approved	1	100.00%
RHOPRESSA 0.02% OPHTH SOLUTION	Denied	1	100.00%
RIBAVIRIN 200 MG TABLET	Approved	1	100.00%
RINVOQ ER 15 MG TABLET	Approved	3	100.00%
RITALIN LA 10 MG CAPSULE	Approved	1	100.00%
RIZATRIPTAN 10 MG TABLET	Denied	1	100.00%
ROCKLATAN 0.02%-0.005% EYE DRP	Approved	2	100.00%
ROPINIROLE HCL ER 2 MG TABLET	Denied	1	100.00%
RUCONEST 2,100 UNIT VIAL	Denied	1	100.00%

RYBELSUS 3 MG TABLET	Denied	2	100.00%
RYBELSUS 7 MG TABLET	Denied	3	100.00%
RYTARY ER 36.25 MG-145 MG CAP	Approved	1	100.00%
SANCUSO 3.1 MG/24 HR PATCH	Approved	1	50.00%
SANCUSO 3.1 MG/24 HR PATCH	Denied	1	50.00%
SANDOSTATIN LAR DEPOT 20 MG KT	Denied	1	100.00%
SANTYL OINTMENT	Approved	1	100.00%
SAPHRIS 2.5 MG TAB SUBLINGUAL	Denied	1	100.00%
SAVELLA 100 MG TABLET	Denied	1	100.00%
SEVELAMER 0.8 GM POWDER PACKET	Denied	1	100.00%
SEVELAMER CARBONATE 800 MG TAB	Approved	3	60.00%
SEVELAMER CARBONATE 800 MG TAB	Denied	2	40.00%
SEYSARA 100 MG TABLET	Approved	1	50.00%
SEYSARA 100 MG TABLET	Denied	1	50.00%
SEYSARA 60 MG TABLET	Denied	3	100.00%
SF 5000 PLUS CREAM	Denied	1	100.00%
SILDENAFIL 100 MG TABLET	Denied	2	100.00%
SILDENAFIL 20 MG TABLET	Denied	18	100.00%
SILDENAFIL 50 MG TABLET	Denied	2	100.00%
SIMPONI 100 MG/ML PEN INJECTOR	Approved	1	100.00%
SIMPONI 50 MG/0.5 ML PEN INJEC	Denied	1	100.00%
SIROLIMUS 0.5 MG TABLET	Denied	1	100.00%
SKYRIZI 150 MG DOSE KIT-2 SYRN	Approved	6	60.00%
SKYRIZI 150 MG DOSE KIT-2 SYRN	Denied	4	40.00%
SLYND 4 MG TABLET	Approved	2	100.00%
SOD SULFACE-SULFUR 9-4.5% WASH	Denied	2	100.00%
SOD SULFACET-SULFUR 10-5% CLSR	Denied	2	100.00%
SODIUM SULFACETAMIDE 10% WASH	Denied	2	100.00%
SOFOSBUVIR-VELPATASVIR 400-100	Approved	3	75.00%
SOFOSBUVIR-VELPATASVIR 400-100	Denied	1	25.00%
SOLIFENACIN 10 MG TABLET	Denied	1	100.00%
SOLIFENACIN 5 MG TABLET	Denied	1	100.00%
SOLIQUA 100 UNIT-33 MCG/ML PEN	Denied	1	100.00%
SOLU-CORTEF 100 MG ACT-O-VIAL	Approved	2	100.00%
SOLU-CORTEF 250 MG ACT-O-VIAL	Approved	2	100.00%
SOMAVERT 30 MG VIAL	Denied	1	100.00%
SOOLANTRA 1% CREAM	Approved	1	33.33%
SOOLANTRA 1% CREAM	Denied	2	66.67%
SPRYCEL 100 MG TABLET	Approved	1	50.00%
SPRYCEL 100 MG TABLET	Denied	1	50.00%
STEGLATRO 15 MG TABLET	Approved	2	50.00%
STEGLATRO 15 MG TABLET	Denied	2	50.00%
STELARA 130 MG/26 ML VIAL	Approved	2	100.00%
STELARA 45 MG/0.5 ML SYRINGE	Approved	1	50.00%
STELARA 45 MG/0.5 ML SYRINGE	Denied	1	50.00%
STELARA 90 MG/ML SYRINGE	Approved	4	66.67%
STELARA 90 MG/ML SYRINGE	Denied	2	33.33%

STIOLTO RESPIMAT INHAL SPRAY	Approved	1	20.00%
STIOLTO RESPIMAT INHAL SPRAY	Denied	4	80.00%
SUBLOCADE 300 MG/1.5 ML SYRINGE	Approved	2	100.00%
SUBOXONE 12 MG-3 MG SL FILM	Approved	3	100.00%
SUBOXONE 2 MG-0.5 MG SL FILM	Approved	1	50.00%
SUBOXONE 2 MG-0.5 MG SL FILM	Denied	1	50.00%
SUBOXONE 4 MG-1 MG SL FILM	Denied	2	100.00%
SUBOXONE 8 MG-2 MG SL FILM	Approved	6	100.00%
SUCRALFATE 1 GM/10 ML SUSP	Approved	9	47.37%
SUCRALFATE 1 GM/10 ML SUSP	Denied	10	52.63%
SUMATRIPTAN 20 MG NASAL SPRAY	Denied	7	100.00%
SUMATRIPTAN 4 MG/0.5 ML INJECT	Denied	1	100.00%
SUMATRIPTAN 5 MG NASAL SPRAY	Denied	2	100.00%
SUMATRIPTAN 6 MG/0.5 ML INJECT	Approved	6	54.55%
SUMATRIPTAN 6 MG/0.5 ML INJECT	Denied	5	45.45%
SUMATRIPTAN SUCC 100 MG TABLET	Approved	1	100.00%
SUMATRIPTAN SUCC 50 MG TABLET	Approved	1	50.00%
SUMATRIPTAN SUCC 50 MG TABLET	Denied	1	50.00%
SUMATRIPTAN-NAPROXEN 85-500 MG	Approved	1	100.00%
SUNOSI 150 MG TABLET	Approved	1	100.00%
SUPARTZ FX 25 MG/2.5 ML SYR	Denied	1	100.00%
SYMBICORT 160-4.5 MCG INHALER	Approved	18	42.86%
SYMBICORT 160-4.5 MCG INHALER	Denied	24	57.14%
SYMBICORT 80-4.5 MCG INHALER	Approved	3	37.50%
SYMBICORT 80-4.5 MCG INHALER	Denied	5	62.50%
SYMPROIC 0.2 MG TABLET	Approved	1	50.00%
SYMPROIC 0.2 MG TABLET	Denied	1	50.00%
SYNAGIS 100 MG/1 ML VIAL	Approved	2	40.00%
SYNAGIS 100 MG/1 ML VIAL	Denied	3	60.00%
SYNAGIS 50 MG/0.5 ML VIAL	Approved	7	100.00%
SYNERA PATCH	Approved	1	100.00%
SYNJARDY XR 12.5-1,000 MG TAB	Approved	1	100.00%
SYNTHROID 125 MCG TABLET	Denied	2	100.00%
SYNVISC-ONE SYRINGE	Denied	2	100.00%
T:SLIM 3 ML CARTRIDGE	Denied	1	100.00%
TACLONEX 0.005%-0.064% SUSPENS	Approved	1	100.00%
TACLONEX OINTMENT	Denied	1	100.00%
TADALAFIL 10 MG TABLET	Denied	1	100.00%
TADALAFIL 20 MG TABLET	Approved	1	100.00%
TADALAFIL 5 MG TABLET	Denied	2	100.00%
TAGRISSO 80 MG TABLET	Approved	1	100.00%
TAKHZYRO 300 MG/2 ML VIAL	Approved	1	100.00%
TALTZ 80 MG/ML AUTOINJECTOR	Approved	5	41.67%
TALTZ 80 MG/ML AUTOINJECTOR	Denied	7	58.33%
TALTZ 80 MG/ML SYRINGE	Approved	1	50.00%
TALTZ 80 MG/ML SYRINGE	Denied	1	50.00%
TALZENNA 1 MG CAPSULE	Approved	1	100.00%

TAYTULLA 1 MG-20 MCG CAPSULE	Denied	3	100.00%
TAZORAC 0.05% CREAM	Approved	2	100.00%
TAZORAC 0.1% CREAM	Approved	1	100.00%
TAZORAC 0.1% GEL	Approved	1	100.00%
TECFIDERA DR 240 MG CAPSULE	Approved	1	100.00%
TECFIDERA STARTER PACK	Approved	2	100.00%
TELMISARTAN 80 MG TABLET	Approved	1	100.00%
TEMOZOLOMIDE 100 MG CAPSULE	Approved	1	100.00%
TEMOZOLOMIDE 140 MG CAPSULE	Approved	3	100.00%
TEMOZOLOMIDE 20 MG CAPSULE	Approved	1	100.00%
TESTOSTERON CYP 1,000 MG/10 ML	Approved	4	50.00%
TESTOSTERON CYP 1,000 MG/10 ML	Denied	4	50.00%
TESTOSTERON CYP 2,000 MG/10 ML	Approved	3	42.86%
TESTOSTERON CYP 2,000 MG/10 ML	Denied	4	57.14%
TESTOSTERON ENAN 1,000 MG/5 ML	Approved	1	100.00%
TESTOSTERONE 1% (50 MG/5 G) PK	Denied	1	100.00%
TESTOSTERONE 1.62% GEL PUMP	Approved	4	36.36%
TESTOSTERONE 1.62% GEL PUMP	Denied	7	63.64%
TESTOSTERONE 1.62%(1.25 G) PKT	Denied	1	100.00%
TESTOSTERONE 10 MG GEL PUMP	Approved	1	50.00%
TESTOSTERONE 10 MG GEL PUMP	Denied	1	50.00%
TESTOSTERONE 12.5 MG/1.25 GRAM	Approved	2	66.67%
TESTOSTERONE 12.5 MG/1.25 GRAM	Denied	1	33.33%
TESTOSTERONE 25 MG/2.5 GM PKT	Approved	1	12.50%
TESTOSTERONE 25 MG/2.5 GM PKT	Denied	7	87.50%
TESTOSTERONE 50 MG/5 GRAM GEL	Denied	1	100.00%
TESTOSTERONE 50 MG/5 GRAM PKT	Approved	3	60.00%
TESTOSTERONE 50 MG/5 GRAM PKT	Denied	2	40.00%
TESTOSTERONE CYP 200 MG/ML	Approved	57	72.15%
TESTOSTERONE CYP 200 MG/ML	Denied	22	27.85%
TESTOSTERONE CYP 500 MG/5 ML	Denied	1	100.00%
TESTOSTERONE CYP 6,000 MG/30ML	Denied	5	100.00%
THEO-24 ER 100 MG CAPSULE	Approved	1	100.00%
THEOPHYLLINE ER 300 MG TAB	Approved	1	100.00%
TIMOLOL 0.5% GEL-SOLUTION	Denied	1	100.00%
TIMOLOL 0.5% GFS GEL-SOLUTION	Approved	1	100.00%
TIMOLOL GEL SOL 0.5% OP	Denied	1	100.00%
TIROSINT 100 MCG CAPSULE	Approved	2	100.00%
TIROSINT 112 MCG CAPSULE	Approved	1	50.00%
TIROSINT 112 MCG CAPSULE	Denied	1	50.00%
TIROSINT 125 MCG CAPSULE	Approved	3	75.00%
TIROSINT 125 MCG CAPSULE	Denied	1	25.00%
TIROSINT 13 MCG CAPSULE	Approved	1	100.00%
TIROSINT 137 MCG CAPSULE	Approved	1	50.00%
TIROSINT 137 MCG CAPSULE	Denied	1	50.00%
TIROSINT 25 MCG CAPSULE	Approved	1	100.00%
TIROSINT 50 MCG CAPSULE	Denied	1	100.00%

TIROSINT 75 MCG CAPSULE	Approved	4	100.00%
TIROSINT-SOL 112 MCG/ML SOLN	Approved	1	100.00%
TIROSINT-SOL 88 MCG/ML SOLN	Approved	1	100.00%
TIZANIDINE HCL 2 MG TABLET	Approved	1	100.00%
TIZANIDINE HCL 4 MG CAPSULE	Approved	1	50.00%
TIZANIDINE HCL 4 MG CAPSULE	Denied	1	50.00%
TIZANIDINE HCL 4 MG TABLET	Approved	4	100.00%
TOBRADEX EYE OINTMENT	Denied	1	100.00%
TOBRAMYCIN 300 MG/5 ML AMPULE	Approved	1	100.00%
TOLTERODINE TART ER 4 MG CAP	Approved	3	30.00%
TOLTERODINE TART ER 4 MG CAP	Denied	7	70.00%
TOLTERODINE TARTRATE 2 MG TAB	Denied	1	100.00%
TOUJEO MAX SOLOSTR 300 UNIT/ML	Approved	1	100.00%
TOUJEO SOLOSTAR 300 UNIT/ML	Approved	1	100.00%
TOVIAZ ER 4 MG TABLET	Denied	1	100.00%
TRADJENTA 5 MG TABLET	Approved	5	55.56%
TRADJENTA 5 MG TABLET	Denied	4	44.44%
TRAMADOL HCL 100 MG TABLET	Approved	2	100.00%
TRAMADOL HCL 50 MG TABLET	Approved	37	82.22%
TRAMADOL HCL 50 MG TABLET	Denied	8	17.78%
TRAMADOL HCL ER 100 MG TABLET	Approved	4	80.00%
TRAMADOL HCL ER 100 MG TABLET	Denied	1	20.00%
TRAMADOL HCL ER 300 MG TABLET	Approved	1	100.00%
TRAZODONE 300 MG TABLET	Approved	1	100.00%
TRELEGY ELLIPTA 100-62.5-25	Approved	6	75.00%
TRELEGY ELLIPTA 100-62.5-25	Denied	2	25.00%
TREMFYA 100 MG/ML SYRINGE	Denied	1	100.00%
TRESIBA 100 UNIT/ML VIAL	Approved	1	100.00%
TRESIBA FLEXTOUCH 100 UNIT/ML	Approved	4	80.00%
TRESIBA FLEXTOUCH 100 UNIT/ML	Denied	1	20.00%
TRESIBA FLEXTOUCH 200 UNIT/ML	Approved	1	33.33%
TRESIBA FLEXTOUCH 200 UNIT/ML	Denied	2	66.67%
TRETINOIN 0.01% GEL	Denied	1	100.00%
TRETINOIN 0.025% CREAM	Approved	10	26.32%
TRETINOIN 0.025% CREAM	Denied	28	73.68%
TRETINOIN 0.05% CREAM	Approved	4	50.00%
TRETINOIN 0.05% CREAM	Denied	4	50.00%
TRETINOIN 0.1% CREAM	Approved	2	66.67%
TRETINOIN 0.1% CREAM	Denied	1	33.33%
TRIKAFTA 100/50/75 MG-150 MG	Approved	2	66.67%
TRIKAFTA 100/50/75 MG-150 MG	Denied	1	33.33%
TRI-LO-ESTARYLLA TABLET	Denied	1	100.00%
TRI-LO-MARZIA TABLET	Denied	2	100.00%
TRI-LO-SPRINTEC TABLET	Approved	2	28.57%
TRI-LO-SPRINTEC TABLET	Denied	5	71.43%
TRINTELLIX 10 MG TABLET	Approved	6	60.00%
TRINTELLIX 10 MG TABLET	Denied	4	40.00%

TRINTELLIX 20 MG TABLET	Approved	4	57.14%
TRINTELLIX 20 MG TABLET	Denied	3	42.86%
TRINTELLIX 5 MG TABLET	Approved	2	100.00%
TRIUMEQ 600-50-300 MG TABLET	Approved	1	33.33%
TRIUMEQ 600-50-300 MG TABLET	Denied	2	66.67%
TROKENDI XR 100 MG CAPSULE	Denied	1	100.00%
TROKENDI XR 50 MG CAPSULE	Approved	1	100.00%
TROSPIUM CHLORIDE 20 MG TABLET	Approved	1	25.00%
TROSPIUM CHLORIDE 20 MG TABLET	Denied	3	75.00%
TROSPIUM CHLORIDE ER 60 MG CAP	Approved	3	75.00%
TROSPIUM CHLORIDE ER 60 MG CAP	Denied	1	25.00%
TRUE METRIX GLUCOSE TEST STRIP	Approved	1	100.00%
TRULANCE 3 MG TABLET	Approved	2	33.33%
TRULANCE 3 MG TABLET	Denied	4	66.67%
TRULICITY 0.75 MG/0.5 ML PEN	Approved	4	80.00%
TRULICITY 0.75 MG/0.5 ML PEN	Denied	1	20.00%
TRULICITY 1.5 MG/0.5 ML PEN	Approved	2	66.67%
TRULICITY 1.5 MG/0.5 ML PEN	Denied	1	33.33%
TYMLOS 80 MCG DOSE PEN INJECTR	Approved	3	37.50%
TYMLOS 80 MCG DOSE PEN INJECTR	Denied	5	62.50%
TYSABRI 300 MG/15 ML VIAL	Approved	1	50.00%
TYSABRI 300 MG/15 ML VIAL	Denied	1	50.00%
UBRELVY 100 MG TABLET	Approved	8	72.73%
UBRELVY 100 MG TABLET	Denied	3	27.27%
UBRELVY 50 MG TABLET	Approved	16	94.12%
UBRELVY 50 MG TABLET	Denied	1	5.88%
UCERIS 9 MG ER TABLET	Denied	1	100.00%
UNISTRIP1 GLUCOSE TEST STRIP	Denied	2	100.00%
URO-MP CAPSULE	Denied	1	100.00%
VAGIFEM 10 MCG VAGINAL TAB	Approved	1	50.00%
VAGIFEM 10 MCG VAGINAL TAB	Denied	1	50.00%
VALGANCICLOVIR 450 MG TABLET	Approved	1	50.00%
VALGANCICLOVIR 450 MG TABLET	Denied	1	50.00%
VALTREX 500 MG CAPLET	Denied	1	100.00%
VANCOMYCIN HCL 125 MG CAPSULE	Approved	3	60.00%
VANCOMYCIN HCL 125 MG CAPSULE	Denied	2	40.00%
VANCOMYCIN HCL 250 MG CAPSULE	Approved	1	100.00%
VANIQA 13.9% CREAM	Denied	1	100.00%
VASCEPA 0.5 GM CAPSULE	Denied	1	100.00%
VASCEPA 1 GM CAPSULE	Approved	5	55.56%
VASCEPA 1 GM CAPSULE	Denied	4	44.44%
VELTIN 1.2%-0.025% GEL	Denied	1	100.00%
VEMLIDY 25 MG TABLET	Denied	1	100.00%
VENCLEXTA 100 MG TABLET	Approved	1	100.00%
VENLAFAXINE HCL 75 MG TABLET	Approved	1	100.00%
VENLAFAXINE HCL ER 150 MG TAB	Approved	1	100.00%
VENLAFAXINE HCL ER 225 MG TAB	Approved	1	50.00%

VENLAFAXINE HCL ER 225 MG TAB	Denied	1	50.00%
VENLAFAXINE HCL ER 75 MG TAB	Approved	1	100.00%
VERZENIO 150 MG TABLET	Approved	1	100.00%
VESICARE 5 MG TABLET	Denied	1	100.00%
VICTOZA 2-PAK 18 MG/3 ML PEN	Approved	1	50.00%
VICTOZA 2-PAK 18 MG/3 ML PEN	Denied	1	50.00%
VICTOZA 3-PAK 18 MG/3 ML PEN	Approved	2	66.67%
VICTOZA 3-PAK 18 MG/3 ML PEN	Denied	1	33.33%
VIIBRYD 10 MG TABLET	Approved	7	63.64%
VIIBRYD 10 MG TABLET	Denied	4	36.36%
VIIBRYD 10-20 MG STARTER PACK	Approved	1	50.00%
VIIBRYD 10-20 MG STARTER PACK	Denied	1	50.00%
VIIBRYD 20 MG TABLET	Approved	2	33.33%
VIIBRYD 20 MG TABLET	Denied	4	66.67%
VIIBRYD 40 MG TABLET	Approved	3	42.86%
VIIBRYD 40 MG TABLET	Denied	4	57.14%
VIMPAT 10 MG/ML SOLUTION	Approved	2	100.00%
VIMPAT 100 MG TABLET	Approved	2	66.67%
VIMPAT 100 MG TABLET	Denied	1	33.33%
VIMPAT 150 MG TABLET	Denied	2	100.00%
VIMPAT 200 MG TABLET	Approved	2	100.00%
VIORELE 28 DAY TABLET	Approved	2	28.57%
VIORELE 28 DAY TABLET	Denied	5	71.43%
VIRT-GARD TABLET	Denied	1	100.00%
VIRT-PHOS 250 NEUTRAL TABLET	Approved	1	100.00%
VIVELLE-DOT 0.05 MG PATCH	Denied	1	100.00%
VIVELLE-DOT 0.075 MG PATCH	Approved	1	50.00%
VIVELLE-DOT 0.075 MG PATCH	Denied	1	50.00%
VIVELLE-DOT 0.1 MG PATCH	Denied	1	100.00%
VIVITROL 380 MG VIAL + DILUENT	Denied	7	100.00%
VRAYLAR 1.5 MG CAPSULE	Approved	5	83.33%
VRAYLAR 1.5 MG CAPSULE	Denied	1	16.67%
VRAYLAR 3 MG CAPSULE	Approved	5	100.00%
VRAYLAR 4.5 MG CAPSULE	Approved	2	100.00%
VYFEMLA 28 TABLET	Approved	1	100.00%
VYVANSE 10 MG CAPSULE	Approved	3	37.50%
VYVANSE 10 MG CAPSULE	Denied	5	62.50%
VYVANSE 20 MG CAPSULE	Approved	7	50.00%
VYVANSE 20 MG CAPSULE	Denied	7	50.00%
VYVANSE 20 MG CHEWABLE TABLET	Denied	1	100.00%
VYVANSE 30 MG CAPSULE	Approved	10	52.63%
VYVANSE 30 MG CAPSULE	Denied	9	47.37%
VYVANSE 40 MG CAPSULE	Approved	4	50.00%
VYVANSE 40 MG CAPSULE	Denied	4	50.00%
VYVANSE 50 MG CAPSULE	Approved	5	71.43%
VYVANSE 50 MG CAPSULE	Denied	2	28.57%
VYVANSE 60 MG CAPSULE	Approved	2	50.00%

VYVANSE 60 MG CAPSULE	Denied	2	50.00%
VYVANSE 70 MG CAPSULE	Approved	11	64.71%
VYVANSE 70 MG CAPSULE	Denied	6	35.29%
VYZULTA 0.024% OPHTH SOLUTION	Approved	1	100.00%
WAKIX 4.45 MG TABLET	Denied	1	100.00%
WELLBUTRIN XL 150 MG TABLET	Denied	1	100.00%
WELLBUTRIN XL 300 MG TABLET	Denied	1	100.00%
WIXELA 100-50 INHUB	Approved	2	100.00%
WIXELA 250-50 INHUB	Approved	4	36.36%
WIXELA 250-50 INHUB	Denied	7	63.64%
WIXELA 500-50 INHUB	Approved	1	25.00%
WIXELA 500-50 INHUB	Denied	3	75.00%
XALKORI 250 MG CAPSULE	Approved	2	100.00%
XARELTO 10 MG TABLET	Approved	2	66.67%
XARELTO 10 MG TABLET	Denied	1	33.33%
XARELTO 15 MG TABLET	Denied	1	100.00%
XARELTO 20 MG TABLET	Approved	23	82.14%
XARELTO 20 MG TABLET	Denied	5	17.86%
XARELTO STARTER PACK	Approved	1	100.00%
XELJANZ 10 MG TABLET	Approved	1	100.00%
XELJANZ 5 MG TABLET	Denied	1	100.00%
XELJANZ XR 11 MG TABLET	Approved	3	42.86%
XELJANZ XR 11 MG TABLET	Denied	4	57.14%
XIAFLEX 0.9 MG VIAL	Denied	1	100.00%
XIFAXAN 200 MG TABLET	Approved	1	100.00%
XIGDUO XR 10 MG-1,000 MG TAB	Denied	2	100.00%
XIIDRA 5% EYE DROPS	Approved	14	77.78%
XIIDRA 5% EYE DROPS	Denied	4	22.22%
XIMINO ER 45 MG CAPSULE	Denied	1	100.00%
XOLAIR 150 MG VIAL	Denied	1	100.00%
XOLAIR 150 MG/ML SYRINGE	Approved	5	71.43%
XOLAIR 150 MG/ML SYRINGE	Denied	2	28.57%
XOLEGEL 2% GEL	Approved	1	100.00%
XOPENEX HFA 45 MCG INHALER	Approved	1	50.00%
XOPENEX HFA 45 MCG INHALER	Denied	1	50.00%
XTAMPZA ER 27 MG CAPSULE	Approved	1	100.00%
XTAMPZA ER 9 MG CAPSULE	Approved	4	100.00%
XTANDI 40 MG CAPSULE	Approved	3	100.00%
XULANE PATCH	Approved	24	92.31%
XULANE PATCH	Denied	2	7.69%
XULTOPHY 100 UNIT-3.6MG/ML PEN	Approved	1	100.00%
XYREM 500 MG/ML ORAL SOLUTION	Approved	5	83.33%
XYREM 500 MG/ML ORAL SOLUTION	Denied	1	16.67%
YAZ 28 TABLET	Approved	1	25.00%
YAZ 28 TABLET	Denied	3	75.00%
YUVAFEM 10 MCG VAGINAL INSERT	Approved	2	20.00%
YUVAFEM 10 MCG VAGINAL INSERT	Denied	8	80.00%

ZARXIO 480 MCG/0.8 ML SYRINGE	Approved	1	100.00%
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	Approved	1	50.00%
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	Denied	1	50.00%
ZENATANE 20 MG CAPSULE	Approved	1	100.00%
ZENATANE 30 MG CAPSULE	Approved	3	50.00%
ZENATANE 30 MG CAPSULE	Denied	3	50.00%
ZENATANE 40 MG CAPSULE	Approved	11	73.33%
ZENATANE 40 MG CAPSULE	Denied	4	26.67%
ZILEUTON ER 600 MG TABLET	Approved	1	50.00%
ZILEUTON ER 600 MG TABLET	Denied	1	50.00%
ZIOPTAN 0.0015% EYE DROPS	Approved	1	100.00%
ZIRGAN 0.15% OPHTHALMIC GEL	Approved	1	100.00%
ZOLEDRONIC ACID 4 MG/5 ML VIAL	Denied	1	100.00%
ZOLEDRONIC ACID 5 MG/100 ML	Denied	1	100.00%
ZOLPIDEM TART ER 12.5 MG TAB	Approved	3	37.50%
ZOLPIDEM TART ER 12.5 MG TAB	Denied	5	62.50%
ZOLPIDEM TART ER 6.25 MG TAB	Approved	2	33.33%
ZOLPIDEM TART ER 6.25 MG TAB	Denied	4	66.67%
ZOLPIDEM TARTRATE 5 MG TABLET	Approved	1	100.00%
ZOMIG 2.5 MG NASAL SPRAY	Approved	1	100.00%
ZOMIG 5 MG NASAL SPRAY	Approved	2	66.67%
ZOMIG 5 MG NASAL SPRAY	Denied	1	33.33%
ZORTRESS 0.75 MG TABLET	Approved	1	100.00%
ZOVIRAX 5% CREAM	Approved	1	100.00%
ZTLIDO 1.8% TOPICAL SYSTEM	Approved	3	75.00%
ZTLIDO 1.8% TOPICAL SYSTEM	Denied	1	25.00%
ZYTIGA 250 MG TABLET	Approved	1	100.00%

Colorado Coverage Determinations

by Provider

Provider Specialty	Outcome	Count of Eoc Id
Allergy/Immunology	Approved	43
Allergy/Immunology	Denied	29
Cardiac Electrophysiology	Approved	3
Cardiac Electrophysiology	Denied	1
Cardiology	Approved	37
Cardiology	Denied	25
Critical Care Medicine	Approved	5
Critical Care Medicine	Denied	1
Dermatology	Approved	87
Dermatology	Denied	108
Dermatopathology	Approved	1
Dermatopathology	Denied	3
Emergency Medicine	Denied	2
Endocrinology	Approved	44
Endocrinology	Denied	33
Family Practice	Approved	445
Family Practice	Denied	481
Gastroenterology	Approved	55
Gastroenterology	Denied	32
Gynecology	Approved	86
Gynecology	Denied	56
Hematology (Blood Disease)	Approved	35
Hematology (Blood Disease)	Denied	12
Hospitalist	Approved	9
Hospitalist	Denied	12
Infectious Disease	Approved	9
Infectious Disease	Denied	4
Internal Medicine	Approved	73
Internal Medicine	Denied	78
Midwifery	Approved	2
Midwifery	Denied	1
Neonatology/Perinatology	Approved	6
Nephrology (Kidney)	Approved	9
Nephrology (Kidney)	Denied	2

Provider Specialty	Outcome	Count of Eoc Id
Neurology (Nervous System)	Approved	76
Neurology (Nervous System)	Denied	33
Nurse	Approved	127
Nurse	Denied	78
Occupational Therapy	Approved	7
Oncology (Cancer)	Approved	16
Oncology (Cancer)	Denied	3
Ophthalmology	Approved	21
Ophthalmology	Denied	21
Optometry	Approved	6
Optometry	Denied	3
Otolaryngology (Ear/Nose/Throat)	Approved	1
Otolaryngology (Ear/Nose/Throat)	Denied	3
Pain Management	Approved	17
Pain Management	Denied	7
Pediatric Allergy/Immunology	Approved	2
Pediatric Allergy/Immunology	Denied	1
Pediatric Cardiology	Approved	3
Pediatric Dermatology	Denied	3
Pediatric Endocrinology	Approved	25
Pediatric Endocrinology	Denied	13
Pediatric Gastroenterology	Approved	4
Pediatric Gastroenterology	Denied	2
Pediatric Hematology/Oncology (Blood Disease/Cancer)	Denied	1
Pediatric Infectious Disease	Approved	1
Pediatric Medicine - Nurse Practitioner	Denied	1
Pediatric Medicine (Children)	Approved	45
Pediatric Medicine (Children)	Denied	44
Pediatric Nephrology (Kidney)	Denied	1
Pediatric Neurology (Nervous System)	Approved	6
Pediatric Neurology (Nervous System)	Denied	3
Pediatric Neuropsychiatry	Denied	1
Pediatric Psychiatry	Approved	4
Pediatric Psychiatry	Denied	3

Provider Specialty	Outcome	Count of Eoc Id
Pediatric Pulmonology	Approved	11
Pediatric Pulmonology	Denied	8
Pediatric Rheumatology	Approved	3
Pediatric Surgery	Denied	1
Physical Medicine and Rehabilitation	Approved	20
Physical Medicine and Rehabilitation	Denied	13
Physician Assistant	Approved	162
Physician Assistant	Denied	82
Podiatry	Approved	3
Podiatry	Denied	1
Psychiatry	Approved	23
Psychiatry	Denied	10
Pulmonology	Approved	13
Pulmonology	Denied	12
Radiology - Interventional	Approved	1
Radiology - Interventional	Denied	1
Retina Specialist	Approved	7
Retina Specialist	Denied	2
Rheumatology	Approved	75
Rheumatology	Denied	26
Surgery - Colon/Rectal	Denied	1
Surgery - General	Approved	1
Surgery - General	Denied	1
Surgery - Neurological	Approved	1
Surgery - Orthopedic	Approved	12
Surgery - Orthopedic	Denied	9
Surgery - Plastic/Reconstructive	Approved	1
Surgery - Plastic/Reconstructive	Denied	1
Urogynecology	Approved	4
Urogynecology	Denied	4
Urology	Approved	20
Urology	Denied	12
Not Defined	Approved	639
Not Defined	Denied	433